

# SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Wednesday 4 March 2020

9.30 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.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 25 February 2020

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

Guidance about procedures at the meeting follows the printed agenda and is available at (LINK)

This meeting will be open to the public and press, subject to the passing of any resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

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**Are you considering how your conversation today and the actions you propose to take contribute towards making Somerset Carbon Neutral by 2030?**



**RNID typetalk**

# AGENDA

Item Scrutiny for Policies, Adults and Health Committee - 9.30 am Wednesday 4 March 2020

**\*\* 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 Democratic Service team.

3 **Minutes from the previous meeting held on 29 January 2020** (Pages 5 - 16)

The Committee is asked to confirm the minutes are accurate.

4 **Public Question Time**

The Chair 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 Chair's discretion.**

5 **Fit For My Future - Engagement on our vision for community health and care services** (Pages 17 - 26)

To consider the report

6 **Adult Social Care Performance Report** (Pages 27 - 34)

To consider the report

7 **Scrutiny for Policies, Adults and Health Committee Work Programme** (Pages 35 - 50)

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

8 **Any other urgent items of business**

The Chair may raise any items of urgent business.

Item Scrutiny for Policies, Adults and Health Committee - 9.30 am Wednesday 4 March 2020

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## Guidance notes for the meeting

### 1. **Inspection of Papers**

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

### 2. **Members' Code of Conduct requirements**

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

### 3. **Minutes of the Meeting**

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

### 4. **Public Question Time**

**If you wish to speak, please tell Jennie Murphy the Committee's Administrator - by 5pm, 3 clear working days before the meeting (27 February 2020). 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. **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 29 January 2020 at 10.00 am

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

**Other Members present:** Cllr M Chilcott, Cllr D Ruddle, Cllr D Huxtable, Cllr G Fraschini, Cllr T Munt, Cllr J Lock

**Apologies for absence:** Cllr M Caswell

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

There were no new declarations

### 241 **Minutes from the previous meeting held on 04 December 2019** - Agenda Item 3

The minutes were approved.

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

There were no public questions.

### 243 **MTFP (Medium Term Financial Planning)** - Agenda Item 5

The Committee heard a report that summarised the key messages from the Medium-Term Financial Plan (2020-23) Strategy Report considered and approved by Cabinet on 18 December 2019. It also included an overall assurance narrative from the Director for Adult's Services and the Director for Public Health alongside more details about the key areas of focus for transformation in the next few years, and further explanation of the reasons for movements in levels of spend and funding between years over the MTFP period. All of this is to enable effective Scrutiny of relevant service areas ahead of the more detailed budget report being presented to Cabinet and Full Council in February 2020. The Committee heard that significant improvements have been made to the MTFP process since last year to ensure robust budgets are set over the medium term, these include:

- Challenge sessions held (Chaired by the Chief Executive) to ensure evidence backed budget pressures;

- Wider stakeholder engagement to improve awareness of financial challenges;
- Use of scenario planning to ensure a range of options are considered;
- Multi-year approach to optimise longer term planning, to ensure a focus on all three years, and;
- Continued tight financial control of in-year budgets.

The key drivers to the budget planning were to protect Frontline services, strengthen financial sustainability, ensure robust budgets and strengthen earmarked reserves. The Committee was reassured that the budgets as presented did not contain any new cuts to frontline services. There were however some previously agreed cuts that would still be applied. A key element to the confidence in the budgets now proposed was that they had been subject to 'challenge sessions' these were peer led and tested assumptions for a range of scenarios. The current proposed budgets represent a robust balanced revenue budget for 2020/21 and there will be a modest shortfall for 2021/22 and 2022/23 (<£10m). This represents an affordable multi-year capital programme and offers a high level of confidence in figures across all years. If these proposed budgets are agreed there will be an opportunity to further replenish reserves.

The Committee heard that there are to be two further reviews: a Fair Funding review and a Comprehensive Spending Review. Somerset is in a strong position to influence both these reviews and hopes to achieve a more equitable allocation. The timeline for the budget is that this will go to Cabinet on 10 February and Full Council on 19 February.

The Committee heard that the funding for Public Health is still based on an assumption as additional allocation is indicated as an above inflation increase. What is not clear at this stage is if this increase will come with additional responsibilities. There is also no clarity regarding the increased costs associated with the Agenda For Change pay increase for Health Workers.

The Committee discussed the proposed budgets and the following summarises that debate. The Committee was keen that, whilst the increase in National Minimum Wage and the Agenda for Change were welcome it was essential to maintain the pressure on Central Government to make sure the appropriate funding was allocated. The Committee also agreed that it would be most helpful if allocations that had in the past been 'one-off' funding could be part of the initial allocation as this will allow the Council to plan ahead for future years with confidence. The Committee acknowledged the positive contribution made by the voluntary sector and was keen to do all it could to support all aspects of volunteering. Somerset has made great progress in supporting people to live longer and this brings additional demands on the Social Care budget. The focus now of Public Health is to ensure that the older generation



are healthy and independent for as long as possible. The Committee was interested to hear about the 'Brain in Hand' App as well other adapted technology to assist in this.

The Committee was interested to hear how the Council was going to support the increase in Minimum Wage for providers as it was clear this would have an impact on their ability to deliver services at the same level. Members were informed that there was an agreed 2% uplift and that negotiations were currently ongoing but had not yet concluded. The Director for Adult Social Services was confident there would be enough money to cover this and members were informed that any decision regarding a fee uplift would be a key decision and would be open to scrutiny.

The Committee was keen to find out if there was scope for further efficiencies in delivering high quality services. It was assured that this agenda had not been forgotten and that further work on closer working in neighbourhoods was underway. The 'Home First' programme and the Falls Prevention service have done much to bring together the range of services in Primary Care.

The Committee was interested to hear that the focus for Public Health for the next year will be looking at Cardio Vascular disease. It is an area where more prevention work can be done. The Committee was keen that any work in this was properly joined up and was connected to other services at the earliest stage.

There were questions about volunteering and what members can do to help with promoting this, community safety and the council's responsibility in this area, attracting more Government investment into public health and actively lobbying for more funding. It was noted it was difficult to scrutinise some of the figures as there were still unknowns.

#### **The Scrutiny Committee for Policies, Adults and Health Committee: -**

- **Considered the proposed indicative budgets for 2021/22 and 2022/23 for Adult Services and Public Health budgets,**
- **Agreed to make a request through Cabinet to write to the appropriate Minister requesting that any additional costs incurred as a result of the Governments Policy "Agenda for Change" are met from central funds.**

#### 244 **Family Safeguarding** - Agenda Item 6

The Committee had a presentation on the Family Safeguarding element of the Somerset County Council Vision of Improving Lives. The aim is to prevent rather than react and to manage demand by working alongside communities to make

best use of all Somerset's available assets, providing the best possible outcomes and enabling communities to be strong and resilient. The Family Safeguarding part of this vision aims to deliver improved outcomes for families and reduce the Care Population – both in prevention and return home. Deliver support to families when they need it, reducing escalation and long-term trauma. This presents an opportunity for a culture shift – innovation, empowerment and staff feeling more valued. Reduce the demand on emergency services (NHS & the Police), delivering savings to Adult Services (Mental Health & Drug services). The strategy will use a recognised Practice Model for effective family intervention. Finally, the approach will address Ofsted's criticisms of 'less than good' multiagency working between services for vulnerable families.

In January 2015 a 'Hidden Harm' needs assessment concluded that in Somerset there were 645 children with a Child Protection Plan in place and of these 18% had three hidden harm factors. In August 2019 of 3735 Children in need of Protection or support in Somerset 14% (528 cases) had three hidden harm factors and 70% had at least one factor. These can be identified as follows: -

- 41% - domestic abuse (1530 children)
- 40% - adult mental health (1500 children)
- 21% - adult drug misuse (784 children)
- 18% - adult alcohol misuse (672 children)

To address this growing demand a radical new approach is proposed. The proposal is to adopt a model that has been successfully rolled out in Hertfordshire. This model relies on improved multi agency working and has specialist workers at the heart of the team. Rather than individual assessment teams the proposed model has integrated teams of enhanced practitioners supported by two Psychologists. The model requires an investment of £3.5m which will come from social care grant monies but will deliver sufficient savings to be self-sustaining after three years. If successful, the model will deliver a more positive outcome for children allowing them to remain with their birth family and fewer needing to be the care of the Local Authority. Success of the initiative depends on continued buy-in from partners, continued support from Senior Leadership Team and Cabinet. The once foreseeable risk is the possibility of a follow-up inspection from OFSTED which will put any roll out on hold for a couple of months. An inspection is expected but a date is not known, and it would not be desirable to be inspected whilst undergoing fundamental change.

The Committee discussed the presentation and asked about working in schools. Members were assured that this all tied in with the Team Around the School and the Team Around the Child model. The Committee was concerned about escalation should a family with a 'Hidden Harm' refused to acknowledge that and did not engage with the Safeguarding team. It was assured that the

escalation route was through Child Protection. The Committee was interested to know if the cuts to services had resulted in the intervention level being higher. Members were assured that the Hertfordshire model successfully supported a range of families and the key to successful intervention was to do it as early as possible and at a lower level. So, this model would not increase the threshold for intervention.

There was also interest in Child Protection Plans and if these had a fixed term as some children appear to stop and then restart. It was confirmed that this was often because the risk factors had been removed and then something happens within a family and a further intervention is required.

There were also questions regarding recruitment and retention as this has been a challenge in this sector. Members were informed that this model made the role more attractive to the workforce as it offered greater opportunity to develop skills across professional disciplines and greater job satisfaction. The recruitment of any staff is still in the early stages and of commissioning and the exact type of contract has yet to be decided. It emerged that Hertfordshire used a combination of contracted and commissioned workers. Other Local authorities are using this model and it has been subject to an OFSTED inspection and found to be Good. The Committee was assured that the risk associated with an unplanned OFSTED Inspection would not lead to a dip in service but would result in a delay to the roll out of the proposed new model of about a month.

### **The Somerset Scrutiny for Policies, Adults and Health Committee considered and commented on the report.**

#### **245 Somerset Health Protection Assurance Report - Agenda Item 7**

The Committee considered the annual report of the Somerset Health Protection Forum. The Somerset Health Protection Forum comprises professional partners, across agencies, holding health protection responsibilities. The Forum has a collective role to provide assurance on behalf of the Director of Public Health. To ensure the Health Protection Forum has a focused agenda and forward plan, a Strategic Action Plan is developed annually. This identifies the priorities and actions to be taken across the system over the coming 12 months, as approved by the Health and Wellbeing Board. The priorities for 2019 were categorised by the following subjects: **Communicable Diseases, Environmental Hazards, Infection Prevention and Control, Resilience and Screening and Immunisations.**

Progress against the agreed actions is summarised as follows:

#### **1. Communicable Diseases**

Ensuring robust communicable disease incident and outbreak response arrangements are in place and embedded across the Somerset system was an important priority for 2019. Core activity continued throughout 2019 which included:

- Maintain a system overview of outbreak management processes and response;
- Ensure robust multi-agency outbreak management plans are in place to support individual organisational arrangements; and
- Review significant outbreaks, making recommendations where appropriate. During 2019, we have had 195 situations/issues/clusters that span a broad range of threats to public health ranging from chlorine releases and fumes at a shopping village, to Norovirus/Flu outbreaks in schools and care homes, Shiga Toxin-producing E-coli (STEC) outbreaks and cases of meningococcal disease and Tuberculosis, which requires contact tracing and screening.

In 2019 the UK lost its 'measles free' status due to the increased number of confirmed cases and evidence that there was transmission of a strain of the disease within the country. During 2019, Somerset only had one case of measles, which was linked to a measles outbreak in Devon, despite the increasing prevalence of measles within the UK. The Somerset Immunisations Group have prioritised work to roll out the Measles and Mumps elimination strategy within Somerset. TB remains a concern within Somerset, with 2019 seeing several complex cases of multi drug resistant TB. Even though Somerset has a low incidence of TB, there is still significant pressure on the system when faced with a TB case. Work is currently taking place to ensure the system has the resources and processes in place to effectively manage TB cases in Somerset. In 2017 71% of cases with drug sensitive TB completed their treatment by 12 months and 11% of TB drug sensitive patients died. The Committee was disappointed to hear of the loss of Measles Free status but reassured that there had only been one case in Somerset. The Committee agreed to do all they can in communities to drive up the general immunisation levels for all infectious diseases. The Committee was disappointed that Tuberculosis remains a concern within Somerset, with 2019 seeing several complex cases of multi drug resistant TB. Even though Somerset has a low incidence of TB, there is still significant pressure on the system when faced with a TB case. Work is currently taking place to ensure the system has the resources and processes in place to effectively manage TB cases in Somerset.

## **2. Environmental Hazards**

The priority to ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health are supported was progressed during 2019. The activity that supports this priority includes:

- Maintain oversight of environmental hazards posing a threat to population health (health and safety, food hygiene and standards, air, land, and water)
- Ensure robust multi-agency incident management plans are in place to support individual organisational arrangements; and
- Review significant incidents, making recommendations where appropriate.

In February 2019, Somerset County Council declared a climate emergency and committed to preparing a strategy by the end of 2019. There is a significant overlap between air quality and climate change, so the work undertaken to date on air quality has been fed into the climate change plan. In the meantime, the recommendations within the Air Quality Strategy are being applied in practice:

- Major planning applications now frequently include an air quality assessment.
- Transporting Somerset and SCC Procurement are considering whether changes can be made to make the fleet greener including contracted providers. One change already made is that all pool cars are now petrol rather than diesel.
- All new contracts now contain air quality as a consideration in the social value element of the contracts.
- The Air Quality website going live imminently.

### **3. Infection Prevention and Control**

During 2019, it was agreed to ensure infection prevention and control priorities address local need and reflect national ambition. Somerset Strategy for the Prevention and Control of Infection has been produced, for a system wide approach. The purpose of this document is to set out the CCG's and Somerset system responsibility and objectives for infection prevention and control and the work plan to ensure these are met.

### **4. Resilience**

During 2019, it was a priority to ensure local and regional emergency response arrangements are in place to protect the health of the population. Core activity includes maintaining an overview of local emergency planning, resilience and response workstreams and review significant incidents, making recommendations where appropriate. The Committee asked if this included preparation for a possible Coronavirus outbreak. It was informed that Public Health England are responsible for this and information has already been shared with the appropriate clinicians. The current advice is to self-isolate and call NHS 111 and take the advice given.

### **5. Screening and Immunisation**

It is a priority of the Forum to ensure screening and immunisation programmes meet national standards and reflect local priorities for increasing uptake. The

core activity that continue includes, monitoring local performance of all screening and immunisation programmes, work across the Public Health system to reduce inequalities in accessibility of services and raise local awareness, encouraging uptake of all programmes and review programme performance and make recommendations for improvement where appropriate. The Committee asked about the number of entries marked 'N/A' and were concerned that these meant the figures were Not Available. The Committee was informed that these figures were not available broken down to a Somerset level. The Committee asked about the upper age limit for some cancer screening and were informed that the programme was a National one and was reviewed on a regular basis.

### **The Somerset Scrutiny for Policies, Adults and Health Committee considered and commented on the report.**

#### **246 Fit For My Future Update - CCG Consultation Strategy and Consultation on acute mental health in-patient beds for adults of working age - Agenda Item 8**

The Committee discussed a report summarising the engagement and consultation strategy which was approved by the CCG Governing Body on 16 January 2020 and set out the progress made since the last report. People who have used mental health services in the past or are using them now have helped shape the new model of care. This will be easier to access services, and to reach a whole system of support through just one referral. The CCG vision for mental health, and the new mental health model, is innovative. The approach it intended to enhance and invest in services that are already there, introducing new ones closer to where people live, and making them wholly accessible at every step of the way. Acute mental health inpatient services for adults of working age are just one part of this whole system of care, a very important component for the relatively small number of people facing the most acute mental health issues. This proposal is not about money or a reduction in service; in fact, the proposal is to invest more to improve the acute mental health inpatient service.

The central issue under deliberation has been how to provide the optimal inpatient care for those who require treatment for an acute psychiatric episode. Currently there are four wards providing acute inpatient mental health care for adults of working age; Rydon 1 and 2 in Taunton (adjacent to other mental health wards), Rowan ward in Yeovil and St Andrews ward in Wells. Two of these are 'standalone' wards, meaning that there is not an adjacent mental health ward where support can be drawn upon at times of need. These wards are St Andrews in Wells and Rowan in Yeovil. In addition, St Andrews ward in Wells is a long way from the nearest emergency department – 45 minutes from St Andrews ward to Royal United Hospital in Bath, compared with several

minutes journey time from services located in Yeovil and Taunton, and has limited out of hours support. Having single wards can cause problems with safe staffing and management of patient risk. When two wards are close to each other, staff from one ward can provide support to the other whenever there is a problem. When there is only one ward, staff have no immediate back-up and have to resort to calling the police or an ambulance. This is the case in St Andrews ward in Wells and Rowan ward in Yeovil.

After a consultation process looking at three options, the CCG preferred option is to move the beds from St Andrews Ward in Wells to Yeovil, alongside the existing Rowan Ward. These options will now be subject to a public consultation which will run until 12 April 2020. The feedback from the public consultation will form part of the decision-making business case.

The Committee discussed the report and recommendations and it was interested to know why the proposal still had two locations and was told that it was due to the geography of Somerset. It was confirmed that the proposals would not reduce the number of beds available as this would remain at 62 beds. The Committee asked what would happen to those in Wells needing support. The Committee was assured that the day service will continue; the movement was for the in-patient beds only. The Committee asked about recruitment and retention of staff as well as the options available for the staff currently at St Andrews Ward. It was confirmed that recruitment and retention is a real challenge across the County but none of these options will require more staff. Those staff who will be affected by the proposals will be fully supported and given the option to move but not required to do so. What is clear from other units is that a multi-discipline team works better, and the staff feel more adequately supported.

The Committee encouraged those with a particular interest in any of the options for make contact with the CCG and those leading the consultation to make sure all views were considered and the details behind the rationale to make the recommendation to move St Andrews ward in-patient numbers to Yeovil in a new ward alongside the existing facility.

#### **The Somerset Scrutiny for Policies, Adults and Health Committee:**

- **Considered and commented on the report and supported the proposed move of the Wells inpatient beds to expand the Yeovil facility.**
- **Welcomed the opportunity to further respond to the consultation**

247 **Fit For My Future - Engagement Consultation on Neighbourhoods and Community Settings of Care - Agenda Item 9**

The Committee heard that the CCG was about to go out to open consultation using the same strategy as previously described for the engagement on acute mental health inpatient beds for adults of working age. The report was an update on community health and care services (formerly known as neighbourhood and community settings of care). It set out how the CCG is undertaking public engagement to obtain feedback on their vision and early thinking on improvements to these services. The CCG has already been working with partners and providers including doctors, nurses, allied health professionals (therapists) and other people working within public health, adult and children's services - and the organisations they work for, Somerset County Council, Somerset Partnership NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust, and the GP practices that make up Somerset's health and care system.

The rationale for the need for change is that the health and care services in Somerset are not currently organised in the best way to support people to live independent, healthier lives. The population is changing and the support they need from health services is changing - which means that services must change too. The good news is that people are living longer but that means our health and care services need to care for more elderly people. In addition, more people are living with long-term conditions which affect their physical and mental wellbeing. Health and social care services must adapt, and this is an opportunity to reshape and improve them. The Rapid Response Service, which started in November 2018 and provides care in the community for frail elderly people, has supported more than 1,000 people to stay in their own homes in its first year. Home First which supports patients to leave hospital either by providing care at home, in a residential or nursing home or in a community hospital bed, has helped 5,000 people to get home from hospital faster. This is an opportunity to invest in more of these community services that promote independence, at home or in a residential or nursing home - and to do this the NHS will need to spend less money on community hospital bed-based care. Feedback from patient and carers indicates that people do not always know where best to go when they need "same day" help for something that is not a medical emergency - that requires a visit to A&E - but for which a patient might need rapid support. The proposal is to "talk before you walk" guidance to help direct access the most appropriate service as close to home as practical.

The Committee discussed the engagement strategy and was interested to know how many Community Hubs there would be and what they would look like. As no decision have been made it was not possible to describe them in detail, but it was hoped that they would be co-located with other services. The Committee asked if the South West Ambulance Service had been included in the discussion and was assured that although they had not been specifically mentioned in the introduction, they were part of the consultation strategy. The Committee asked if the closure of a Minor Injuries Unit in any particular place then made it more



likely that the Community Hospital in the same area might face closure. They were informed that the whole range of Community Services were included in the Engagement Activities.

**The Somerset Scrutiny for Policies, Adults and Health Committee commented on the document and agreed to encourage participation in the Engagement Consultation.**

248 **Scrutiny for Policies, Adults and Health Committee Work Programme -**  
Agenda Item 10

- The Committee considered and noted the Council's Forward Plan of proposed key decisions in forthcoming months.
- The Committee agreed to add to the work programme an update on the Carers Workshop held in December 2019.

249 **Any other urgent items of business -** Agenda Item 11

There were no other items of business.

**(The meeting ended at 1.45 pm)**

**CHAIR**

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## **Update on the Fit for my Future: Engagement on our vision for community health and care services**

Lead Officers: Maria Heard, Fit for my Future Programme Director  
Dr Alex Murray, Clinical Lead, Fit for my Future

Author: Jane Harris

Contact Details: [jane.harris18@nhs.net](mailto:jane.harris18@nhs.net)

### **1. Summary**

- 1.1 Fit for my Future is a strategy for how we will support the health and wellbeing of the people of Somerset by changing the way we commission and deliver health and care services. It is jointly led by Somerset Clinical Commissioning Group and Somerset County Council and includes the main NHS provider organisations in the county.
- 1.2 This report is an update on community health and care services (formerly known as neighbourhood and community settings of care). It sets out how we are undertaking public engagement to obtain feedback on our vision and early thinking on improvements to these services. It also provides details of the criteria we will use to assess the options developed to shape future health and care services in Somerset.

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

Members are asked to consider and comment on the report and support next steps. Somerset County Council Scrutiny for Policies, Adults and Health Committee and individual members are invited to formally respond to our engagement activities.

### **3. Engagement on our vision for community health and care services**

- 3.1 We have been working with our partners and providers including doctors, nurses, allied health professionals (therapists) and other people working within public health, adult and children's services - and the organisations they work for, Somerset County Council, Somerset Partnership NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust, and the GP practices that make up Somerset's health and care system.
- 3.2 Together, we have been sharing our expertise, experience and understanding to think about how community-based health and care services in Somerset can work better together.
- 3.3 The shared vision for Somerset is that people can live healthy and independent lives, within thriving communities.

3.4 The health and care services in Somerset aim to support people to live independent, healthier lives by having the right services in the right place for their needs, available at the right time and delivered by the right people.

3.5 This means:

- Where we can we will provide community health and care services as close to home as practical, providing support based on individual needs to enable people to live well, recover well and stay as well as they can
- When people do need care, this will be provided in the most appropriate place to meet an individual's needs to help them regain independence or provide additional support. This may be support in their own home, a short term stay in a residential or nursing home or in a community hospital bed
- When people need urgent 'same day' care for something that is not a medical emergency but for which you need rapid support, we will provide access to advice and guidance that will enable you to 'talk before you walk' so you can get to the most appropriate service as close to home as practical. This may be at a local pharmacy, an appointment at a GP surgery or an appointment at an Urgent Treatment Centre which provide a range of diagnostic services, such as x-ray and some blood tests, 7 days a week.
- The changes to our services will help us support our dedicated and hardworking staff by providing more opportunities to work flexibly, offering more career opportunities with a greater range of potential roles, and the support and training to thrive in those roles.

### 3.6 **Why we need to change**

Our population is changing and the support they need from our services is changing - which means that our services must change too. The good news is that people are living longer but that means our health and care services need to care for more elderly people. In addition, more people are living with long-term conditions which affect their physical and mental wellbeing.

Our health and care services in Somerset are not currently organised in the best way to support people to live independent, healthier lives. Our health and social care services must adapt and we have an exciting opportunity to reshape and improve them.

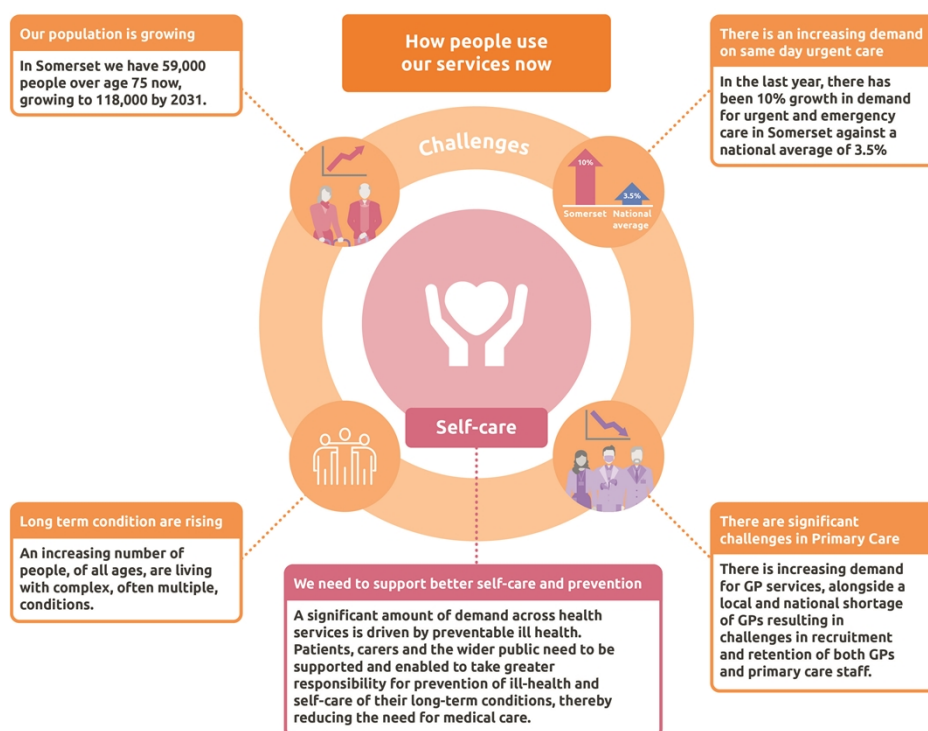
Considering how people's care needs have changed, we know that we have not got the balance right between services that support people to live well, live well with their long term conditions; services that provide care in people's own homes or a residential or nursing home; and care provided in a hospital bed.

We have begun to successfully develop alternative services. Our Rapid Response Service, which started in November 2018 and provides care in the

community for frail elderly people, has supported more than 1,000 people to stay in their own homes in its first year. Home First which supports patients to leave hospital either by providing care at home, in a residential or nursing home or in a community hospital bed, has helped over 5,000 people to get home from hospital faster.

We have an opportunity to invest in more of these community services that promote independence, support you or your family members in your communities - at home or in a residential or nursing home - and to do this we will need to spend less money on community hospital bed-based care.

We also know from patient and carer feedback that people do not always know where best to go when they need “same day” help for something that is not a medical emergency - that requires you to go to A&E - but for which you need rapid support. We would like to help people to access the most appropriate service for your needs as close to home as practical by to providing “talk before you walk” guidance.



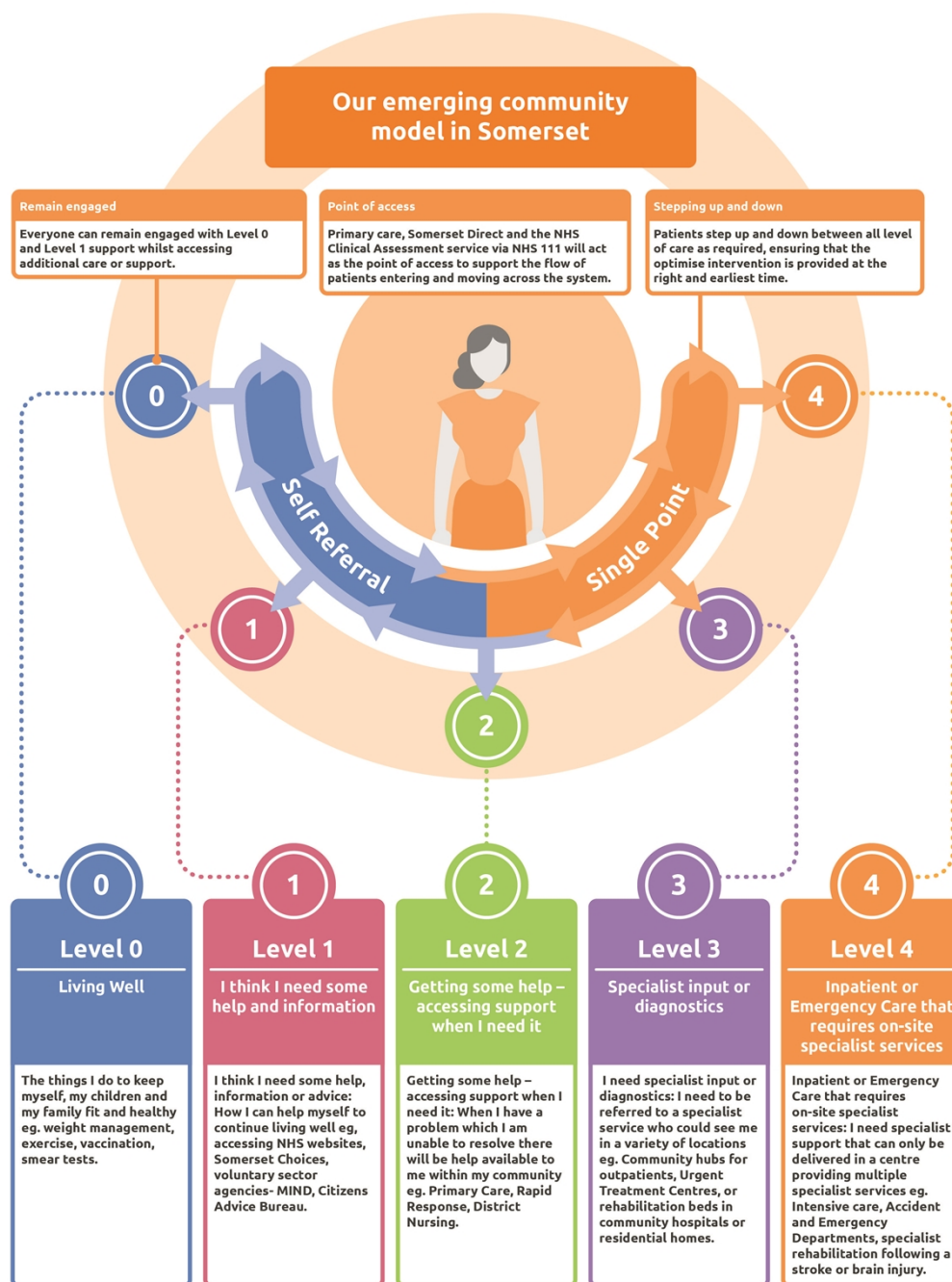
### 3.7 Our early thinking explained

**Community health and care services will be provided as close to home as practical, providing support based on individual needs to enable people to live their best life – supporting them to live well, recover well and stay well.**

People will be able to access the right level of care for their needs within their local community, as close to home as practical. This will range from support to stay well, support to recover well or manage a long-term condition, through to

care and support at the end of life.

Integrated health and care teams will work together in local areas to achieve this. Teams will include GPs, nurses, pharmacists, physiotherapists, paramedics and social workers as well as partners from the voluntary and community sector such as Somerset Community Connect, Village Agents or Health Connectors, home support from the Red Cross.



**3.8 Where people need help to regain independence or additional support, care will be provided in the most appropriate place for their needs which may be support in their own home, a short stay in a residential or nursing home or a community hospital bed.**

If people need help to remain or regain independence, or need a bit of extra

help, a range of services will be in place to support them in the most appropriate setting as close to home as appropriate for their needs and practical for the service.

We will develop community hubs that bring together in one place a range of services including mental health, district nursing, on the day treatment for some conditions, hospital outpatient appointments, and diagnostics tests such as x-rays.

We will develop innovative services that support people either in their own home or where they live, depending on their care and support needs. By investing in and developing these services we will help people to remain independent with the necessary support in place for as long as possible.

We will continue to provide community hospital beds for those people for whom that is the best place to receive care. We have proportionately more community hospital beds and fewer services that deliver care in people's own homes or in a residential or nursing home than other parts of the country. When we reviewed how we used our hospital beds it showed that two thirds of the people who were cared for in those hospital beds could have been cared for differently, and last winter we did not use all our community hospital beds.

In the future we would like to provide fewer hospital beds, invest money to develop services that support people in their own homes or in a residential or nursing home bed, and ensure that our community bed units are optimally configured so that they are not as susceptible to staffing shortages.

3.9 **When you need “same day” help for something that is not a medical emergency but for which you need rapid support, we will make sure you have access to “Talk before you walk’ guidance to help you access the most appropriate service as close to home as practical. This may be at a local pharmacy, an appointment at a GP surgery or an appointment at an Urgent Treatment Centre.**

By ringing NHS111, their GP surgery or Somerset Direct (Somerset County Council's central contact centre) people will speak to a trained professional who will assess their needs and direct them to the most appropriate care option as close to home as practical - and support them wherever possible to access the service.

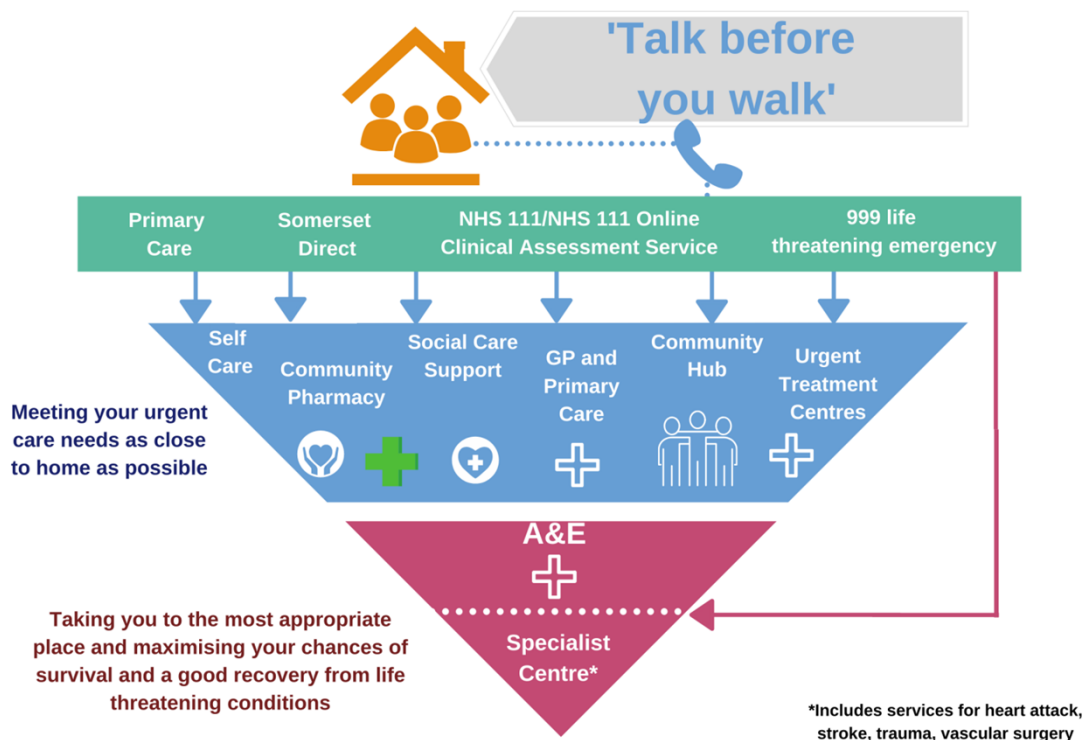
Options would include:

- advice on how to care for themselves effectively
- support from a range of local agencies, for example the Alzheimer's Society or MIND
- access to support from social care
- visit to a local pharmacy or other community resource (such as a dentist)

or optician)

- an appointment at a GP surgery with a GP, nurse or other health professional
- visit to the local Urgent Treatment Centre with an appointment booked for you
- emergency care via A&E or 999.

This approach will save time and unnecessary travel. It will also direct people to the most appropriate service for them, first time, and direct them to support as close to home or work as practical and help us to make sure that services are used appropriately and most effectively.



The NHS has recommended that Urgent Treatment Centres, which provide a greater range of services and a higher level of care than current Minor Injury Units, are opened across the country. They will be open for a minimum of 12 hours a day, provide a greater range of diagnostic services (for example, x-ray and some blood tests) 7 days a week, be supported by GPs and have the facility to book appointments in advance through NHS111 or your local GP surgery.

In Somerset it will not be practical or affordable to replace every Minor Injury Unit with an Urgent Treatment Centre so we will have to consider how many we need for the county. This means that some Minor Injury Units would close while others would be replaced by Urgent Treatment Centres.

3.10 **We will support our dedicated and hardworking staff by providing more opportunities to work flexibly, offering more career opportunities with a greater range of potential roles, and the support and training to thrive in**



## **those roles.**

We believe that, by working differently and providing a greater range of services, we will remove some of the barriers that frustrate staff, and improve their satisfaction within their roles. This approach will help us to attract staff to Somerset and retain staff within our services against a backdrop of national staff shortages.

### **3.11 Public engagement**

On 30 January 2020 the Governing Body of Somerset Clinical Commissioning Group approved the launch of public engagement on the early thinking around improvements to community health and care services including same day urgent care.

3.12 The engagement programme will run to 12 April 2020. As of 21 February, in the third week we have spoken to over 400 people face to face, and over 480 responses to the questionnaire have been received.

3.13 Through the engagement we will aim to reach our general population, including all of those with an interest in the community based health and care services to hear their views about our early thinking, including service users, carers and their families. We are undertaking a detailed stakeholder mapping exercise to maximise our reach and make sure people have the opportunity to give their feedback.

3.14 We will be sharing the reasons why our current services need to change and the challenges that we face in continuing to run them.

3.15 We will be holding a series of drop-in events at all community hospital and minor injury unit sites as well as dedicated meetings for the community hospital league of friends.

3.16 As with the mental health public consultation we will be holding a number of pop-up sessions at health and care sites, libraries and voluntary sector organisations, and using social media and the media to reach as many people as possible.

### **3.17 How we will assess the options for the future health and care services in Somerset**

In January – February 2019, we engaged on the criteria for option appraisal. Working with Evolving Communities (who manage HealthWatch Somerset) we ran two public focus groups and a third for staff from the acute hospitals, community hospitals, primary care, community health and care services, the CCG and Somerset County Council to test and develop those criteria further. This was followed up by an invitation to over 800 stakeholders to give feedback, engagement via social media and an online survey which was completed by 129 members of the public and health staff.

3.18 Taking account of the feedback we received, we have identified seven criteria which we will use to undertake an option appraisal. These criteria are:

- **Quality of care – impact on patient outcomes**, e.g. does clinical effectiveness lead to improved outcomes for patients? how well are patient’s needs met? are health and wellbeing improved and illness reduced?
- **Quality of care – impact on patient experience and on carer experience**, e.g. is care provided in a positive environment? does it support privacy and dignity and promote rapid recovery? is more care delivered closer to people’s homes? is the service easier to navigate?
- **Travel times for patients and their carers and visitors**, e.g. how long will their journeys take by private transport? how long will it take by public transport and how difficult is the journey to make? are any particular geographic areas especially negatively affected?
- **Impact on equalities**, e.g. are any disadvantaged groups particularly impacted, negatively or positively? is there a particular positive or negative impact in terms of access and travel times for areas with relatively high levels of socio-economic deprivation?
- **Deliverability**, e.g. how long would each option take to implement? are there any particular risks?
- **Affordability and value for money**, e.g. what is the overall impact (revenue and capital, health and care services) from the perspective of the taxpayer? which if any options makes best use of the overall public estate?
- **Workforce sustainability**, e.g. can we ensure a sustainable workforce with availability 24 hours, seven days a week, or as needed for the specific services? are we able to attract and retain high quality staff? does the option support multi-disciplinary working and improved integration?

A [report](#) of the feedback and additional comments from public and staff is available on the Fit for my Future website.

### 3.19 **Next steps**

The feedback from the engagement programme will be independently analysed by Participate, an organisation with expertise in consultation and engagement, and a full report of the engagement and analysis will be published later this year.

During late spring/ early summer we will be applying the criteria described in

this paper to develop options for Neighbourhoods and Community Settings of Care, and working through these with members of the public, staff and stakeholders in three deliberative workshops. Later this year, we expect to commence formal consultation on how services might be provided in the future.

3.20 Further updates will be presented to the Somerset County Council Adult Health and Overview Scrutiny Committee as this work progresses.

#### **4. Background papers**

4.1 **The engagement documents on our vision for neighbourhoods and community settings of care are published on the Fit for My Future website [www.fitformyfuture.org.uk](http://www.fitformyfuture.org.uk)**

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

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## Adult Social Care Performance Update

Lead Officer: Mel Lock, Director of Adult Social Services

Author: Jon Padfield, Performance Lead, Adults & Health

Contact Details: [jpadfield@somerset.gov.uk](mailto:jpadfield@somerset.gov.uk) / 07731 105872

Cabinet Member: David Huxtable, Cabinet Member for Adult Social Care  
Division and Local Member: All

### 1. Summary

- 1.1. This report follows on from previous reports provided to Scrutiny Committee and highlights key performance activity and indicators relating to Adult Social Care. The report is supported by an accompanying appendix which provides further detail in relation to some of the key indicators being monitored closely by the service and helps to evidence the improvements and areas for further development identified within this covering report.

### 2. Issues for Consideration/Recommendations

- 2.1. For members of the Scrutiny Committee to comment on the updates in relation to Adult Social Care performance trends captured within the report and the actions being taken to continue to improve the service.

### 3. Key Achievements

- 3.1. **Managing Demand** - Our continued focus on managing demand, improving outcomes and investing in strengths-based conversations with those seeking assistance via Somerset Direct (our call centre) has enabled the Adults team to meet our target of 60% resolution at first point of contact.

Since April 2019 we have also reported on the 'combined resolution rate' – this refers to the proportion of calls that are resolved either by Somerset Direct or by our locality triage teams. The target for this combined measure is 75% and average monthly performance since April 2019 has been 72.8% (*Appendices 1.1 and 1.2 refer*).

The number of overdue assessments for Locality Teams stood at 63 at the end of January 2020. This represents a reduction of approximately 74% compared to the same point last year. For assessments completed since April 2019 the average time someone waited for an assessment was 18 days – this is measured from the date of the initial contact to the date the assessment was completed.

The number of overdue reviews has reduced by approximately 33% and stood at 1,306 at the end of January 2020. Our planned trajectory will see all overdue reviews cleared by September 2020 whilst maintaining the quality of the reviews. Over 90% of people with an overdue review have received a review within the last 2 years.

3.2. **Care provider quality** - The quality of local regulated care provision in Somerset has seen steady and continuous improvement over recent years, evidenced by the high proportion of providers judged by the Care Quality Commission (CQC) to be 'Good' or 'Outstanding'. In November 2016, 83% of providers were 'Good' or better. This figure has risen to 87% at December 2019 (*Appendix 1.4 refers*). This compares positively to a national average of approximately 84%.

3.3. **Permanent Placements into Residential and Nursing Care** – An important part of our Promoting Independence approach is to reduce reliance on permanent placements into Residential and Nursing care. Whilst for some people a nursing care service is the best service for them to receive care and support, for others it is not. Some of the reasons for this are as follows:

- Placing people into permanent care often reduces their independence;
- It can limit peoples' choices and control. Residents have less control over who comes into their home and they may lack privacy;
- The council has a duty to provide the least restrictive support and, in some cases, residential care can restrict a person's liberty;
- We want to enable Somerset residents to live their best life;
- It often does not provide best value for the Council or residents.

Appendix 1.5 highlights the year-on-year reduction of placements of people aged 65 and over. The Better Care Fund target for 2018/19 was 520 placements per 100,000 population and Somerset reported 512.2 placements.

For 2019/20 the target has been stretched to 468 placements per 100,000 population. This represents a 10% reduction compared to the target for the previous year. Although the number of new placements in residential and nursing care is reducing, we are seeing the impact of people living longer. The snapshot number of people funded in residential and nursing placements at the end of each month has remained fairly consistent across 2019/20 which clearly has a financial impact.

Between April and January 2020, we made 491 actual placements. Assuming we continue at the current rate, the projected figure per 100,000 population by year end will be 454.1. The national average for 2018/19 was 580.0 per 100,000 population and the regional average for the same period was 513.0.

3.4. **Self-Directed Support** – this measure examines the number of eligible service users that have been offered either a personal budget or a direct payment. Changes to the way that assessments are recorded that were introduced in August 2018 have seen a significant improvement in local performance. Our performance exceeded 90% for the first time in March 2019 and at the end of January our performance was approaching 95% (*Appendix 1.6 refers*).

3.5. **Safeguarding** – the proportion of concluded safeguarding enquiries where the risk was reported to have 'reduced' or been 'removed' following our involvement was 90.7% for all enquiries concluded between April 2019 and January 2020. The adult

safeguarding service routinely audit cases where the risk 'remains'; however, this is commonly due to respecting the individual's capacitated wish to continue to have contact with the alleged perpetrator of the abuse.

- 3.6. **Delayed Transfers of Care (DToC)/Home First** – the target for Delayed Transfers of Care at a CCG level is that no more than 2.5% of available beds are lost to delays. Appendix 1.8 shows Somerset's performance against this measure since April 2019. Current performance (January 2020) is slightly above target at 2.71%. A large number of the delays in Somerset (47%) are within community hospitals, which reflect the recent challenges in securing timely and sufficient homecare.

Between April 2019 and January 2020 2,596 people were discharged from hospital onto one of the Home First pathways. 65% of these people were discharged on to Pathway 1 (i.e. home with support). Our target is 75%.

Appendix B includes a case study highlighting the impact of Home First.

4. **Quality Monitoring Audits and Activity** – Since the launch of the new online practice quality audits in September 2019, staff from right across adult social care have submitted a total of 465 audits (September 2019 to January 2020) exploring the achievement of quality standards across a wide range of core activity, including assessments, reviews, safeguarding responses and supervisions.

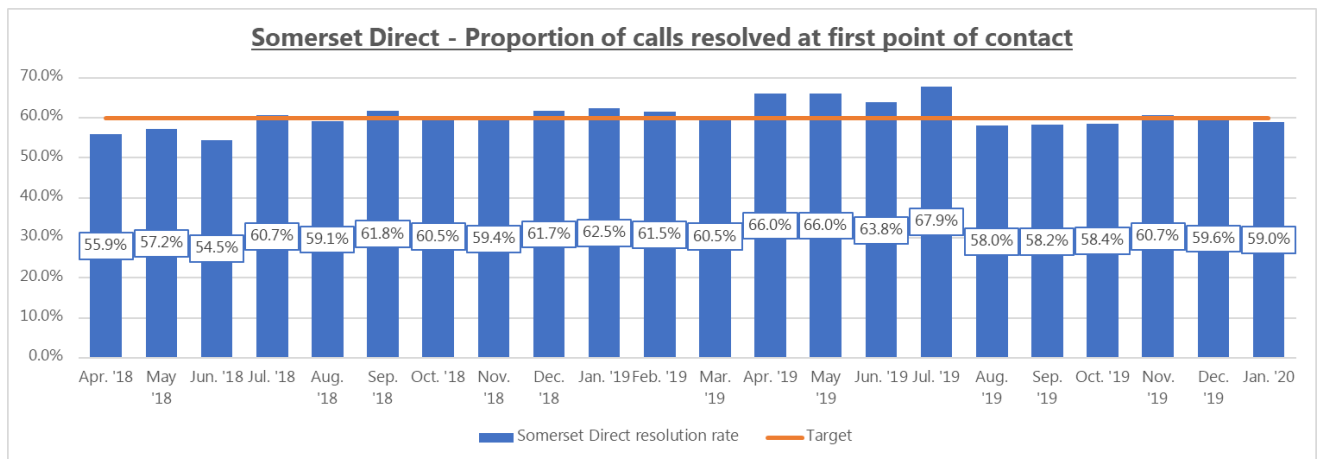
The process has dual benefit: it offers the service an additional means of routinely monitoring, dip-sampling and tracking the quality of our work, but it is the 'soft intelligence' and benefits that are proving most useful – enabling greater reflective practice, enhancing conversations between supervisors and those they supervise, and supporting team workshop activities. The monthly thematic reports are widely circulated and also presented to monthly PIMS (Performance Improvement Meetings) for scrutiny.

5. **Performance priorities for the year ahead** - Strategic Managers across Adult Social Care have now submitted their core ambitions for the coming year as part of the annual corporate service planning process. The two service plans (one focused on the commissioning function, and the other on frontline operational priorities) outline how the work of the service contributes to the overarching 'Improving Lives' vision. Managers are ensuring the activities within these plans filter down into individual appraisal objectives and team work plans. The content of the plans will also inform service-level risk registers and performance scorecards.

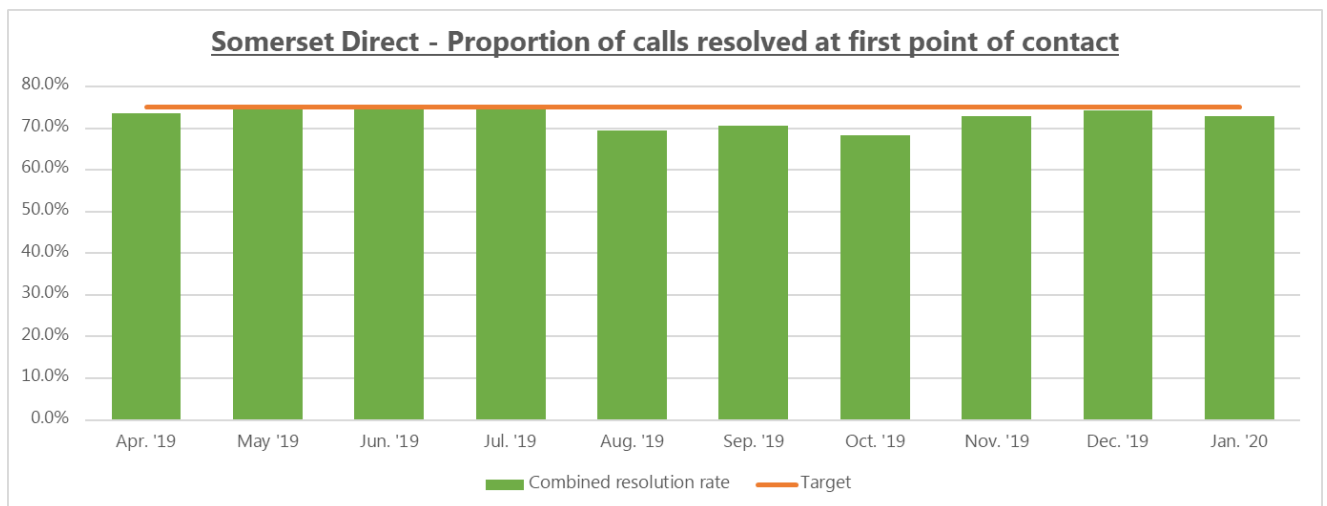
In addition, the service will be participating in a South West ADASS (Association of Directors of Adult Social Services) Peer Review, scheduled for 16 April 2020. Work is underway to develop and finalise self-assessments to contribute to the pre-activity exploring practice, culture, partnerships, commissioning activity and ambitions. Somerset is being paired up with Devon County Council and Gloucestershire as part of this process, which will be supported by colleagues from RiPfA (Research in Practice for Adults).

## Appendix A – ASC Performance Trends

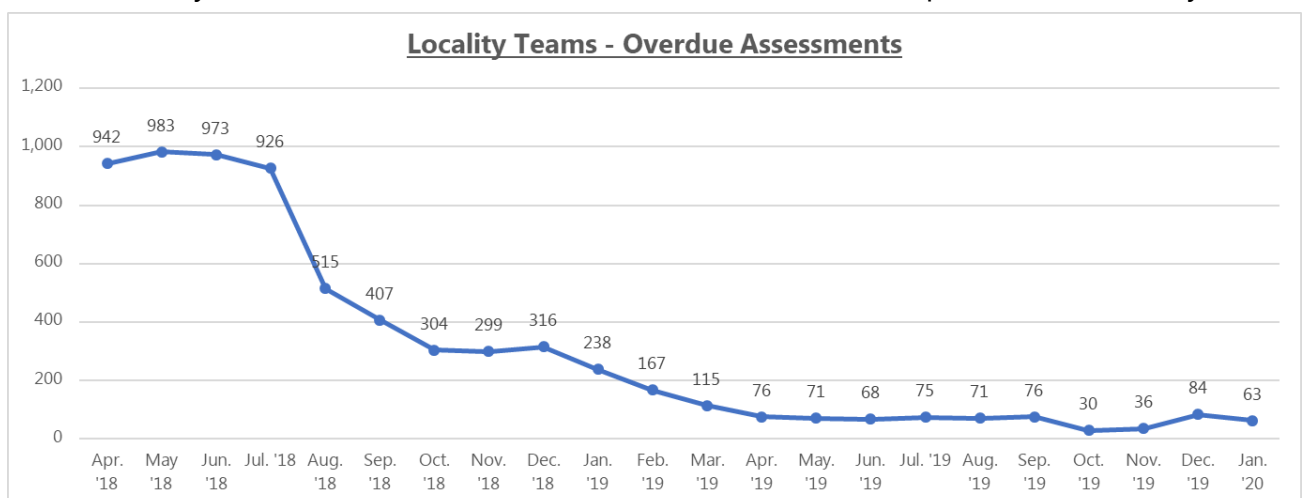
1.1 Somerset Direct – proportion of calls signposted from April 2018 to January 2020.



1.2 Combined resolution rate – proportion of calls signposted by either Somerset Direct or locality triage teams from April to December 2019.

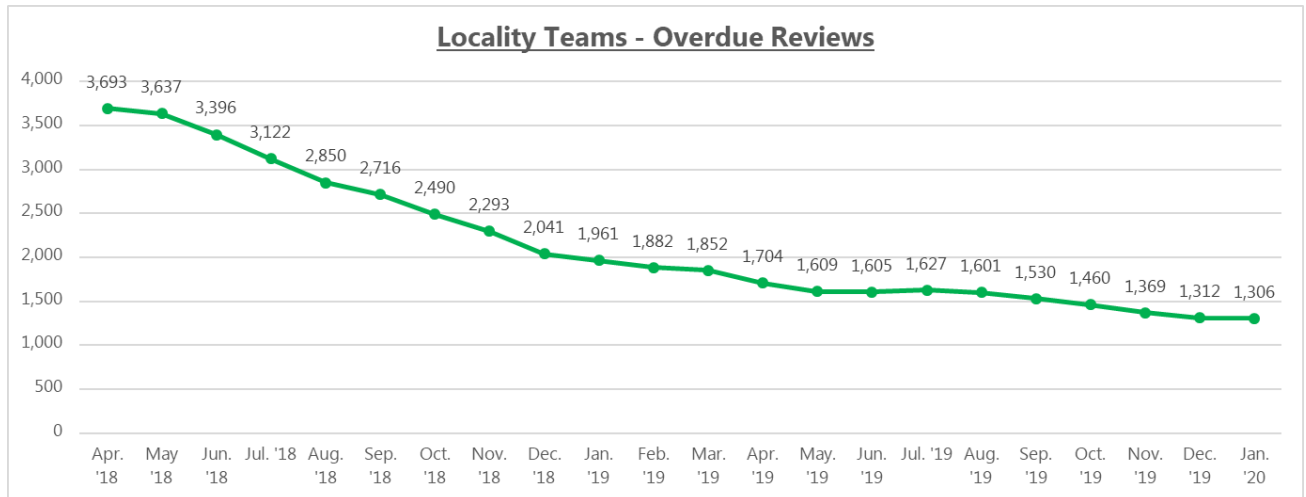


1.3 Locality Teams – reduction in overdue assessments from April 2018 to January 2020.

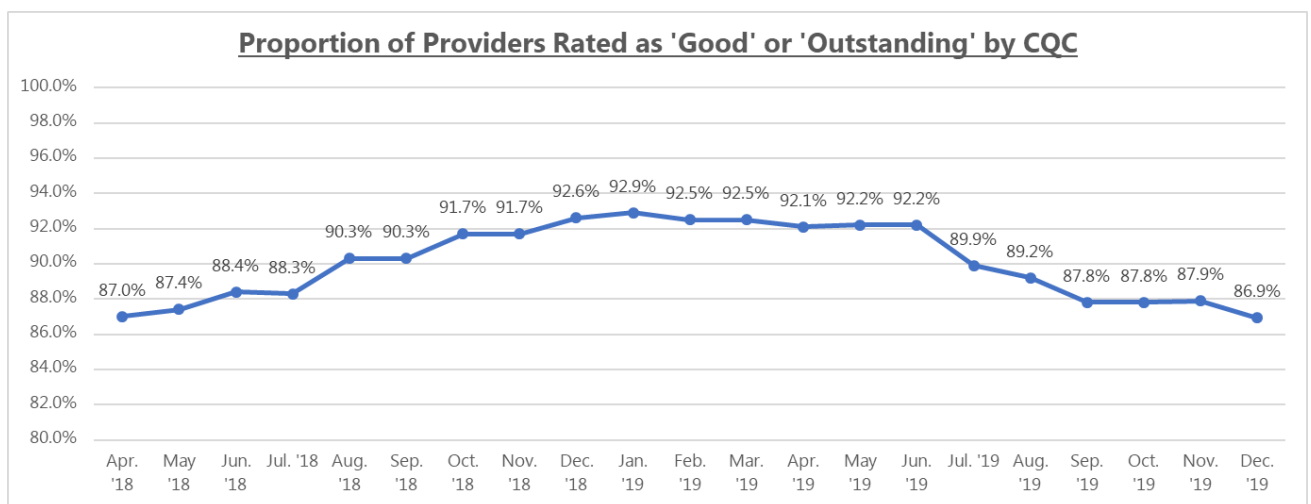




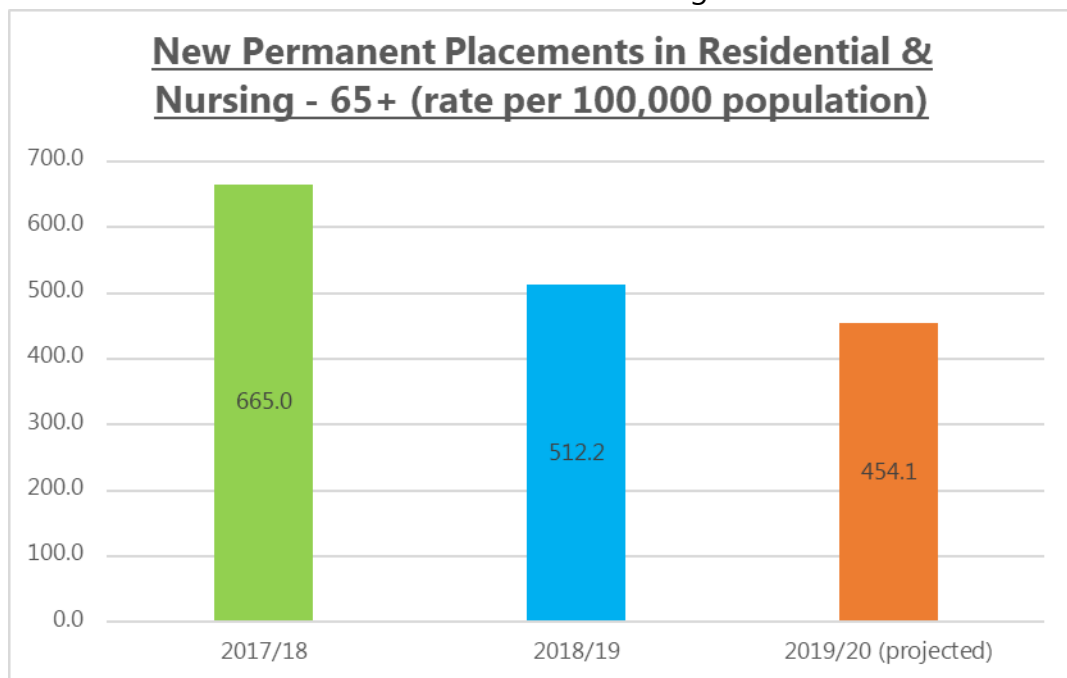
1.4 Locality Teams – reduction in overdue reviews from April 2018 to January 2020.



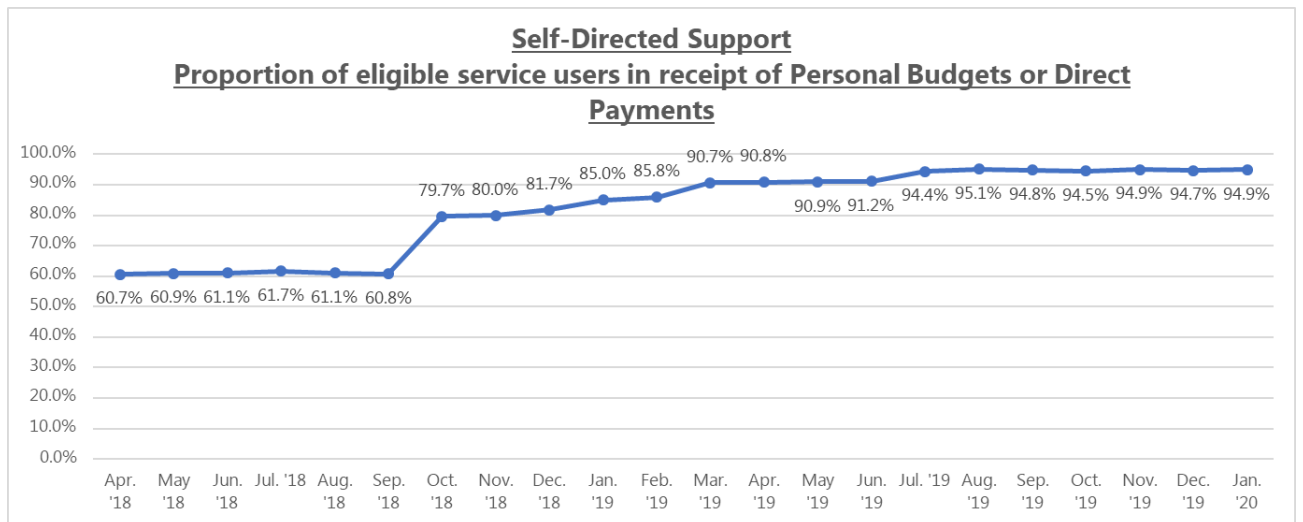
1.5 Providers with CQC rating of 'Good' or 'Outstanding' from April 2018 to December 2019.



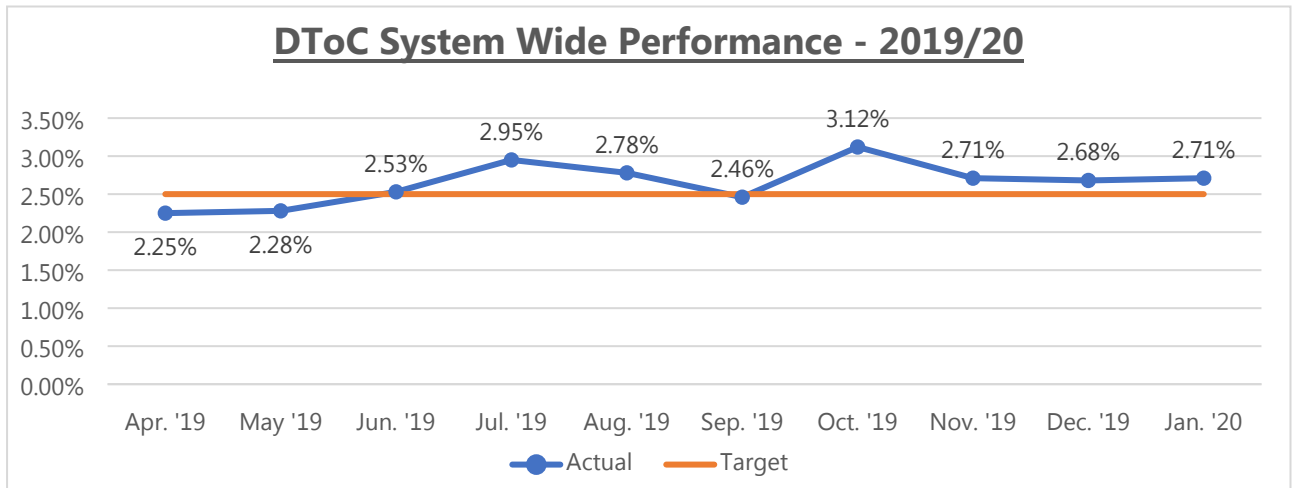
1.6 Permanent admissions to Residential and Nursing care:



1.7 Self-Directed Support from April 2018 to January 2020:



1.8 Delayed Transfers of Care (DToC) System-wide measure from April 2019 to January 2020



## **Appendix B – Home First Case Study**

### Patient Story:

- Lady was admitted to hospital following a fall,
- She was known to have dementia,
- She normally managed at home and was not known to services. She rarely visited GP,
- In hospital she became disorientated to time and person so couldn't remember when to wash, dress, eat, sleep etc.,
- Wandering on ward and generally really confused

### Prior to Home First:

- MDT wouldn't have had the confidence to send this lady home,
- How would she cope at home?
- How would she manage in between carer visits?
- "What if x happens..." would have been the focus of the MDT conversation,
- No way of 'testing' how she would manage at home,
- We may have placed her in a residential home?

### With Home First:

- Now we have a service where we can 'test' how people manage at home,
- There is a clear escalation process if things don't work out,
- Because there is an escalation plan available the MDT have more confidence in taking positive risks,
- Home First enabled this lady to return home with 24 hour supervision for the first 48 hours (now called the delirium pathway),
- She quickly re-settled in her familiar home environment and usual routines,
- The 48 hour supervision was withdrawn,
- Door sensors were installed to inform next of kin if she wandered out of the home (this provided peace of mind for them),
- It was actually a very light touch from the Home First team, but the service created the vehicle for allowing those positive risks to be taken!

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## Scrutiny for Adults and Health Work Programme – February 2020

Agenda item	Meeting Date	Details and Lead Officer
	<b>01 April 2020</b>	
Fit For My Future -subject tbc		CCG
Mental Health transformation		Tim/Dave Partlow
Housing Strategy		Tim Baverstock
Dementia report		Kate Williams
Housing Strategy		Tim Baverstock
	<b>06 May 2020</b>	
LD transformation		Mel Lock
Strategy for people with physical disabilities		Mel Lock
Fit For My Future -subject tbc		CCG
	<b>03 June 2020</b>	
Fit for My Future – subject tbc		CCG
	<b>09 July 2020</b>	
Fit For My Future – subject tbc		CCG
	<b>09 September</b>	
Fit For My Future - subject tbc		CCG
	<b>07 October</b>	
Fit For My Future – subject tbc		CCG
	<b>12 November</b>	
Fit For My Future – subject tbc		CCG
	<b>02 December</b>	

**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 Julia Jones, Democratic Services Team Leader, who will assist you in submitting your item. [jjones@somerset.gov.uk](mailto:jjones@somerset.gov.uk) 01823 355059. Or the Clerk Jennie Murphy on [jzmurphy@somerset.gov.uk](mailto:jzmurphy@somerset.gov.uk)

Add to Agenda – Nursing Home Support Service – Nikki Shaw

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## Somerset County Council Forward Plan of proposed Key Decisions

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

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

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

- (a) to result in the relevant local authority incurring expenditure which is, or the making of savings which are, significant having regard to the relevant local authority's budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the relevant local authority.

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

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

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

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

For general enquiries about the Forward Plan:

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

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

To make representations about proposed decisions:

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

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



Weekly version of plan published on 3 February 2020

FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
<b>FP/19/07/13</b> First published: 30 July 2019	Not before 4th Feb 2020 Cabinet Member for Strategy, Customers and Communities	Issue: Revision of Corporate Complaints Policy Decision: A periodical update to the Council's complaints policy. Key changes are a switch in title from a 'procedure' to a 'policy', a change in the stage 1 resolution target time from 10 working days to 20 working days and the addition of a quality control process at stage 1.	Complaints Policy Revision FINAL SCC Complaints Policy v1.0		Rebecca Martin, Service manager- Customer Experience & Information Governance
<b>FP/20/01/02</b> First published: 10 January 2020	7 Feb 2020 Director of Commissioning and Lead Commissioner for Economic Community Infrastructure	Issue: Appointment of suppliers for the Highways Structures Majors Framework Contract Decision: For the Director – ECI Commissioning to agree the recommendation to appoint suppliers to the Highways Structures Majors Framework Contract. This framework arrangement is the mechanism by which the majority of capital funded projects within the annual programme for Highways Structures are delivered.	Appointment to Highways Structures (Majors) Contract_Officer Key Decision v0.4 NG		Richard Needs, Service Manager Engineering Design Tel: 01823359470
<b>FP/20/02/01</b> First published: 3 February 2020	10 Feb 2020 Director of Children's Services	Issue: Appointment of Main Contractors - Fiveways School & Fairmead School Decision: Appointment of Main Contractors – Fiveways School & Fairmead School			Phil Curd, Service Manager: Specialist Provision and School Transport Tel: 01823 355165

Weekly version of plan published on 3 February 2020

FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
<b>FP/19/10/02</b> First published: 4 October 2019	10 Feb 2020 Cabinet	Issue: Decision to conclude the award of a contract for the provision of highway improvements at Toneway Creech Castle junction. Decision: The decision is to enter into a contract with the preferred contractor for the construction of the highways scheme to improve the Toneway Creech Castle junction.			Sunita Mills, Service Commissioning Manager Tel: 01823 359763
<b>FP/19/10/15</b> First published: 23 October 2019	10 Feb 2020 Cabinet	Issue: Treasury Management Strategy 2020/21 Decision: To consider the proposed strategy and recommend it to Full Council in February for approval			
<b>fp/19/10/16</b> First published: 23 October 2019	10 Feb 2020 Cabinet	Issue: Q3 2019/20 Performance Report Decision: To receive the Q3 report on performance, details of management actions and consider any further actions required			Simon Clifford, Customers & Communities Director Tel: 01823359166
<b>FP/20/01/05</b> First published: 23 January 2020	10 Feb 2020 Cabinet	Issue: Local Government and Social Care Ombudsman Report Outcome Decision: Local Government and Social Care Ombudsman Report Outcome			Kath Wevell

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FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
<b>fp/19/10/17</b> First published: 23 October 2019	10 Feb 2020 Cabinet	Issue: Q3 2019/20 Revenue Budget update Decision: To receive the Q3 revenue budget position and consider any recommendations			
<b>FP/19/10/14</b> First published: 23 October 2019	10 Feb 2020 Cabinet	Issue: Medium Term Financial Plan 2020/21 - 2022/23 Revenue Budget Decision: To consider the proposed MTFP 2020/21+, council tax precepts and revenue budget proposals			
<b>fp/19/10/18</b> First published: 23 October 2019	10 Feb 2020 Cabinet	Issue: Q3 2019/20 capital investment programme update Decision: To receive the Q3 budget position and consider any recommendations			
<b>FP/19/10/16</b> First published: 23 October 2019	10 Feb 2020 Cabinet	Issue: Capital Investment Programme 2020/21-2022/23 Decision: To consider the proposed capital programme and recommend it to Full Council for approval			

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<p><b>FP/19/07/06</b> First published: 6 December 2019</p>	<p>Not before 12th Feb 2020 Cabinet Member for Education and Council Transformation</p>	<p>Issue: Creations of new academies Decision: : The Secretary of State for Education has directed via an Academy Order, the conversion to Academy Status for the following schools</p>			<p>Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260</p>
<p><b>FP/19/12/03</b> First published: 19 December 2019</p>	<p>Not before 17th Feb 2020 Director of Commissioning and Lead Commissioner for Economic Community Infrastructure</p>	<p>Issue: Acceptance of European Social Funding, under Priority Axis 2 - Skills for Growth (2.1) Decision: To accept the grant (if awarded)</p>			<p>Melanie Roberts, Service Manager - Economic Policy Tel: 01823359209</p>
<p><b>FP19/08/01</b> First published: 12 August 2019</p>	<p>Not before 17th Feb 2020 Cabinet Member for Resources and Economic Development</p>	<p>Issue: Connecting Devon and Somerset (CDS) Superfast Extension Programme (SEP) Phase 2: decision to introduce additional funding into the Lot 4 contract. Decision: To approve the introduction of additional funding into the Lot 4 Contract.</p>			<p>Katriona Lovelock, Economic Development Officer Tel: 01823 359873</p>

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<p><b>FP/19/09/08</b> First published: 10 September 2019</p>	<p>Not before 17th Feb 2020 Cabinet Member for Highways and Transport</p>	<p>Issue: Decision to accept the Heart of the South West Local Enterprise Partnership Local Growth Fund Award towards the Creech Castle junction improvements (Toneway Corridor phase 1) Decision: That the Director of Commissioning and Lead Commissioner for Economic and Community Infrastructure and Interim Director of Finance &amp; Performance agree to accept the Local Growth Fund Award by signing an agreement with the Heart of the South West Local Enterprise Partnership.</p>			<p>Sunita Mills, Service Commissioning Manager Tel: 01823 359763</p>
<p><b>FP19/11/04</b> First published: 14 November 2019</p>	<p>Not before 17th Feb 2020 Cabinet Member for Highways and Transport</p>	<p>Issue: Decision to commence consultation on Local Cycling and Walking Infrastructure Plans. Decision: To agree the consultation plan and commence the consultation activities</p>			
<p><b>FP/19/12/04</b> First published: 23 December 2019</p>	<p>Not before 17th Feb 2020 ECI Operations Director</p>	<p>Issue: Extension of Traffic Signals and Ancillary Equipment - Maintenance Contract Decision: A decision to extent the existing Traffic Signals and Ancillary Equipment – Maintenance Contract</p>			<p>Bev Norman, Service Manager - Traffic Management, Traffic &amp; Transport Development Tel: 01823358089</p>

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<b>FP/19/12/04</b> First published: 20 December 2019	Not before 17th Feb 2020 Cabinet Member for Education and Council Transformation, Cabinet Member for Children and Families	Issue: Approval of the final formula allocations at individual school level for 2020/21 Decision: Devolve approval of the final formula allocations at individual school level			Sian Kenny
<b>FP/19/06/02</b> First published: 14 June 2019	Not before 17th Feb 2020 Director of Children's Services, ECI Commissioning Director	Issue: Approval to accept European Social Funding, under Priority Axis 1 - Inclusive Labour Markets (1.2) Decision: to confirm appentance of European Social Funding			Melanie Roberts, Service Manager - Economic Policy Tel: 01823359209
<b>FP19/07/14</b> First published: 31 July 2019	Not before 17th Feb 2020 Cabinet Member for Resources	Issue: Sale of Morgan House site, Bridgwater, including former library office. Decision: Authority to proceed to sale of the surplus SCC Property, namely the Morgan House Site, Bridgwater, including Bridgwater library offices			Charlie Field, Estates Manager, Corporate Property Tel: 01823355325
<b>FP/19/04/13</b> First published: 29 April 2019	Not before 17th Feb 2020 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

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<p><b>FP19/07/07</b> First published: 23 July 2019</p>	<p>Not before 17th Feb 2020 Cabinet Member for Resources</p>	<p>Issue: Sale of The Court and Popham House property, Wellington Decision: Authority to proceed to sale of the surplus SCC Property, previously known as the Popham Court Care Home, comprising of The Court and Popham House in Wellington.</p>			<p>Charlie Field, Estates Manager, Corporate Property Tel: 01823355325</p>
<p><b>FP19/09/05</b> First published: 3 September 2019</p>	<p>Not before 17th Feb 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure</p>	<p>Issue: SCC Endorsement of the Heart of the South West Local Industrial Strategy Decision: SCC endorsement of the Heart of the South West (HotSW) Local Industrial Strategy (LIS). The HotSW LIS has been developed by the Local Enterprise Partnership in coordination with local partners and stakeholders, including SCC, and in partnership with Government.</p>			<p>James Gilgrist</p>
<p><b>FP/19/03/03</b> First published: 26 March 2019</p>	<p>17 Feb 2020 Interim Finance Director, Director for Economic and Community Infrastructure Commissioning</p>	<p>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</p>			<p>Samantha Seddon, Service Manager-Economy</p>

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<p><b>FP19/11/02</b> First published: 11 November 2019</p>	<p>Not before 17th Feb 2020 Director for Economic and Community Infrastructure Commissioning</p>	<p>Issue: To approve the extension of the existing HPC Supply Chain &amp; Nuclear South West Inward Investment Expertise Cross LEP Contract for which SCC is the accountable body Decision: Decision report seeks:</p> <ol style="list-style-type: none"> <li>1. Approval to notify the Supplier of the intention to extend the Contract, and;</li> <li>2. Subject to formal confirmation of the funding package approval to extend the Contract</li> </ol>			<p>Samantha Seddon, Service Manager-Economy</p>
<p><b>FP/19/10/01</b> First published: 4 October 2019</p>	<p>12 Feb 2020 Cabinet Member for Education and Council Transformation</p>	<p>Issue: Creation of New Academies in Somerset Decision: The Secretary of State for Education has directed via an Academy Order, the conversion to Academy Status for the following four schools.</p>			<p>Helen Waring, Commissioning Officer - Schools</p>
<p><b>FP/19/11/06</b> First published: 25 November 2019</p>	<p>Not before 20th Feb 2020 Director for Economic and Community Infrastructure Commissioning</p>	<p>Issue: Contract for the provision of Fuel Cards and Associated Services to SCC Decision: Award of contract to successful supplier following a further competition under the Crown Commercial Services Framework</p>			<p>John Perrett, Service Manager, Transporting Somerset ECI Tel: 01823 356968</p>



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<p><b>FP/20/01/04</b> First published: 23 January 2020</p>	<p>Not before 21st Feb 2020 Cabinet Member for Adult Social Care</p>	<p>Issue: Contract Amendment - Somerset Advocacy Service Decision: To extend the current contract for advocacy services for adults for up to two years from its current end date of 30th April 2020. New Government regulations / codes of practice associated with the Mental Capacity (Amendment) Act 2019 are expected in 2020 / 2021 and will determine the nature of the future service.</p>			<p>Dave Williams, Senior Commissioning Officer Tel: 01823 359103;</p>
<p><b>FP/20/01/05</b> First published: 23 January 2020</p>	<p>29 Feb 2020 Public Health Director</p>	<p>Issue: Decision process period within the procurement timelines is indicated as 13/03/20 - 21/04/20 Decision: award of contract for the provision of the childhood vision screening service. Starting on 1st July 2020.</p>			<p>Samuel Hayward</p>
<p><b>FP19/11/04</b> First published: 18 November 2019</p>	<p>Not before 2nd Mar 2020 Director for Economic and Community Infrastructure Commissioning</p>	<p>Issue: Award of contract for management operator services for Somerset Energy Innovation Centre Buildings 2 and 3 Decision: Approval to award a contract for the provision of management operator services for Somerset Energy Innovation Centre Buildings 2 and 3</p>			<p>Samantha Seddon, Service Manager-Economy</p>

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<b>FP/20/01/01</b> First published: 8 January 2020	Not before 16th Mar 2020 Cabinet Member for Children and Families	Issue: Early Years Single Funding Formula Decision: to consider this report			Alison Jeffery
<b>FP/19/09/11</b> First published: 17 September 2019	18 Mar 2020 Cabinet	Issue: SCC Endorsement of the Heart of the South West Local Industrial Strategy Decision: Agreement to endorse the Heart of the South West (HotSW) Local Industrial Strategy (LIS) which			Paul Hickson, Strategic Manager - Economy and Planning Tel: 07977 400838
<b>FP/20/01/03</b> First published: 23 January 2020	Before 31 Mar 2020 Cabinet	Issue: Positive Lives Funding 2020-2024 Decision: To adopt a new compliant funding mechanism for the period 2020-2024 moving from the current grant-based approach to one where innovation funding opportunities are made available direct to the market			Andrew Lloyd
<b>FP19/11/03</b> First published: 14 November 2019	Not before 22nd Jun 2020 Director for Economic and Community Infrastructure Commissioning	Issue: Award of contract for management operator services for iAero Centre, Yeovil Decision: Approval to award a contract for the provision of management operator services for iAero Centre, Yeovil			Samantha Seddon, Service Manager-Economy

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<p><b>FP/19/12/02</b> First published: 19 December 2019</p>	<p>Not before 1st Dec 2020 Cabinet</p>	<p>Issue: Decision to conclude the establishment of a Dynamic Purchasing System (DPS) for Passenger Transport contracts Decision: Agreement to conclude the establishment of the Passenger Transport DPS framework. All contracts for Home to School Transport, Public Transport and Health &amp; Social Care transport are let through this framework.</p>			<p>Natasha Bates</p>

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