

# Scrutiny for Policies, Adults and Health Committee (virtual meetings from May 2020 due to Coronavirus)

Wednesday 9 September 2020

9.30 am Microsoft Teams Meeting



To: The Members of the Scrutiny for Policies, Adults and Health Committee  
(virtual meetings from May 2020 due to Coronavirus)

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 and Monitoring Officer - 1 September 2020

For further information about the meeting, please contact Jennie Murphy - JZMurphy@somerset.gov.uk or Julia Jones - jjones@somerset.gov.uk or 07790577232

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 Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

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## AGENDA

Item Scrutiny for Policies, Adults and Health Committee (virtual meetings from May 2020 due to Coronavirus) - 9.30 am Wednesday 9 September 2020

**\*\* Public Guidance notes contained in agenda annexe \*\***

1 **Apologies for Absence**

To receive Members' apologies.

2 **Declarations of Interest**

Details of all Members' interests in District, Town and Parish Councils can be viewed on the Council Website at [County Councillors membership of Town, City, Parish or District Councils](#) and this will be displayed in the meeting room (Where relevant).

The Statutory Register of Member's Interests can be inspected via request to the Democratic Service Team.

3 **Minutes from the previous meeting held on 09 July 2020** (Pages 9 - 14)

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 **Update on the Fit for My Future Review of Acute Mental Health Inpatient Beds for People of Working Age** (Pages 15 - 22)

To consider the report.

6 **Integrated Quality, Safety and Performance-CCG** (Pages 23 - 38)

To consider the report.

7 **Adult Social Care Performance Update** (Pages 39 - 52)

To consider the report.

8 **Learning Disability Transformation / Discovery** (Pages 53 - 60)

To consider the report.

Item Scrutiny for Policies, Adults and Health Committee (virtual meetings from May 2020 due to Coronavirus) - 9.30 am Wednesday 9 September 2020

9 **Scrutiny for Policies, Adults and Health Committee Work Programme** (Pages 61 - 76)

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

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

10 **Any other urgent items of business**

The Chair may raise any items of urgent business.

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# Agenda Annexe

## Guidance notes for the meeting

### 1. **Council Public Meetings**

The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 have given local authorities new powers to hold public meetings virtually by using video or telephone conferencing technology.

### 2. **Inspection of Papers**

Any person wishing to inspect minutes, reports, or the background papers for any item on the agenda should contact Democratic Services at [democraticservices@somerset.gov.uk](mailto:democraticservices@somerset.gov.uk) or telephone 07790577336/ 07811 313837/ 07790577232

They can also be accessed via the council's website on [www.somerset.gov.uk/agendasandpapers](http://www.somerset.gov.uk/agendasandpapers).

Printed copies will not be available for inspection at the Council's offices and this requirement was removed by the Regulations.

### 3. **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: [Code of Conduct](#)

### 4. **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.

### 5. **Public Question Time**

If you wish to speak, please contact Democratic Services by 5pm 3 clear working days before the meeting. Email [democraticservices@somerset.gov.uk](mailto:democraticservices@somerset.gov.uk) or telephone 07790577336/ 07811 313837/ 07790577232.

You will be sent a link to the meeting to attend virtually or alternatively you can telephone into the meeting and listen to the proceedings using the phone number and ID for the meeting.

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 agreed. 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, to three minutes only.

In line with the council's procedural rules, if any member of the public interrupts a meeting the Chair will warn them accordingly.

If that person continues to interrupt or disrupt proceedings the Chair can ask the Democratic Services Officer to remove them as a participant from the meeting.

## 6. **Meeting Etiquette**

- Mute your microphone when you are not talking.
- Switch off video if you are not speaking.
- Only speak when invited to do so by the Chair.
- Speak clearly (if you are not using video then please state your name)
- If you're referring to a specific page, mention the page number.
- Switch off your video and microphone after you have spoken.

## 7. **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.

If there are members of the public and press listening to the open part of the meeting, then the Democratic Services Officer will, at the appropriate time, remove the participant from the meeting.

## 8. **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. 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.

A copy of the Council's Recording of Meetings Protocol is available from the Committee Administrator for the meeting.

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### SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Virtual Meeting, on Thursday, 9<sup>th</sup> July 2020 at 9.30 am

#### **Present:**

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

#### **Other Members present:**

Cllr D Huxtable, Cllr G Frascini, Cllr J Lock, Cllr M Chilcott, Cllr C Lawrence, Cllr C Paul, Cllr T Munt, Cllr A Kendall, Cllr F Nicholson, and Cllr S Coles

#### **Apologies for absence:**

Cllr A Govier and Cllr P Burridge-Clayton

#### **1 Declarations of Interest - Agenda Item 3**

There were no new Declarations of Interest.

#### **2 Minutes from the previous meeting held on 06 May 2020 - Agenda Item 4**

The Minutes were agreed and signed.

#### **3 Public Question Time - Agenda Item 5**

There were no public questions received.

#### **4 CCG Response to Covid 19 - Agenda Item 6**

The Committee heard a presentation from Somerset CCG summarising the measures they have taken to confront the emergency, beginning with the Phase 1 - Level 4 Major Incident on 30<sup>th</sup> of January which caused a change in their way of working. The three main risks they had to deal with were PPE availability, Covid outbreaks in care homes, and testing of patients and health care staff. They are now moving to Phase 2 – Recover, Restore and Transform, which will cover a period of 12-18 months. The temporary service changes that have been made to respond to Covid were discussed, including:

- More telephone and video triage at GP surgeries
- Instituting primary assessment centres for safety (e.g. Burnham on Sea)
- Closure of inpatient beds at some locations with consolidation in fewer locations
- A 24-hour mental health support line for all of Somerset
- Access to specialist support for health care professionals and nursing homes for consultation

- Specialist (acute) service changes including increased testing, use of more digital technology, the relocation of chemo treatment from Yeovil to St Margaret's Hospice, and the standing down of routine dental services.

In response to questions from Members, it was stated that all temporary changes will be reviewed and evaluated to determine if they will be continued; therefore, the best of the new working practices will be maintained, while other services may return to normal. Once this evaluation has taken place, it will be reported to the Committee. As regards video consultations with GP surgeries, CCG are informally gauging opinion from GPs as to its efficacy, but it was agreed that there is a need to do a formal consultation. It was noted that a timeline of the dates when all of the temporary changes were made is available. It was pointed out that as far as dealing with Covid in care homes, support had been high from an early date and exceeded the response from neighbouring counties; they worked with Public Health and contacted all care homes several times a week.

With respect to their April-May performance, it was noted that the national reporting process had been paused, but that:

- There was a 65% decrease in referrals to secondary care, although by the end of May/beginning of June there was a resumption of normal primary care
- From April to June, elective surgery was paused, so waiting times have increased; in response, they are prioritising cases and sending urgent cases to specific hospitals
- With respect to outpatient appointments, 30% were delivered virtually
- Cancer referrals were 70% lower than pre-Covid levels (62% lower nationally)
- There was a reduction in Emergency admissions

In order to ameliorate these issues, the independent sector will be maximised, the restoration plan will include additional capacity and prioritisation of diagnostics, GPs will have access to consultants including in geriatrics, and they are targeting a definitive 62-day maximum period between diagnosis and start of treatment for cancer patients.

In response to a query with respect to statistics on whether delayed cancer referrals have a higher rate of confirmation of diagnosis (known as the "conversion rate"), the presenter said she would enquire if statistics were available, although it may be too early as several months of data are required. Statistics on other major medical issues during the past few months (sepsis, DVT, C-difficile were raised along with cancer) will be brought to the next meeting. When asked if there will be proactive work to encourage people to come forward for cancer diagnosis, it was stated that more details will be

provided later, but they are doing everything to provide both diagnosis and treatment/ operations and are following national campaigns.

**The Somerset Scrutiny for Policies, Adults and Health Committee thanked the CCG and looked forward to the next report with respect to the re-opening of services, the changes in service that will be maintained, and the statistics requested.**

5 **Covid 19 and People with Learning Disabilities** - Agenda Item 7

The Director of Adults and Health opened discussion of the report on Adult Social Care Delivery, Activity & Support – Covid-19 by noting that it had been a difficult but interesting endeavour, with all groups pulling together and making more rapid progress than ever before. She stressed the need for the new links and cooperation established during the response to Covid-19 to continue in future. She stated that Somerset ASC had been praised nationally for their work with providers, care after discharge, and work with communities via the voluntary sector.

The Deputy Director discussed their quickly established seven-day weekly/24-hour support for providers, their welfare calls to check in on providers, and their inclusion of providers in cell meetings. Public Health has worked hard with providers on testing, and Somerset has been outstanding in this regard. They have provided a temporary solution for care home staffing by providing a 10% uplift to providers, while national funding grants (75% of which are earmarked for care homes) have been applied for and received by 75% of the care homes. In answer to a question about why not all care homes had applied, he noted that there are some very strict government conditions and reporting requirements attached to the grants (such as not being used for PPE), but they are working with the care homes to ensure they are receiving support and are also complying with staff regulations. As regards the latter, they are working with UNISON (the first county in Somerset to do so) to ensure that care home staff know their rights. They have also been working with health partners with respect to Home Best discharge services and intermediate care services; they have in fact developed a new model for intermediate care, ensuring that it is not just to assist people leaving hospital, but to also to prevent admissions in the first place. They are working with national partners on already established systems, and he noted that said infrastructure enabled them to accelerate their response to Covid very positively.

The Director discussed the 'pop-up' Henford Court care home, which was set up in record time; it was not utilised as much as expected and has therefore been temporarily closed, but it is available if needed in future. It was funded by Covid-19 funds to the CCG and acted as a liaison between hospital and home for those who could not return to their own homes; it provided additional capacity and safety, since Somerset early on changed the unfavourable practice of moving people out of hospitals and back into care homes without testing.

With respect to performance, it was noted that they have used technology very well and this has improved outcomes; practice and quality audits have been stepped up; and there has been a staff survey to ask how they should move forward and change for the better. Overdue assessments have been reduced greatly to less than 10, while overdue reviews will reach zero by August. They have used technology to accomplish this along with some visits, for which they are now doing risk assessments. Unmet needed home care is now at its lowest level, with care packages being provided; and they want to ensure utilisation of furloughed workers by targeting them to join care services. In response to Members' questions, she responded that care homes in Somerset had worked very well in that they had received training, PPE, etc., and she affirmed that the Local Outbreak Management Plan had functioned well in Burnham, but emphasised that the message for anyone with symptoms should be to get tested and stay home, which will be discussed at the Health and Wellbeing Board meeting on 16<sup>th</sup> July.

The Somerset Public Health Covid-19 Dashboard was presented; this is produced daily, although the data referred to in the meeting was from 29<sup>th</sup> June due to reporting deadlines and to many data sources being received at different times. It was advised that in future meetings, the dashboard information would be updated with same-day data. It was noted that there had been a big spike for NHS 111 calls at the end of March through April, but these were very low now. Detected Covid cases in Somerset (which include testing from local labs known as Pillar One, and national labs known as Pillar Two) had flattened off since 8<sup>th</sup> June, and there is a big drop currently in confirmed cases. The R number (rate of transmission from one person to others) is currently around 0.6 to 0.7 in the Southwest, although this number is not the best measure when used alone. With respect to deaths from Covid, there was a big levelling off by the end of June; currently, there are very few Covid deaths (110) compared to other deaths, and they have contributed very little to overall mortality numbers.

ASC Commissioning discussed The Impact of Covid-19 on Learning Disability Services in Somerset, specifically working with people and providers; from the beginning, there has been daily contact with providers, including weekly multi-agency meetings across Health and Social Care, in order to provide a collaborative and coordinated response. Every Tuesday there is a meeting of all care providers, while every Wednesday there is a Learning Disabilities meeting. They are helping providers to provide limited day care services in person and to make contact on an outreach basis; and they are speaking with providers regarding the future of day care. The Covid response has helped to illuminate positive changes that have been instituted, such as community-based local activities. By the end of August they will have clarity about how to move forward, given that by the end of next week or the following week, they will have new national guidance. They have also been discussing housing opportunities to support people while keeping them safe from Covid and better

planning for the needs of persons with LD, which will include speaking to those persons themselves to determine what they really want and need. As far as respite and emergency accommodation, unused sites were earmarked for staff to use temporarily during the Covid response, which has led to discussions regarding emergency accommodation for anyone in crisis.

There were questions raised by Members as to why there is a limited provision of day care services, including supported living and home care, if the providers are receiving full payment; the response was that providers are still being paid in order that they do not go out of business, even if some services are not currently being provided. It was said that they are following up on reports that customers are not receiving services, and said they have told providers they must provide a different type of support based on hours. It was stated that there is a monthly contract performance meeting with each provider that provides data on hours per person for each location; and that these contracts are closely monitored as all others are. Members expressed concern that there were ongoing problems with customers not receiving direct payments; the Director responded that there will be a discussion in regard in September, and she could discuss the matter personally with any Member. It was requested that data be provided on how much funding providers are being paid despite less provision of services, as well as feedback from the carers workshop; it was stated that this information is detailed in the Finance Report, but it was agreed that this will be provided at the next meeting in September, while the Chair requested a briefing note for Adult Care specifically, which the Director agreed to provide.

Transformation was discussed as part of the LD presentation, including Steps 2 Independence and Brain in Hand. The first (S2I) will be shifting from an hourly rate commissioning model to a more goal-oriented, person-centred approach. Brain in Hand is a personalised app that provides people with their own specific coping mechanisms to manage anxiety with team support; it utilises a red/amber/green mood monitoring system. A case study was discussed, and it was stated that there are currently 12 persons using the Brain in Hand app, while they have licenses for 30. A demonstration of the app can be found on the website and downloaded; a link will be provided to the Committee and, if necessary, assistance with setting this up for those who desire it. In response to Member questions, it was noted that Brain in Hand is not really suitable for people with dementia, as it requires a certain domesticity with smart phone use; it can be adjusted to use bigger text and more audio than visual interaction, but other technology can be used for dementia patients. Both S2I and BIH have been paused to a great degree during the Covid response, but there is some resumption of activity this week, which will be reported on at the next meeting.

Members asked if all of the advances in remote working instituted during the Covid response can provide savings; the response was that this might possibly occur at some point but not necessarily, as items such as respite for families now caring for family members were expensive. In that respect, it was asked

what was being done to help Shared Lives and the families caring for elderly and other family members; it was stated that they are having daily discussions with day care providers and carrying out service reviews to ensure that everyone receives the support needed. It was pointed out that there will be a knock-on effect after the Covid crises that leads to more unpaid carers needing support, such as through dementia respite.

**The Somerset Scrutiny for Policies, Adults and Health Committee commended and paid tribute to Somerset County Council and Public Health staff for their outstanding work and expressed the hope that this cooperation will continue.**

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

The Committee discussed the work programme, observing that a date is still being decided for the August workshop. There is a very substantial agenda for the September meeting; therefore, reports need to be briefer. The Chair observed that we are waiting for liberty protection guidance to come out. It was stated by Adults and Health that they can bring back to the next meeting a discussion of the previous carers workshop, and a link can be provided to Members. The Chair declared that if anyone wanted anything else on the work programme or next agenda, they should advise the Governance Manager.

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

There were no other items of business.

**(The meeting ended at 11:55 am)**

**CHAIR**

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## Update on the Fit for my Future Review of Acute Mental Health Inpatient Beds for People of Working Age

Lead Officers: Maria Heard, Fit for my Future Programme Director

Dr Peter Bagshaw, Clinical Lead, Mental Health

Author: Caroline Greaves, Fit for my Future Programme Manager

Contact Details: [caroline.greaves4@nhs.net](mailto:caroline.greaves4@nhs.net)

Cabinet Member:

Division and Local Member:

### **1. Summary**

- 1.1.** Fit for my Future (FFMF) 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 the Fit for my Future programme in relation to:
- the impact on the programme from Covid-19
  - the consultation on the future location of acute mental health inpatient beds for people of working age

### **1.3.**

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

- 2.1.** Members are asked to note and comment on:
- the feedback received from the public during the consultation which has now closed
  - the next steps within the mental health programme

Members are also asked to highlight any additional areas they would like the Somerset CCG Governing Body to consider in making the decision on the future location of acute inpatient mental health beds.

### **3. Background**

The formal consultation on the future location of acute inpatient mental health services for adults of working age and the engagement on our early thinking about future community health and care services for the people of Somerset concluded on Sunday 12 April.

#### **3.1. Impact of Covid-19 on the Fit for my Future Programme**

The Fit for my Future programme has been impacted by the national public health restrictions put in place in response to the Covid-19 pandemic, as well as staff from across the health and care system prioritising our system's response to the pandemic. As a result, the programme was paused at the end of March, with the exception of completing the consultation, engagement, and considering the impact of the public feedback on our consultation proposals.

Across the consultation and engagement, 31 face-to-face events which had been planned to take place in the last few weeks had to be cancelled. Through switching to a digital approach, we were able to continue to enable people to be able to ask questions and provide feedback to us. This was supported via paid advertising in local newspapers in the Wells and Mendip areas, paid promotion on Facebook to the Mendip area in particular, posting to community Facebook groups, sending posters and consultation materials to libraries, pharmacies, GP surgeries and other venues that the public were still able to access. We sent emails to identified stakeholders and organisations to advise that the consultation would continue without face-to-face meetings/events and to highlight how people could continue to have their say. We held a phone in on the consultation with BBC Radio Somerset and sent out a press release. People were able to provide feedback through a dedicated phone line, through an online and paper survey, through letters and emails and by commenting on our social media posts.

A decision was made on 27 March 2020 by Programme Board to formally pause the FFMF programme, other than the completion of the consultation on the future location of acute inpatient mental health services for adults of working age, the engagement on our early thinking about future community health and care services for the people of Somerset by digital methods, and the external review of the feedback by Participate as outlined in this report.

The role of Participate Ltd within the consultation was to receive all feedback, analyse it and conduct an independent analysis of the consultation feedback which was completed on 25 May 2020.

#### **3.2. Mental Health response to impact of COVID19**

Mental health services across Somerset responded to the impact of COVID19 in a positive way by the acceleration of transformational changes to the community mental health provision in support of the NHS Long Term Plan and emerging



model of mental health support in Somerset.

No mental health services were stood down in relation to the pandemic, but the means of delivering the services were modified. There became multiple routes to support patients including digitally online, by telephone, and continuing face-to-face sessions.

There was a reduction in occupancy in inpatient wards with more people being supported in the community through a range of local services. These included:

- Introducing two step up/down facilities (one at Yeovil - 7 beds and one in Wells - 4 beds) with the aim of providing a bridge between the inpatient unit and local services.
- Mental Health Workers were based in primary care (in GP practices).
- A new community-based talking therapies service for people with complex mental health trauma.
- An all-age 24/7 emotional wellbeing support service, "Mindline", a collaboration between a range of VCSE partners, Somerset NHS Foundation Trust, and the respective commissioners to provide a listening and signposting service for people in distress. This service was set up and fully operational with just over a week's notice.

Other service enhancements included:

- Establishing a new bereavement service with Marie Curie & Mind
- A&E diversion created for some mental health patients via SWAST & Police to Galmington House at Musgrove, plus 'Mindline' community front rooms' to support admission avoidance.
- Weekly Emotional Wellbeing Podcasts were created and promoted.

### **3.3. Mental Health Consultation**

The formal consultation on the future location of acute inpatient mental health services for adults of working age concluded as planned on Sunday 12 April through switching to digital/telephone approach in the latter few weeks due to public health advice in relation to the Covid-19 outbreak.

Through the twelve weeks of consultation, we reached the following:

- 538 surveys received
- 20 emails, 2 calls, 6 letters and 1 petition received
- 63 events organised or attended to promote and discuss the consultation
- 732 people attended these events
- 3,538 people reached through a Facebook Live event

The majority of the public-facing activities had been completed prior to the Covid-19 public health restrictions, with the exception of attendance at some talking cafés, library sessions, SomPar/TST Council of Governors meeting, Mendip Parish Council forum, Taunton & Bridgwater Deaf Club.

Our community asset-based approach which aimed to reach individuals and communities that we could not reach ourselves was hardest hit by Covid-19, as this did not start until March. We undertook 1 focus group and 4 interviews (3 focus groups and 30 interviews were planned).

The consultation demonstrated significant divergence of views depending on where people lived. The majority of responses (52%) to the survey were opposed to the proposed change, while 37% were in favour.

However, it is important to note that these overall figures are significantly affected by the higher response rate in the three localities closest to Wells (Central Mendip, West Mendip and North Sedgemoor).

- These localities constitute around 21% of the Somerset population, but produced 44% of the responses. The remaining Somerset localities account for 79% of the Somerset population, but only produced 56% of the responses. This may reflect the strength of local feeling in the areas closest to Wells.
- In the three localities closest to Wells, the proposals were strongly opposed with 75% of survey responses disagreeing with the proposal to relocate the Wells unit to Yeovil, and only 16% agreeing with them. This is mirrored by the feedback throughout meetings and in other correspondence.
- In the other localities accounting for the remaining Somerset population, the majority of the survey responses were in favour of the proposal with 54% of responses being in favour and 33% against.

## **4. Key Themes from Feedback - For and Against the Proposal**

### **4.1. Main Reasons People Gave for Opposing the Proposal**

- The rural geography of the area surrounding the Wells site was stated as being a particular challenge in terms of travel if inpatient beds were relocated to Yeovil. The increased travel time, lack of public transport, and additional cost of travel were the main reasons the majority of respondents opposed the proposals. In addition, the overall feeling was that the proposals would result in a general downgrading of mental health service provision for the area.
- It was suggested that the additional travel times to get to Yeovil would cause additional stress to patients and carers and could in turn decrease the frequency of people visiting patients, which it was felt could have an adverse effect on patient's recovery.

- Some people also predicted the additional travel could deter staff from moving from St Andrews Ward, Wells to Yeovil, which drew concerns about experienced and valued staff being lost.
- The perceived cost of using public transport to access the relocated services was felt to be prohibitive for some, especially low-income households, elderly and/or disabled people. Suggestions were made to alleviate the issue of cost and accessibility, but they remained a prominent theme in relation to the impact the proposal would have on these particular groups of people.
- Perceived loss/downgrading of mental health and other related services within the surrounding area of Wells was noted as another reason people opposed the proposal e.g. the day centre at St Andrews Ward, Wells for people with Alzheimer's Disease.
- One of the key points made in opposition to the proposal made in a petition organised by the Somerset Constituency Labour Party, which gained 382 signatures, was that the small number of patients who need to be referred to A&E did not outweigh the concerns about the loss of St Andrews Ward, Wells, and the difficulty patients and their families would encounter to travel to the proposed relocated sites, particularly by public transport.
- The petition questioned the need to relocate services to Yeovil because of the lack of A&E support, suggesting all Wells residents have to travel to access emergency care anyway. They proposed developing a case for a new hospital to be built in mid-Somerset to address this need.
- Concerns about the relocation of services were mirrored to some extent by a third of survey respondents, who did not believe the proposal delivered quality healthcare for people in and around Wells.

#### **4.2. Main Reasons People Gave for Supporting the Proposal**

40% of survey respondents agreed that the risk associated with staying the same is too great, however, most lived furthest away from the St Andrews Ward, Wells. The main reasons for agreement with the proposals focused primarily on the service improvement for staff and patients outlined in the consultation document.

- People residing outside of the immediate Wells area were more likely to have concerns for safety for staff and patients at the smaller site at Wells and agreed that there is a need to offer 24/7 medical cover and support.
- NHS staff, clinicians and other stakeholders were more broadly in favour to reconfigure the services including moving beds from Wells to Yeovil, than service users, carers and members of the public. Findings from the survey

were mirrored by comments during the group meetings and from some of the official responses from professional bodies.

- NHS staff and clinicians were less concerned about the travel impacts for them in terms of travelling to Yeovil instead of Wells.
- A fifth of respondents living in the areas around Wells agreed that there is a lack of A&E provision overall for residents, as well as for mental health patients. However, they highlighted that there had not been many incidents of mental health patients needing an emergency department.
- It was suggested that managing learning disabilities and providing adequate support would be easier across two sites.
- Some organisational responses outlined the emphasis on the development of community mental health services and implied this supported the proposed changes, e.g. promoting prevention and early intervention, single point of access, crisis cafés and voluntary sector support for self-directed care.

#### **4.3. Suggestions for Amending/Enhancing the Proposal**

The main suggestions provided for amending the proposals came from the petition, with an alternative solution being suggested. Other options for enhancing the proposals included travel and transport additions, considering step down services and privacy.

- The Somerset Constituency Labour Party petition, which received 382 signatures, stated a preference to retain the St Andrews Ward at Wells, with increased funding for safer staffing levels, whilst also investing in additional capacity at Yeovil to meet future demand. The argument was based on the desire to ensure services were accessible and local to meet the needs of people living in and around Wells.
- Part or fully subsidised travel and parking as well as dedicated transport services was suggested, specifically for low income families, older people and those with a disability. The emphasis being to support those who would need to travel further due to the proposed changes.
- It was noted that the St Andrews Ward, Wells, is a familiar setting for patients and carers/family members with a friendly 'family atmosphere' created by staff in a smaller setting. It was stated that if, when patients are allowed to go out of the unit, they feel their immediate environment is familiar it makes it easier for them to step down or discharge. Some people suggested retaining the St Andrews Ward, Wells, as a crisis café or a step-down service.

- Some people suggested ensuring any new services include enhanced privacy by having male and female wards.

### **Other Issues People Suggested were Important**

Other important issues suggested during the consultation centred around the need to improve services by increasing the use of multi-agency working and improving communications between teams.

- A key theme from the groups and meetings highlighted that the self-referral system doesn't work in a lot of cases, as many patients don't recognise that they are ill or are having an episode, and people gave examples of how they or their family members 'had fallen through the cracks in the system'. It was felt that early detection of mental health conditions was crucial. Suggestions included having a strong Community Mental Health Team, and an overall multi-agency approach involving GPs, police, local authorities, social workers, schools and other health professionals.
- A multi-agency holistic approach was also considered important for supporting discharge and reducing the need for re-admission.
- Maintaining links with the Community Mental Health Team and ensuring teams across the localities work closely together, was highlighted by NHS staff and clinicians as an important factor.
- There were statements made that people 'get lost in the system', especially when transitioning from child to adult services. It was felt that this was less likely to happen in a smaller setting that was more familiar, i.e. the St Andrews Ward, Wells. Increasing support for people when moving between services was seen as vital to decrease crisis incidents and suicide attempts, which would mean improving communication between all agencies especially the ward, community health services and CAMHS.
- It was felt that suitable and appropriate communication and support for communities where English is not their first language (e.g. Timorese) and for people with learning disabilities, was needed to explain how the new services work.

#### **4.4. Feedback on the Consultation**

There were some concerns that the consultation materials were biased towards the preferred option and the decision to move services had already been made. Some respondents from the groups and meetings wanted to see further detail on the proposed changes so they could better understand the implications. Others

also felt it would be important to review what has been achieved elsewhere and apply the findings to the feedback received from this consultation to ensure that the true impacts of any changes are understood, and that there is scope for influence in the decision-making process.

#### **4.5. Next steps**

To follow up on the report findings, a number of actions are being undertaken:

- Consideration given to the feedback from the consultation and the impact this has on the proposal we took to the public during the consultation.
- Using a digital platform (due to COVID19 restrictions) to deliver Participate's independent consultation review report to the public on 2 September.
- Setting up a travel sub-group to meet in August to explore and identify options to mitigate the travel issues raised through the consultation.

We are expecting to bring a Decision-Making Business Case (DMBC) to the CCG Governing Body in September, although acknowledging we may experience some further impact of Covid-19.

#### **5. Implications**

- 5.1.** The changes proposed will not involve a reduction of acute mental health inpatient beds but rather a potential reconfiguration of the location of the beds.

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

- 6.1.** The independent report produced by Participate Limited giving an independent analysis of the consultation feedback can be found at <https://www.fitformyfuture.org.uk/wp-content/uploads/2020/08/mh-consultation-report.pdf>

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

Somerset County Council  
Scrutiny for Policies, Adults and Health Committee  
September 2020

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### **Integrated Quality, Safety and Performance**

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#### **1. Summary**

- 1.1** This paper provides an update on the Somerset Clinical Commissioning Group (CCG) Integrated Quality, Safety and Performance and provides an overview of performance against the constitutional and other standards to the period ending May 2020.
- 1.2** This is a retrospective report which compares the reported month (May) and compares to the same month of the previous year and to the pre-COVID period.
- 1.3** Emergency activity reduced during this period with an observed reduction in the number of primary care contacts, ambulance calls, A&E attendances and emergency admissions; this is a similar pattern seen Regionally and Nationally, with the levels of emergency demand now returning to pre-pandemic levels.
- 1.4** During the COVID period, Trusts were asked to postpone all routine elective operations for a period of at least 3 months to enable the free up of general and acute beds in order to expand critical care capacity, whilst continuing to prioritise and treat the most urgent cases. The local Independent Sector Providers have been supporting the Somerset system, with Nuffield Taunton being used as a COVID-free site to treat cancer and priority cases. This has resulted in a reduction an overall elective activity over this period, as well as a reduction in referrals into secondary care. Whilst this has reduced the overall size of the waiting list, patients are waiting longer for treatment; and patient communications are being prepared to provide appropriate messaging to patients. Prior to the winter period, both local Trusts are maximising the use of all available capacity in order to treat the highest priority cases.
- 1.5** During the pandemic, there has been a significant increase in the use of digital out-patient consultations, in order to reduce the number of patients that need to attend the hospital sites for their out-patient consultation. A similar approach was adopted for Mental Health Services; where no services were stood down during the pandemic but services moved to delivering remote consultations.
- 1.6** Somerset System Partners are working together to develop plans which restore

services to pre-COVID levels, as part of NHS England and Improvement Phase 3 planning requirements.

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

**2.1** Scrutiny Committee is asked to consider and comment upon this paper.

## **3. Key Areas of Focus include:**

### **3.1 Service Quality Monitoring**

- Subject to NHS England direction, certain quality monitoring functions were stood down at the outbreak of the COVID-19 pandemic, and these arrangements continue. High-level quality monitoring by service providers and commissioners, however, remains active, with the key Quality and Safety metrics continuing to be routinely reviewed.
- As at May 2020, there are no exceptions to report at this time.
- Serious Incident reporting continued, with allowance that investigations may be delayed due to all possible staff being deployed to COVID activity. Currently, complaints and incidents investigations now include a consideration of any COVID contributory factors. This includes the LD mortality review programme (LeDeR) and NHS Trust Learning from Deaths mortality review programme.

### **3.2 Infection, Prevention and Control**

- Somerset CCG enhanced its commissioner Infection Prevention and Control (IPC) service to a system-wide COVID support function. This included providing enhanced guidance, training and support to primary care, care homes and to the education sector over a 7-day period as a result of increased staffing and included twice-weekly welfare and support calls to every care home within Somerset.
- The IPC Team provided outbreak support, and during Q1 there were 88 COVID-related outbreaks in Somerset's nursing and residential care homes. Outbreak plans for all our service providers have been reviewed
- NHS Trusts and Services are working in accordance with national IPC and PPE guidance and have focused on how social distancing and zoning of COVID and non-COVID areas can be maintained as services are reinstated. Revised updated IPC guidance has recently been published, which has assisted with this planning. Further work to enhance IPC includes additional staffing, Infection, Prevention and Control workforce development and care home enhanced Infection, Prevention and Control training programme



- Due to the COVID pandemic the usual annual trajectories for routine infection rates for surveillance for 20/21 have not yet agreed. A summary of the position is outlined on the next page:

Infection type	19/21 Q1	20/21 Q1
MRSA	2	1
C Difficile	30	22
E Coli	115	102
MSSA	N/A	37

*Please note: MSSA is a new measure for 20/21*

### 3.3 NHS 111 and Integrated Urgent Care Service

- Demand into NHS 111 increased in March 2020 to 24,164 calls, which is almost double the number of calls when compared to the same month in the previous year (13,450 calls in March 2019); demand has since reduced to 12,865 calls in May.
- Performance in March significantly reduced for both the 60-second call answering and call abandonment rate, but improvements in this metric have been seen with the most recent weekly data (week ending 12 July 2020) showing performance in Somerset of 90.7% (against national performance of 91.9%). However, the 30-second call abandonment rate performance, whilst showing signs of improvement, still remains challenged at 7.5% (against national performance of 2.1%).
- Devon Doctors have stepped up the In-Hours Clinical Assessment Service (CAS) supported through COVID funding. (A CAS is an intermediate service with clinical expertise in assessing a patient, to ensure that patients are directed efficiently and effectively into the most appropriate onward care pathway).
- NHS 111 calls are taking longer as a consequence of higher acuity and COVID pathways, which has added approximately 80-90 seconds to call durations.
- Actions have been taken to improve performance, which include strengthening the links with the Somerset locum agency that has been established to support shift fill including in-hours CAS (COVID funded).
- Kernow have been engaged in the Think 111 First pilot which commenced in early July, and Somerset scoping meetings are taking place, with the second meeting to be held on 15 July with DDOC and Care UK.

### 3.4 Ambulance Performance

- During the COVID pandemic, Somerset has seen a 5.3% reduction in 999 demand when compared to the same time in the previous year. However, Somerset has seen less of a reduction in activity levels during the COVID pandemic when compared to peer CCG's, and investigations are underway to understand this differential.
- As a result of the reduced activity, SWAST Performance has improved:
  - Mean response times have improved since March 2020, although Category 2 response remains challenged. (Category 2 ambulance calls are those that are classed as an emergency for a potentially serious condition that may require rapid assessment, urgent on-scene intervention and / or urgent transport).
  - Handover delays remain low, with 1 ambulance handover taking between 1 and 2 hours to Somerset FT in May 2020; Somerset CCG was one of the top performers in the South West for handover delays in May.

### 3.5 A&E Performance

- **Somerset FT:** The number of patients attending the A&E Department in June was 17.0% lower (1073) than the same month in the previous year, and during the March-June period attendances were 29.0% lower (-7402) than the same period in the previous year. In June, 91.4% of patients were seen, treated and either admitted or discharged within 4 hours, and during this March-June period it was 89.6%.
- **Yeovil FT:** The number of patients attending the A&E Department in June was 23.5% lower (-1148) than the same month in the previous year, and during the March to June period attendances were 30.2% lower (-5922) than the same period in the previous year. In June, 97.1% of patients were seen, treated and either admitted or discharged within 4 hours, and during this March-June period it was 96.0%.
- **RUH:** The number of patients attending the A&E Department in June was 18.1% lower (-1291) than the same month in the previous year, and during the March to June period attendances were 34.3% lower (-10,241) than the same period in the previous year. In June, 92.0% of patients were seen, treated and either admitted or discharged within 4 hours, and during this March-June period it was 89.4%.
- **WAH:** The number of patients attending the A&E Department in June was 70.8% lower (-3005) than the same month in the previous year, and during the March to June period attendances were 54.1% lower (-8720) than the same period in the previous year. During June, 4-hour performance was 87.1%, and during the cumulative March to June period was 86.3%. Due to

a COVID outbreak, Weston stopped accepting new patients on 25 May 2020, the hospital went through a phased re-opening process, and the Emergency Department re-opened to new patients on 18 June 2020.

- The key challenges during this period (which have impacted upon patient flow) include:
  - Loss of cubicles / bed spaces within the Department due to social distancing requirements and reduction in the number of beds due to cohorting resulting in patient flow delays.
  - Zoning to separate positive / query positive and negative COVID patients and COVID testing regimes on admission.
  - The hospitals have updated that they are seeing higher acuity patients, which could be as a result of patients avoiding to seek medical care over this period and which could lead to a longer period of admission.
  - A system-wide review of urgent and emergency care is being undertaken to understand the key drivers of attendance and admission over the recent period, which is due to conclude by the end of July.
  - Increased staff absence across the Medical and Nursing workforce as a result of isolation requirements.

### 3.6 Emergency Admissions

- **Somerset:** The number of emergency admissions in May was 30.4% lower (-1,939) than the same month in the previous year, and during the cumulative period March-May (latest data) the number of emergency admissions were 28.5% lower (5,430) than the same period in the previous year. Whilst the reduction in demand has been seen across both the zero and non-zero length of stay (LOS) patient cohorts, the biggest percentage reduction was in the zero LOS patient cohort, which aligns to the reduced A&E demand and is the position mirrored across all our main Acute Providers.
- **Somerset FT:** The number of emergency admissions (on a Somerset commissioned basis) in May was 32.3% lower (-1,165) than the same month in the previous year, and during the cumulative March-May period (latest data) the number of emergency admissions were 28.9% lower (-3,130) than the same period in the previous year.
- **Yeovil FT:** The number of emergency admissions (on a Somerset commissioned basis) in May was 35.0% lower (-395) than the same month in the previous year, and during the cumulative March-May period (latest

data) the number of emergency admissions were 32.9% lower (-1,112) than the same period in the previous year.

- **RUH:** The number of emergency admissions (on a Somerset commissioned basis) in May was 30.2% lower (-169) than the same month in the previous year, and during the cumulative March-May period (latest data) the number of emergency admissions were 35.1% lower (-628) than the same period in the previous year.
- **UBHW:** The number of emergency admissions (on a Somerset commissioned basis) in May was 25.1% lower (-77) than the same month in the previous year, and during the cumulative March-May period (latest data) the number of emergency admissions were 15.6% lower (-138) than the same period in the previous year.
- Challenges during the recent period which has impacted upon flow across the hospital include:
  - Reduction in the number of beds due to patient cohorting, which has impacted upon patient flow across the hospital.
  - Zoning to separate positive / query positive and negative COVID patients and COVID testing regimes on admission.
  - The hospitals have updated that they are seeing higher acuity patients, which could be as a result of patients avoiding to seek medical care over the Lockdown period and potentially could lead to a longer period of admission.
  - A system-wide review of urgent and emergency care is being undertaken to understand the key drivers of attendance and admission over the recent period; which is due to conclude by the end of July.

### **3.7 Elective Care – Referral To Treatment**

- Sir Simon Stevens outlined in his letter dated 17 March 2020 the requirement to postpone all elective operations for a period of at least 3 months to enable Trusts to free up general and acute beds in order to expand critical care capacity.
- Due to the short-term reduction in referral demand, the number of patients on the waiting list reduced by 16.1% (-6,125 patients); however, the number of very long waits have risen sharply during this period.
  - The number of 52-week waits has increased by 299 since February (from 20 in February to 319 in May); the main concentration of waits continues to be at Somerset FT and is underpinned by an increase in

the number of patients waiting in excess of 40 weeks. In addition, due to the step-down of elective activities, we are starting to see the emergence of very long waits at Providers who have not traditionally seen >52 week waits.

- The Independent Sector have been supporting Yeovil FT and Somerset FT throughout the recent period (Shepton Mallet Treatment centre and Nuffield Taunton, respectively) in the treatment of elective patients (and specifically cancer patients at Somerset FT).
- Early indication from the Providers is that demand has started to increase back to expected levels, and as a result of this, waiting lists have started to rise.
- The activity for patients needing admission to hospital for either in-patient or day case treatment in May was 19% of pre-COVID levels due to the requirement to re-purpose theatres for critical care capacity as a core part of the COVID-19 response. Theatre throughput has reduced due to the increased patient turnaround times.
- The most challenged admitted specialities are Ophthalmology, General Surgery, Trauma and Orthopaedics, Urology and ENT, where plans are being developed to mitigate future issues and risks relating to staff recruitment, retention and physical capacity for additional activity.
- The activity for patients needing an out-patient appointment activity in May was 46% of pre-COVID levels with an increase in the level of virtual digital activity observed. However, as a consequence of reduced activity, the non-admitted waiting times have also increased in many of the medical and surgical specialities (biggest increases seen in Gastroenterology, ENT, Ophthalmology, General Surgery, Dermatology and Rheumatology).
- Insufficient physical clinic space to return out-patients to pre-COVID levels due to social distancing requirements and the loss of two out-patient areas which have been re-purposed as in-patient related facilities, have also impacted upon the Trusts' ability to stand back up out-patient clinics.
- Plans are being developed to stand back up elective capacity as part of the Phase 3 planning (covering the period September to March), which outlines the activity to be delivered and is due to be submitted in September.

### **3.8 Elective Care – Diagnostic Waiting Times**

- Overall diagnostic waiting list size has remained stable over the recent period due to a sustained reduction in demand and the most urgent patients (including cancer) continuing to receiving their diagnostic test or

procedure; however, due to the stand-down of routine patients, the number of long waits have risen sharply.

- A reduction in the number of diagnostic tests or procedures carried out during April and May has led to the deterioration in waiting times with the number of patients waiting in excess of 6 weeks increasing by 5,430 since February (from 610 to 6,040): Somerset FT 4,023, Yeovil FT 900, Other Providers 1,117. In addition, the number of patients who exceeded 13-week waits has also increased by 1,601 since February (from 124 to 1,762): Somerset FT 1121, Yeovil FT 258, Other Providers 383.
- The level of diagnostic activity undertaken in May was 39% of pre-COVID levels, with only the most urgent patients receiving their diagnostic test or procedure during March, April and May. Not only has this resulted in patients on the waiting list waiting longer for their diagnostic test or procedure, but it has also led to surveillance patients (those who receive follow-up diagnostics on a planned basis) waiting longer and needing to be added back onto the active diagnostic waiting list.
- The high-risk diagnostic modalities are Radiology (MRI, CT and Non-Obstetric Ultrasound) and Endoscopy (Colonoscopy, Flexi Sigmoidoscopy and Gastroscopy).
- Plans are being developed to restore activity and will be built into the Phase 3 plan due to be submitted in September.

### **3.9 Elective Care – Cancer**

- There has been a 40.0% (-825) reduction in the number of 2-week wait referrals when comparing May 2020 to February 2020, with comparable reductions seen across all Acute Providers.
- Whilst there has been an increase in the number of 2-week wait referrals in May, they continue to be significantly lower than the same month in the previous year.
- Following an initial reduction in 2-week wait performance in April, the percentage of patients seen within 2 weeks in May improved to 96.0%:
  - Somerset FT: 94.6%, Yeovil FT: 97.8%, Other Providers: 96.8%
  - Breaches are predominantly within suspected lower gastroenterology and breast cancers, with a high proportion occurring at Somerset FT
- In May 2020, Somerset CCG saw a 49.8% reduction in the number of patients on a 62-day pathway receiving their first definitive cancer treatment when comparing May 2020 to February 2020:

- Somerset FT: -60.2% (-65); Yeovil FT: -14.9%, (-7.5), Other Providers: -59.7%, (-38.5)
- Both Yeovil FT and Somerset FT are prioritising patients on the basis of clinical need and complete a weekly Situation Report for the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Alliance
- The percentage of patients in Somerset receiving their first definitive cancer treatment within 62 days was 75.9% in May:
  - Somerset FT: 69.8%, Yeovil FT: 78.7%, Other Providers: 80.5%
  - Breaches predominantly in Lung cancer (complex diagnostic pathways and delays to diagnostics or treatment planning) and Urological cancers (patient choice and complex diagnostic pathways)
- **Actions to support cancer services include:**
  - The NHS England commissioning team are now actively working with providers to ensure the restart of screening programs in a safe and efficient manner.
  - Reduced capacity owing to social distancing and infection control guidance in some programmes means services cannot resume service delivery at pre-COVID levels. However, national guidance and risk stratification is being followed to ensure patients are appropriately prioritised for screening.
  - There is a national focus on long waits (104 day plus), and each STP has been asked to complete a 104-day waiters template by 17 July 2020.
  - Both Trusts are working collaboratively to ensure full utilisation of IS capacity, with Somerset FT utilising Nuffield Hospital as a dedicated 'green' elective surgery zone and prioritising the treatment of cancer patients.
  - Plans are in place to commence a pilot Prostate Cancer referral line via Consultant Connect Advice and Guidance.
  - The use of Faecal Immunochemical Testing (FIT) in secondary care to support with the triage and prioritisation of suspected lower GI cancer patients.
  - Discussions are underway with Primary Care colleagues to streamline the 2ww colorectal cancer pathway by introducing FIT 10 for all patients who present to the GP with symptoms and signs suggestive

of possible colorectal cancer, in order to support the triage and prioritisation of patients at point of referral.

- Development of SWAG-wide cancer pathways. SWAG have drawn up a proposal to develop Mutual Aid Cancer Surgery pathways during the pandemic, which are intended to provide regional access to allow maintenance of crucial surgical oncology services when physical capacity of staffing at individual trusts proves insufficient.

### **3.10 Mental Health – Improving Access to Psychological Therapies (IAPT)**

- Somerset Foundation Trust (Somerset FT) has reported that there was a total of 555 referrals received by the Talking Therapies service during May 2020, which represents an increase of 82 compared to April and a decrease 653 when comparing to pre-COVID-19 levels of 1,208 in February.
- The reported IAPT (Improving Access to Psychological Therapies) recovery rate for May was 62.1%, an improvement compared to April (52.1%) and a slight decrease of 1.1 % when comparing to pre-pandemic February position (63.2%). The national ambition of 50% continues to be met and exceeded.
- During Q1, the IAPT access rate for the rolling 3-month period to May was 12.0%, which when compared to the rolling 3-month period to April (13.4%) shows a decline in performance.
- The IAPT service continues to consistently meet and exceed the 6-week and 18-week national ambitions. During May, 90.1% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 99.0% were seen and received treatment within 18 weeks from referral against the 95% national ambition.
- During the recent period, the IAPT service within Somerset has continued to run, and Somerset FT has successfully managed to have mobilised its clinicians to work from home and succeeded in maintaining its services by dealing with referrals via telephone, video and webinar interventions
- Following the COVID-19 pandemic, NHS England and Improvement (NHSEI) confirmed that the performance management regime has been paused and that assurances in respect of IAPT key national measures are on hold for at least the first quarter to allow local services to re-adjust and deliver psychological therapies in new ways and as best they can, given the current situation.
- At the end of May, the total number of patients waiting for second treatment appointment reduced from 822 in April to 367. A marked decrease in patients who have accessed the IAPT service has been seen within the last three months, and as a result there have been fewer referrals



received. These changes have meant the local service has been able to introduce a new more dynamic, forward-facing Assess and Treat model which aims to reduce the length of wait from referral to treatment. The provider has been able to address previous concerns in respect of second treatment appointment waiting times, resulting in more patients being seen and greater numbers of treatments being completed; these factors combined have contributed to the recovery rate being sustained.

### **3.11 Mental Health – Children and Young People Mental Health (CYPMH)**

- The CCG has planned to deliver a 32.3% access rate in 2019/20, and Somerset FT, digital therapy and other Tier 2 providers will contribute to the Somerset access rate. A local estimate of year-end performance is 24.7%. The CCG has planned to deliver an access rate of 26.7% in Quarter 1. Local plans will now need to be revisited, as the operational planning process was paused due to the COVID-19 pandemic.
- Project work, with support from regional NHSEI, is underway to understand all aspects of not being able to achieve this target. A system project and action plan is in development to understand the complexities of meeting the CYPMH Access Target.
- The access levels for Tier 3 Child and Adolescent Mental Health Services (CAMHS) in Somerset are in the highest quartile nationally
- Young Somerset Wellbeing Service has helped bridge the gap for early interventions to address the mental health and emotional wellbeing needs of Children and Young People (CYP) in Somerset aged 11-18; however, there is an increase of demand for CYP who have higher complexity needs. Discussions are in place around the Wellbeing Services' Children's Wellbeing Practitioners (CWPs) attending additional courses at the University of Exeter to increase knowledge and expertise.
- Overall, CAMHS/Young Somerset Wellbeing Service (CYP-IAPT) has a high acceptance rate of 91%. The CAMHS service sees CYP that require a higher level of intervention with a defined mental health presentation, and there are CYP with array of multi-faceted needs that are too complex for a low-level intervention but are not appropriate for specialist CAMHS. A strategic system group—a combination of Children's and Mental Health commissioning, Local Authority, GPs and Providers—convened to look at Somerset's gap in service provision and the prevailing needs.
- The Mental Health Support Teams (MHSTs) start date collided with the start of the pandemic and, despite moving to digital offer, have not yet properly started. This has resulted in not being in a position to identify those CYP's needs in schools due to lack of access. Somerset has been successful in bidding for a third MHST. The model (supporting a 'whole school approach') is currently in development, with the system working through

this to provide extra resource and to meet the needs of our CYP in Somerset.

### **3.12 Mental Health – Other Measures**

- Mindline Somerset is being commissioned by Somerset County Council from March 24 as part of the COVID response. The 24/7 service offers additional support from other Mind in Somerset services, in collaboration with other services.
- The Mindline 24/7 crisis line offers a supported conversation to callers and has increased access to Mental Health Services within Somerset. The services include Mindline Enhanced, Somerset IAPT and Community Mental Health Teams, depending on the level of need.
- Callers are presenting an increasing range of issues, and high levels of anxiety, depression, distress, isolation, family, physical health issues, service issues and concerns around COVID-19 are being seen. The main purpose of a call is the provision of emotional support.
- The service has seen a gradual increase in contact week on week, in respect of contact from CYP (aged 17 and under) and their families. Callers requiring non-urgent or wellbeing support are referred to the Young Somerset Wellbeing Service, while those callers with an urgent MH issue are transferred to CAMHS Single Point of Access, Enhanced Outreach Team or 7-day Out of Hours. Mind in Somerset actively works with CAMHS to meet the needs of CYP.
- It is anticipated that due to COVID-19, a surge in demand will be seen across the full range of Mental Health services within Somerset. A mental health model is being developed to help the System to understand the impact of COVID-19 on performance in the short and longer term.

### **3.13 Maternity**

- During the March to May period there have been 1,068 women that have delivered babies, 717 at Somerset FT and 351 at Yeovil FT, with a 37.5% (+15) increase in home births when comparing March 2020 to May 2020 with the same time period the previous year.
- The number of COVID positive cases within maternity patients remains low.
- Actions taken to support maternity services:
  - Establishment of a number of digital and antenatal classes, including digital antenatal classes, digital Bump to Baby Groups and digital “Wise Hippo” Hypnobirthing Groups, as well as virtual appointments.

- A Virtual Perinatal Mental Health peer support group has been established, which allows women to 'step down' from the specialist support service.
- A postnatal animation has been purchased, which is anticipated to be shared with service users and contains a lot of useful information and resources for women.
- The "Mum & Baby" app, which will enable all Somerset women to have a personalised care plan, has been launched
- Three community hubs have been opened, one in Taunton and two in Yeovil; these hubs allow midwives, health visitors and other services, such as social services, to work from one base and have been received very positively by women and the midwifery teams. More community hubs are planned in the future.

### **3.14 COVID Response – Learning the Lessons**

- Learning the lessons from COVID-19 are being captured and used to inform:
  - Ongoing responses to COVID-19, incorporating social distancing, PPE, Infection Prevention Control
  - Responses to future incidents
  - Informing future service delivery, for example optimising use of technology, virtual consultations
- Individual organisational lessons-learnt activities
- Public Engagement
- Academic Health Science Network undertaking research across Somerset and linking feedback from public engagement

### **3.15 COVID Response – Restoration of Services**

- In the Sir Simon Stevens letter dated 17 March 2020, there was a requirement to postpone all non-elective operations for a period of at least 3 months to enable Trusts to free up general and acute beds in order to expand critical care capacity. Whilst the number of patients on the waiting lists has not increased during this period due to a reduction in referrals into Secondary Care patients the duration of wait has increased as a consequence of stepped down elective services.

- The Somerset System is restoring services in line with NHS England/Improvement Phase 2 (dated 29 April 2020) and Phase 3 guidance (dated 31 July 2020).
- Phase 3 guidance sets out three priorities for the remainder of 2020/21:
  - Accelerating the return to near-normal levels of non-COVID health services, making full use of the capacity available in the 'window of opportunity' between now and winter.
  - Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable COVID outbreaks both locally and nationally.
  - Doing the above, in a way that takes account of lessons learned during the first COVID peak; locks in beneficial changes and explicitly tackles fundamental challenges, including support for our staff and action on inequalities and prevention.

### **3.16 COVID Response – Progress in Somerset**

- Somerset System partners are working together to maximise the use of all available capacity and are developing plans to meet the requirements for returning services to pre-COVID levels outlined within the Phase 3 letter.
- There is continued use of the Independent Sector (Shepton Mallet Treatment Centre and Nuffield (Taunton)) to support the delivery of elective services.
- There has been a series of NHSE 'adapt and adopt events' that aim to rapidly spread good practice; Somerset has fully engaged with these, and the outputs are being aligned with our existing plans.
- The limitations for restoring routine activity of PPE, social distancing and IPC are well known, and we are working through schemes to help restore capacity.
- Cancer treatments have been prioritised throughout the recent period. There are some tumour site areas where referral rates are not back to where we would expect, and we are looking at some specific work to identify why this might be.

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

- 4.1** The full NHS Somerset CCG Quality and Performance Report is available on the CCG website: <https://www.somersetccg.nhs.uk/wp-content/uploads/2020/07/Enc-H-QSP-Exceptions-Report-1-April-to-30-May-2020-1.pdf>

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

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Somerset County Council  
Scrutiny for Policies, Adults and Health  
Committee

9 September 2020

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## Adult Social Care Performance Update

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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 the target of 60% resolution at first point of contact. In recent months we have seen a sharp increase in the number of calls and e-mails being received by Somerset Direct but the target of 60% has still been achieved.
- 3.2. 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 so far during 2020/21 has been 71.7% (*Appendices 1.1 and 1.2 refer*).
- 3.3. The number of referrals being received by the 4 Locality Teams has increased sharply in the last few months; up from 1,371 in April 2020 to 2,064 in July 2020 (an increase of approximately 50%).

- 3.4. The number of overdue assessments for Locality Teams stood at 133 at the end of July 2020; an increase on the previous year and a further reflection of the increased workforce demands in recent months. For assessments completed by Locality Teams since April 2020 the average time someone waited for an assessment was approximately 8.5 days – this is measured from the date of the initial contact to the date the assessment was completed. The target for this is 35 days (7 days for allocation and 28 days for the assessment to be completed).
- 3.5. Addressing overdue reviews has been a key priority for our operational adult social care teams. The number of overdue reviews stood at 556 at the end of July 2020; down from 1,627 at the same point last year and achieving a reduction of approximately 65%. Over 90% of people with an overdue review have received a review within the last 2 years.
- 3.6. **Care provider quality and support** - 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 1.5 refers*). This compares positively to a national average of approximately 84%. Inspection outcome data and analysis hasn't been provided by CQC since January due to the pandemic, as routine inspections have been put on hold. However, we continue to liaise closely with local CQC representatives as part of local safeguarding and quality activity, and are aware from the Emergency Support Framework measures the regulator has introduced as part of its COVID-19 response that all Somerset settings contacted to date report to 'be managing'.
- 3.7. The service currently has 7 provider settings on its Managed Placement memo where our quality assurance teams are supporting quality improvement activity; of these, we are restricting placements in 3 and have temporarily suspended any new placements in the remaining 4.
- 3.8. On 7 August 2020, Somerset County Council became the first council in the South West region to sign up to Unison's 'Stop the Spread' pledge, a key initiative to support care workers in the fight against coronavirus. The pledge introduced a series of measures designed to protect care workers and reduce the spread of the virus in care settings. This endorsement is the latest in a series of measures the Local Authority has taken to support our vital care sector. We rely heavily on our care sector and have been hugely grateful for the incredible work and commitment care staff have demonstrated throughout the pandemic. They have stepped up like never before, often at great personal cost, and we are absolutely committed to ensuring they receive



the support, protection and acknowledgement they deserve in what is likely to be one of the most challenging times in their careers.

- 3.9. An update submitted to the Government at the end of May 2020 and published here outlines summarises much of the support provided to the care sector in the early months of the pandemic:  
<https://www.somerset.gov.uk/coronavirus-support-for-adult-social-care-providers/>
- 3.10. We continue to operate our dedicated mailbox and hotline number for providers, update our dedicated provider information webpage, have issued 33 email briefings to our care market since 1st April, have hosted multiple webinars to update on latest developments nationally and locally, and offer opportunities for questions and answers of us and other partner colleagues, including Public Health leads and health representatives from the local Infection Prevention and Control team.
- 3.11. In recent months, the Service has focused a lot of its efforts on supporting Somerset care providers to benefit from and access the national Adult Social Care Infection Control Fund. The primary purpose of this ring-fenced fund is to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission in and between care homes and to support wider workforce resilience. The funding has been paid in two tranches/halves - the first received late May, and the second in the last week. The Somerset allocation totalled just over £8.3m. 75% of the grant is to be allocated to support care homes; the remainder can be used to support domiciliary care providers and wider workforce resilience to deal with infection control. Somerset has chosen to distribute the 25% to home care providers, as well as supported living and extra care housing provision. Some monies have also been provided to assist micro-providers and carers. Settings are also required to ensure that they routinely update the National Capacity Tracker database (at least twice weekly) to comply with the grant conditions and access funds.
- 3.12. Based on the latest return submitted to the Government on 23 July 2020, examining Local Authority spending of the initial first tranche of the Infection Control Funds, 190 care homes, 72 domiciliary care providers and 21 other providers had received funding. Of the care homes who had signed up to the grant conditions and submitted a return outlining how and where monies had been committed to date:
- *22% of Somerset care homes had allocated/used funds for measures to isolate residents within their own care homes;*
  - *18% of Somerset care homes had allocated/used funds on restricting staff movement within/across care homes;*

- 13% of Somerset care homes had allocated/used funds to pay staff full wages while isolating following a positive test result;
- 47% of Somerset care homes had allocated/used funds on other infection control related measures.

The Government's expectation is that the grant will be fully spent by local authorities by end of September. A second and final report in respect of both instalments must be submitted to the Department of Health and Social Care by 30/09/20

3.13. **Permanent Placements into Residential and Nursing Care** – An important component 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 1.6 highlights the year-on-year reduction of placements of people aged 65 and over.

For 2019/20 the target was stretched to 468 placements per 100,000 population. This represented a 10% reduction compared to the target for the previous year.

Our actual performance during 2019/20 was 435.4 placements per 100,000. This equated to 584 actual placements.

During the first 3 months of 2020/21 we have made 101 placements. If we continue to make placements at this same rate then our outturn position will be 416.5 placements per 100,000 which would represent a reduction of approximately 4% from 2019/20.

3.14. **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 in May 2020 our performance exceeded 95% (*Appendix 1.7 refers*).

- 3.15. **Safeguarding** – the proportion of concluded safeguarding enquiries where the risk was reported to have ‘reduced’ or been ‘removed’ following our involvement was 90.4% for all enquiries concluded during 2019/20. 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.
- 3.16. **Delayed Transfers of Care (DToC)** – the measures previously reported on DToC have been suspended due to the pandemic.
- 3.17. **Complaints** – The chart at appendix 1.8 provides details of the number of complaints received by Adult Social Care between April 2019 and July 2020. During this period the average number of complaints per month was approximately 13. However, since March 2020 the monthly figures have been significantly below this.

Between April 2019 and March 2020, a total of 75 Adult Social Care complaints were handled by the Local Government and Social Care Ombudsman (LGSCO).

The LGSCO suspended taking on new complaints during the peak of the pandemic but resumed on-going casework and accepting new referrals at the end of June. We currently have 5 on-going investigations with the Ombudsman.

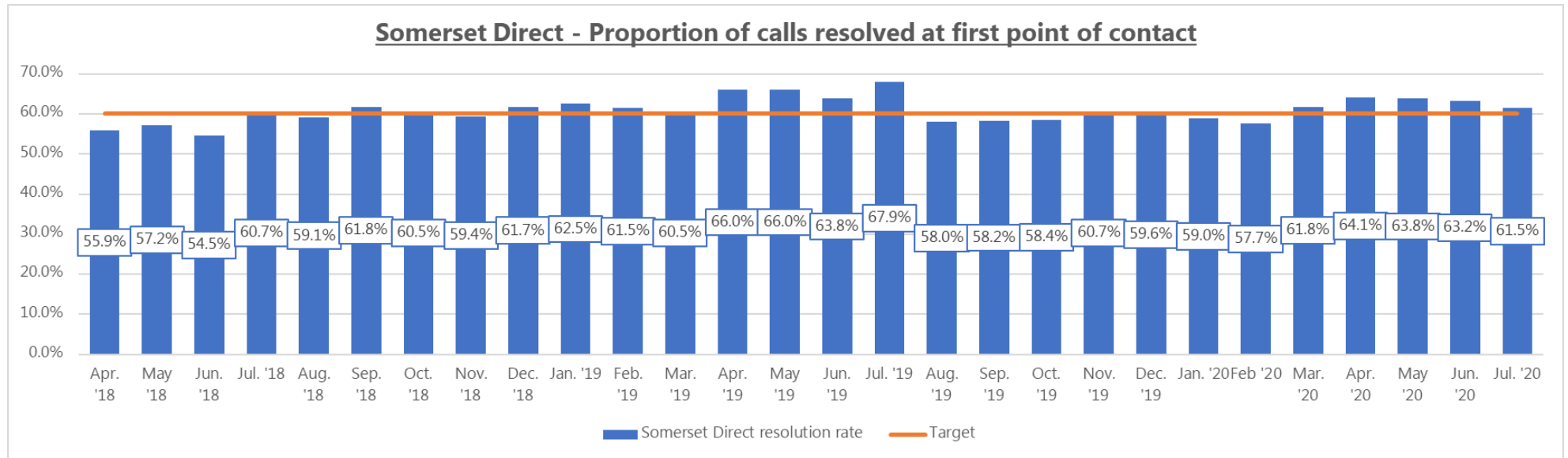
4. **Practice Quality** – Adult Social Care staff had conducted and completed a total of 593 audits since launch of the new online auditing tool framework in September 2019 to mid-June 2020; the audits examine the achievement of quality standards across a wide range of core activity, including assessments, reviews, safeguarding activity and staff supervisions. Overall numbers of audits reduced in recent months as a natural consequence of COVID demands but have started to pick back up.
  - 4.1 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. Thematic reports are presented to monthly PIMS (Performance Improvement Meetings) for scrutiny and used by our Principal Practice Leads for social work and occupational therapy to improve and enhance practice standards.

- 4.2 Work is currently concentrated on supporting our operational workforce to undertake their professional practice and recording differently but in a meaningful way to the individual during COVID-19.
5. **Performance priorities for the year ahead** – COVID-19 has changed the landscape in many areas, but for every challenge it has presented it has also offered up multiple opportunities for enhanced partnership working, better use of technology and improved community cohesion.

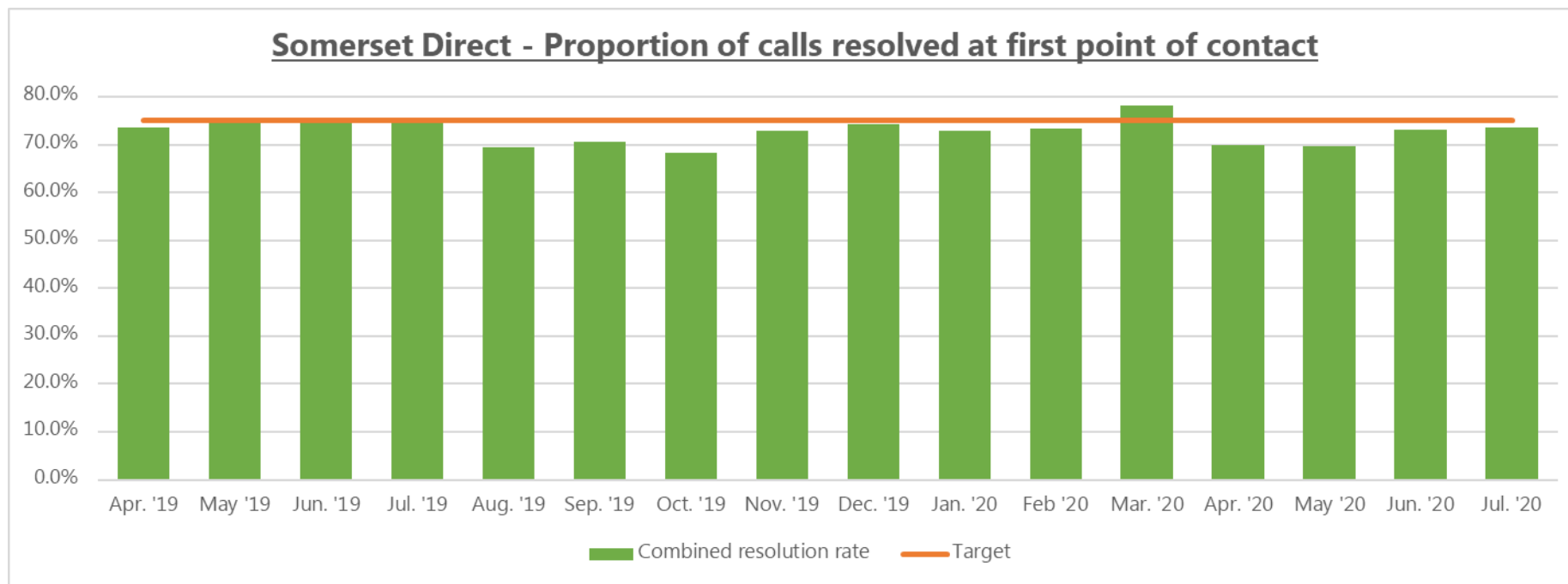
Strategic Managers are currently working closely with Directors and finance leads to review and agree operational and transformational priorities for the coming year, and deliver our ambition for supporting people to live healthy and independent lives, supported by thriving and connected communities, with timely and easy access to high-quality and efficient support when they need. A lot of work is taking place to analyse demand and performance trends during the pandemic to inform and enhance our activity. We look forward to welcoming a new Assistant Director for Operations in September 2020.

## Appendix A – ASC Performance Trends

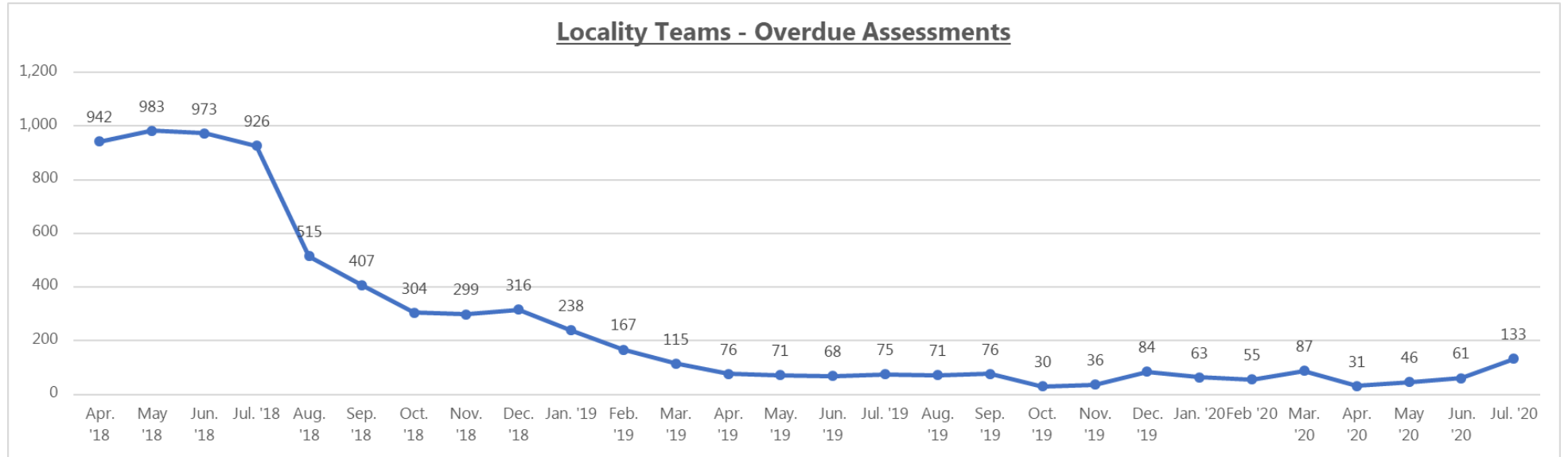
1.1 Somerset Direct – proportion of calls signposted from April 2018 to July 2020.



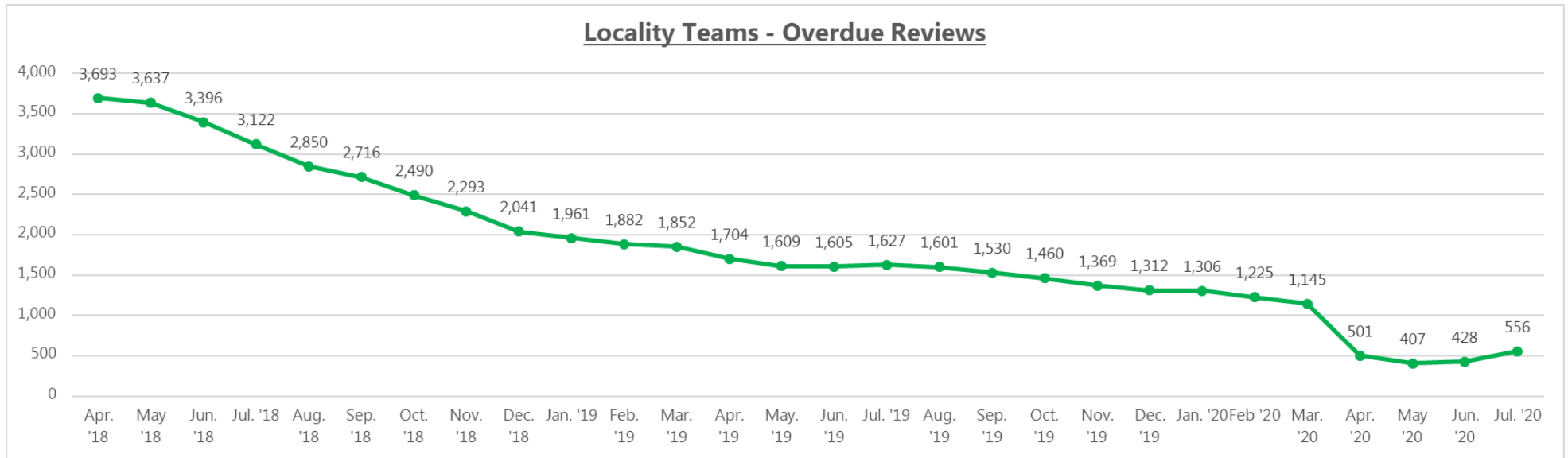
1.2 Combined resolution rate – proportion of calls signposted by either Somerset Direct or locality triage teams from April 2019 to July 2020.



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

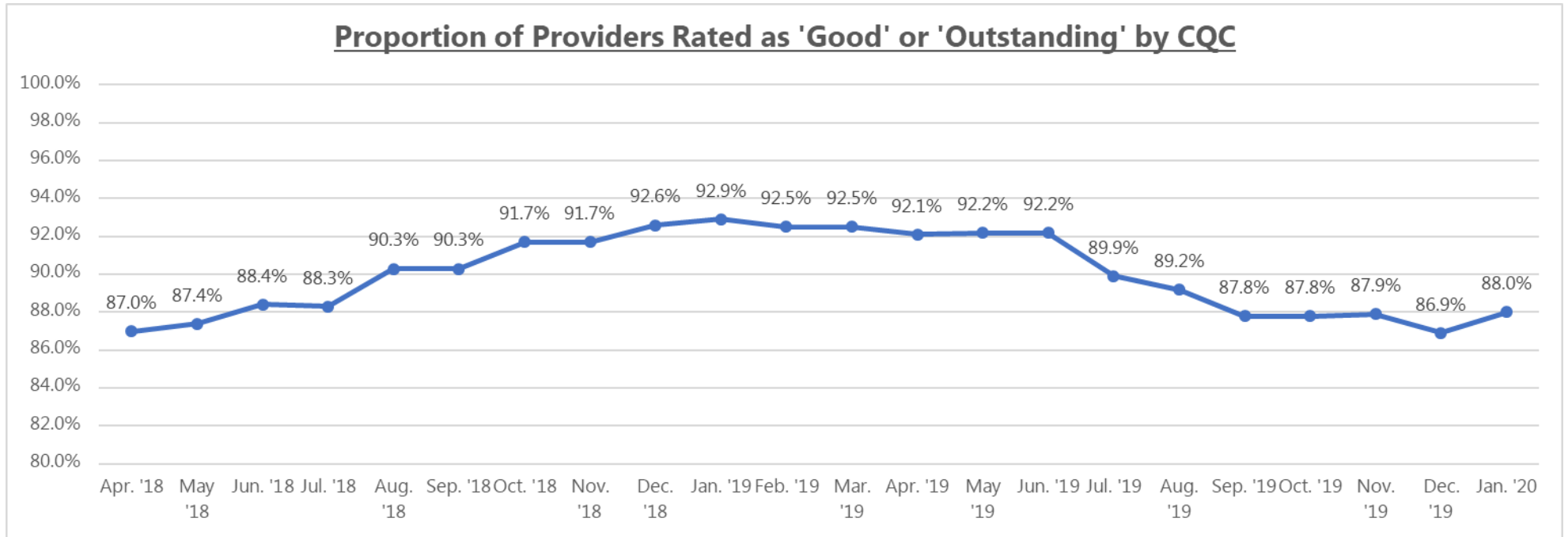


1.4 Locality Teams – reduction in overdue reviews from April 2018 to January 2020.

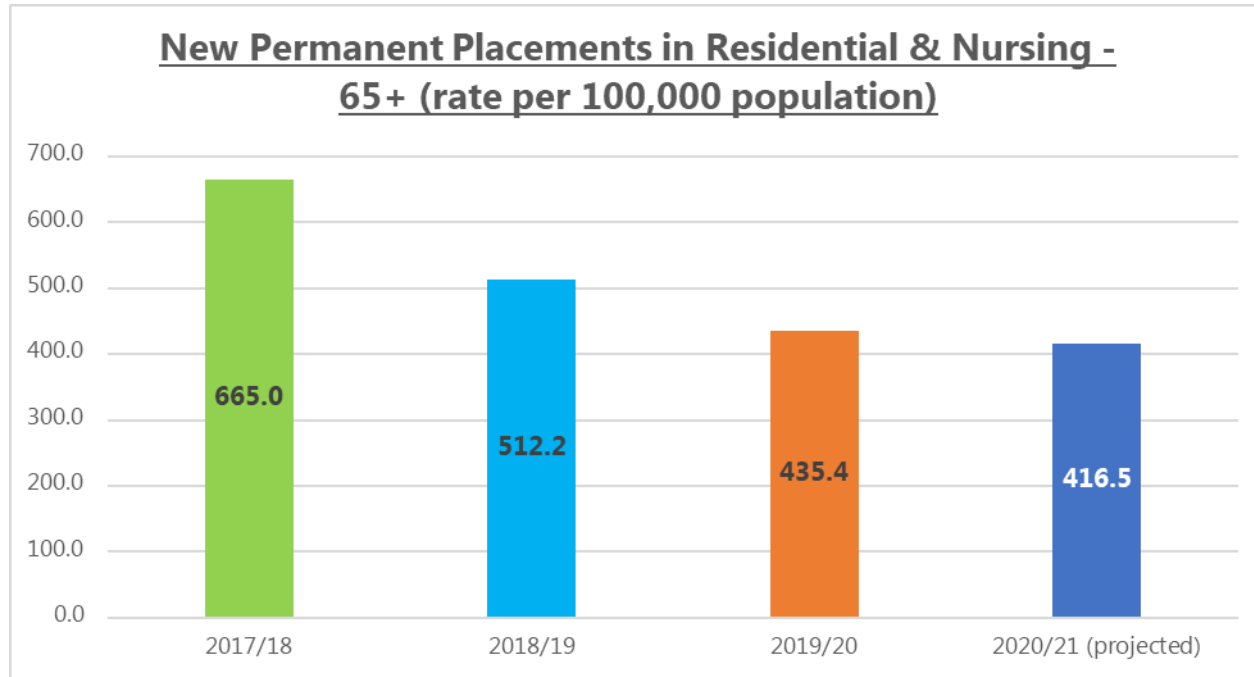




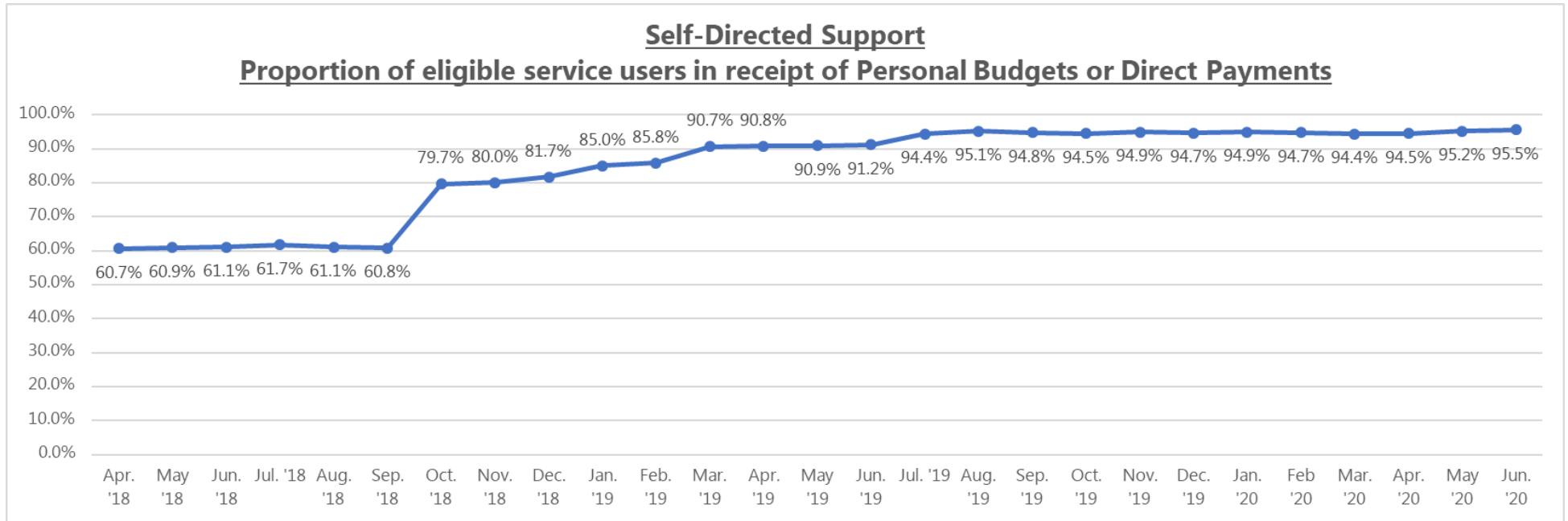
1.5 Providers with CQC rating of 'Good' or 'Outstanding' from April 2018 to January 2020.



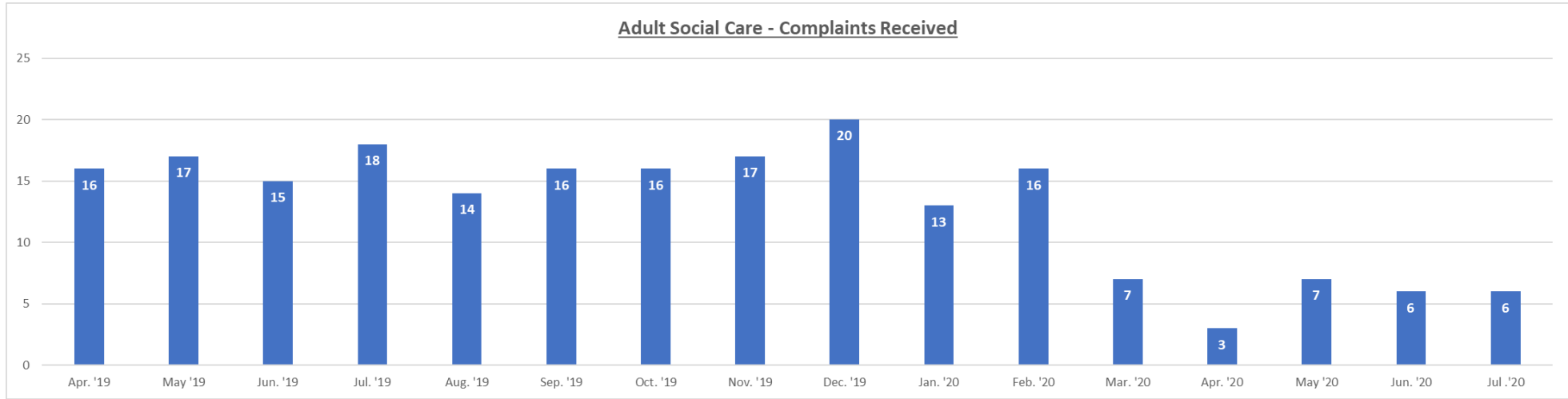
1.6 Permanent admissions to Residential and Nursing care:



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



1.8 Adult Social Care Complaints Received from April 2019 to July 2020:



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## **Learning Disability Transformation. Discovery**

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Cabinet Member: Cllr David Huxtable, Adult Social Care

Division and Local Member: All

### **1.0 Summary**

**1.1** This report summarises for the benefit of the Scrutiny Committee the range of work undertaken by the Adult Social Care service in relation to the Discovery contract and Learning Disability transformation programme.

**1.2** The paper outlines activity in the following areas:

Day Opportunities.

- Supported Living Provisions & Housing.
- Assistive Technology.
- Discovery KPI's and financial update

### **2.0 Recommendations**

**2.1** That the Scrutiny Committee notes the report and the impact of COVID on some areas of the work. Some of this work has slowed as a result of COVID or the activity has changed due to feedback from service users through the COVID restrictions.

### **3.0 Day Opportunities**

**3.1** Prior to the outbreak of COVID-19 there had already been some significant changes to the way that day services operate within Somerset. Over the last 2 years there has been a systematic shift away from large, building based services and the increase of more community focused options that offer a range of activities such as ASDAN (Award Scheme Development and Accreditation Network) qualifications supporting with independent living skills, learning skills and work skills.

**3.2** COVID-19 meant that many day opportunity providers were unable to continue with a building-based approach and shifted to a more outreach based model. This included support in the community (where feasible and safe with restrictions), and the use of technology was also key to supporting people to keep in touch. There has been a substantial rise in providers using virtual forums to support people such a virtual discos and quiz nights.

**3.3** This change in support has meant that many people have been at home much more than they would have been previously. The feedback from people supported, families, carers and other stakeholders has been that, while for some a return to a more structure approach is necessary, there are a large number of people who

- would like to try a different approach to accessing day opportunities.
- 3.4 A provider survey has been undertaken to understand the pressures that may be faced through reopening in a COVID safe way. Providers have shared risk assessments of how they plan to reopen along with risk assessments for individuals. Weekly calls have been set up for day service providers, facilitated by the RCPA and attended by commissioners to talk through how people plan to reopen, share good practice and understand the differences people supported may face from the service they once had.
- 3.5 Locality social work teams are linked into discussions on a case by case basis to recognise and ensure that Care Act eligible needs continue to be met and support through a review process as necessary.
- 3.6 Day Opportunity providers are reopening gradually with many due to have welcomed back service users by the end of August to early September. Ongoing work is being done to work with providers to gain data around how these changes impact service users directly and the wider system as a whole.
- 4.0 **Supported Living & Housing provision**
- 4.1 COVID-19 restrictions have meant that the programme of residential de-registrations to supported living was halted. Lockdown meant that reviews and CQC work could not be completed therefore de-registrations were paused. This pause has allowed a desktop review to be conducted into our Supported Living model within Somerset and how this can be improved.
- 4.2 Accommodation is usually sourced and purchased by the care provider and then leased through a housing association or social landlord. This has led to a provider focused accommodation model as opposed to the individual finding the right property and then support being put in to place as appropriate. Issues between the service user and provider have then resulted in eviction. This is contradictory to the security of tenancy that supported living is meant to offer.
- 4.3 Often the family or individual want to be supported by a specific provider and will request a direct payment to achieve this. This is a viable choice alternative for the individuals that we support as the local authority must select provider commissioned services via our process around market equality and procurement law.
- 4.4 The ambition is for Somerset to have a clearly defined pathway for adults with learning disabilities who wish to live independently in the community. Accommodation will no longer be provider led nor will the social work team be expected to source accommodation for the majority of individuals. The aim is to understand the local data for who are likely to need housing over the next 3-5 years and then work with housing associations and social landlords to source this. There will then be a process for people to follow to source accommodation. For many individuals this will be the same as for any other person looking for accommodation in Somerset.
1. Homefinder for social housing.
  2. Private renting.
  3. Home ownership.

4.5 Transformational work is currently in the scoping stages with a view to ensuring a clear housing pathway for people that promotes choice and control at its core. This model will support people to understand the options available to them in relation to housing, support general housing to become more accessible and support school leavers to plan their housing journey. Next steps include:

- Bringing a core group of stakeholders to discuss and progress actions. This will include commissioners, locality teams, people supported, LDPB (Learning Disability Partnership Board) representatives, carers and providers to ensure all voices are heard and understood.
- Understand the local data for each locality, including what is currently available, how this works for people requiring accommodation and support and what areas geographically need further growth.
- Understand data coming through from the transitions team: How many people over the next 5 years will be in need of accommodation and support, starting the engagement pathway early to ensure the best transition for people living independently for the first time. This also allows commissioners to begin to forecast what housing needs may look like for the future and liaise with appropriate property colleagues to ensure we have the right stock.

## 5.0 **Assistive Technology**

5.1 COVID-19 has seen a significant increase in the use of technology as a support mechanism. This has been seen as a positive for both providers and people supported to allow contact to remain with family and friends. This has opened the door to question what else we can be doing around assistive technology to support people in their day to day living.

5.2 We have seen with the use of Brain In Hand that people have used technology in the form of an app to achieve their own outcomes. Feedback from a user for example shows that prompts and timetabling has improved their ability to manage things like medications, reducing the reliance on others.

5.3 To further the evidence around technology, proposals are being looked at to work with a small focus area and using a range of technology options to support people in the daily living roles. This technology could be YouTube videos, apps on devices or technology in the home to support with medication or other tasks. This proposal would include input from all stakeholders to understand what technology is available, how this can support someone to be more independent and guide through what can be a frightening process if the person or their support network is using technology they are unfamiliar with. Benefit mapping would be completed throughout the process to ensure that people are achieving their outcomes and look at any financial savings made.

## 6.0 **Discovery**

6.1 Number of people supported by Discovery under the contract at the time of this report: 443. This includes people supported across all provisions, supported living, residential, dom care and day services. This is compared to 2017 where in accordance to praise data captured 863 people were supported across Discovery settings.

Monthly contract review meetings remain in place, with Discovery.

6.2 The review of current governance arrangements and KPIs in partnership with Commercial & Procurement and Quality Assurance colleagues is on-going. The new monitoring framework will be introduced post COVID-19 outbreak.

Locality teams have completed the majority of Discovery reviews, and the majority of these reviews have been agreed with Discovery. Completion of final reviews has been delayed due to COVID-19.

Review outcomes will influence the financial forecast for Discovery. Discussions will commence with Discovery regarding the new financial modelling but in the meantime, we continue to monitor delivery of care hours and pay accordingly.

7.0 **KPI's**

7.1 KPI's still continue to be recorded on a monthly basis, reviews continue to take place monthly as part of contract review meetings.

7.2 Ongoing pressures on services related to COVID-19 has impacted delivery. Day opportunity services, respite services and the supported employment service in particular have seen the most significant service delivery change; this has been due to COVID-19 restrictions meaning that services have either paused or delivered differently to meet peoples needs.

7.3 As with all providers, there is an acknowledgement that KPI's may fall below threshold levels. Where services have been paused or delivered in alternative ways it is acknowledged that this will not reflect the KPI's expected levels of performance.

7.4 Whilst ongoing plans are being looked at to ensure people's needs are met in a COVID friendly way, KPI measures will be worked through in collaboration with Discovery. This will ensure that performance can be measured and expectations realigned with how support is delivered moving forward.

7.5

KPI performance	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Range	
<b>Residential Short Breaks service</b>														
% of stays cancelled by the Supplier in the period	0%	0%	0%	0%									TS	0-2%
													Minor	2.01-6%
													Serious	6.01-10%
													Severe	10.1-11.5%
													Threshold	11.51%
<b>Supported Living</b>														
Utilisation of core (shared) element of service	100%	100%	100%	100%									TS	85-100%
													Minor	90-94.99%
													Serious	97.5-99.99%
													Severe	85-87.49%
													106.7% Threshold	84.99%
% of individual	106%	106%	105%	101.5%									TS	90-100%
													Minor	87.5-89.99%



hours delivered																		TS	85-87.49%	
																			Severe	82.5-84.99%
																			Threshold	82.49%
<b>Employment Services</b>																				
% of new referrals accepted for:	Employment support	4 of 4	3 of 3	0/0	5/5														TS	95.01-100%
		100%	100%	100%	100%														Minor	95-99.99%
	Employment crisis support	0/0	0/0	0/0	0/0														Serious	90-94.99%
																			Severe	85-89.99%
		0%	0%	0%	0%														Threshold	80-84.99%
Number of people we support achieving maintained employment and/or self-employment		112 of 214 (52%)	114 of 214 (53%)	115 of 214 (54%)	115 of 214 (54%)														TS	85-100%
																			Minor	80-84.99%
																			Serious	75-79.99%
																			Severe	70-74.99%
																			Threshold	69.99%
<b>Day Services</b>																				
% of daytime support delivered		12%	13.5%	14%	13%														TS	90-100%
																			Minor	87.5-89.99%
																			Serious	85-87.49%
																			Severe	82.5-84.99%
																			Threshold	82.49%
<b>Statutory legislation &amp; business growth</b>																				
Number of inspections by the Care Quality Commission (CQC) that result in a judgement of "Requires Improvement" or worse																			TS	0
																			Minor	1
																			Serious	2
																			Severe	3
																			Threshold	4

7.6

**Results from user surveys:**

7.7

Due to COVID-19 a 2020 survey has been completed for service users, family and

friends. The key headlines from the 2019 reports are as follows:

7.8 **Friends & Family: Whole Organisation Report Highlights:**

7.9	19. I receive periodic update letters from Discovery's managing director, and quarterly newsletters	88	6	6
	31. Staff support my relative or friend to take part in activities	84	4	8 4
	29. Staff keep my relative or friend safe	82	5	1 1 2
	30. Staff respect personal possessions (e.g. clothes, money)	80	3	1 2 5
	5. I am invited to 'family and friends' events	76	1	4 8 2

7.10 **Friends & Family: Whole Organisation Report Lowlights:**

7.11	8. I have been provided with information about the Mental Capacity Act	26	51	22	1
	24. I know how to nominate someone for a staff award	27	54	17	2
	6. New staff always introduce themselves to me	33	56	1	0 1
	17. I am informed of any changes to the staff team that will impact on my relative or friend	37	53	1	0
	16. Plans and agreements made in meetings are acted on effectively	38	20	37	6

7.12 **Family Survey Headlines:**

7.13 67% of respondents say that Discovery provides good, very good or excellent support to their relative (LY: 69%)

2.3% say that the support is very poor (last year 3.7%.)

There was no meaningful change year-on-year in the proportion of families who feel positive about the way Discovery supports their involvement with their loved one (60%.)

7.14 **People Supported Survey Headlines:**

7.15 90% of respondents are always or mostly happy with the support they get. Just 3% were unhappy.

73% think Discovery does a good job. 8% disagree.

8.0 **Day Services:**

8.1 Discovery have moved to an outreach-based model of support for some while social distancing measures continue to be in place. Discovery have placed greater priority on providing support to those living at home as opposed to a 24/7 provision such as supported living or residential. Discovery are following Dimensions national approach to not reopen buildings at this time and are currently conducting an

options appraisal on how to begin offering support whilst in line with COVID restrictions. Locality teams are working with those on an individual basis who may need further support and are working alongside commissioning and Discovery around ensuring that people's needs are met in the best way possible.

8.2 People who were going to day services in a building-based setting have had a mixture of reactions to the new way of accessing day opportunities.

It is also to be acknowledged that family and carers have experienced new pressures with people being at home so much more and usual respite opportunities have reduced significantly as part of day service changes.

8.3 Some challenges that people have experienced during this time have been around:

- Managing changes in routine: For those who need routine to regulate their day it has been a challenge to understand why they cannot access the day they have been used for a substantial time. Support has gone into support people to see their familiar faces and ensure some semblance of a new routine.
- Shared environments: People who live in shared environments who are used to being out in the day have faced some challenges around being at home with the people they live with for longer periods of time than they are used to. Providers both support providers and day service providers have been using really creative means to support people to get out the house, make contact with friends and family. This has been through socially distanced meet ups, virtual discos and quizzes.
- Pressure on carers and family: While lockdown meant that families and carers were not able to access their usual respite options; as restrictions lift families and carers are feeling an anxiety of what the future will look like. This is something that Discovery continue to work through. Where comments have come through to ASC these have been managed in collaboration with Discovery.

9.0 **Positive: Please see case study from Discovery**

[Case Study - Community Based Support Discovery](#)

9.1 The Employment Support Service has been paused while COVID restrictions have been in place. Employees from this team were seconded into other roles during this time. This service is in its planning stages to resume.

10.0 **Financial Update:**

10.1 The contract continues to perform as expected and within the financial modelling agreed at contract award. The contract finished year 3 with an underspend position of £1.183m which has offset some of the pressures projected elsewhere in the Learning Disabilities pooled budget. This underspend was mainly due to the authority purchasing less support from Supported Living services due to people becoming more independent or their service being delivered outside of the contract. These changes were always anticipated at the outset of the contract and have continued into year 4 where changes to Day Services have been a focus.

10.2 While other areas of work have paused due to COVID-19 activity and response SCC and Discovery have begun work around a new financial model.

This model will support people to be more flexible with support arrangements, enhancing opportunities for personal budgets and direct payments. This is currently

in its planning stages and there will be further updates in the coming months around this development work.

11.0 **CQC Updates:**

11.1 Since the last Discovery update in October 2019 there have been no changes to the CQC ratings. This has, in part, been due to the pausing of inspections from CQC during the COVID-19 lockdown. However, since restrictions have eased CQC have visited Spring View; a residential provision. The response from CQC has not been provided at this time.

12.0 **Quality & Safeguarding concerns:**

12.1 Serious safeguarding concerns were raised through a whistle blower at supported living provision, Geen House.

These concerns have been managed in collaboration with SCC, Discovery, family members, professionals working with the residents and the residents themselves. These enquiries are still ongoing at present.

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

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

Agenda item	Meeting Date	Details and Lead Officer
	<b>09 September</b>	
Fit For My Future – Mental Health Consultation CCG Performance Update and Covid 19 Update  SCC Performance Update LD Transformation - Update		CCG-Maria Heard CCG-Alison Henly/ Michelle Skillings Mel Lock/James Cawley Mel Lock/Jon Padfield
	<b>07 October (workshop)</b>	
Transitions – Children to Adults Services		Mel Lock/Julian Wooster
	<b>12 November</b>	
Fit For My Future – Integrated Care Systems Mental Health Transformation Update & Covid Update Somerset Safeguarding Adults Board Plan		CCG CCG  Stephen Miles
	<b>02 December (workshop)</b>	
TBC		

**ITEMS TO BE ADDED TO AGENDA:**

Care Homes and Nursing Home Support Service (LARCH/CCG)  
 Deprivation of Liberty Safeguarding  
 Housing Strategy  
 Dementia Report  
 Strategy for people with physical disabilities

**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)

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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 August 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
<p><b>FP20/05/17</b> First published: 28 May 2020</p>	<p>Not before 2nd Sep 2020 Cabinet Member for Resources</p>	<p>Issue: Disposal of land at Coombe Wood Lane, Coombe St Nicholas Decision: To authorise the disposal of approximately 1 acre of surplus land which has been identified as having potential for residential development to generate receipts to meet council priorities.</p>			<p>Charlie Field, Estates Manager, Corporate Property Tel: 01823355325</p>
<p><b>FP/20/08/04</b> First published:</p>	<p>9 Sep 2020 Leader of the Council</p>	<p>Issue: Climate Emergency Strategy - Amendment to Cabinet Decision 18th December 2019 Decision:</p>			<p>Jon Doyle, Service Manager</p>
<p><b>FP/20/07/06</b> First published: 4 August 2020</p>	<p>Not before 14th Sep 2020 Cabinet Member for Highways and Transport</p>	<p>Issue: Decision to allocate an additional DfT Highways Grant of £15.4m to specific projects and programmes Decision:</p>			<p>Mike O'Dowd-Jones, Strategic Commissioning Manager – Highways and Transport Tel: 01823 356238</p>
<p><b>FP/19/09/08</b> First published: 10 September 2019</p>	<p>Not before 14th Sep 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure</p>	<p>Issue: Heart of the South West Local Industrial Strategy and SCC innovation centres Decision: Agreement to endorse the Heart of the South West (HotSW) Local Industrial Strategy (LIS) which</p>			<p>Paul Hickson, Strategic Manager - Economy and Planning Tel: 07977 400838</p>

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<p><b>FP/20/01/04</b> First published: 23 January 2020</p>	<p>Not before 14th Sep 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/20/08/05</b> First published:</p>	<p>14 Sep 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure</p>	<p>Issue: Approval to allocate funds for the development of Chard Enterprise Centre phase 2 Decision: Decision to allocation of circa £2.8mil of capital funding from SCC capital approvals for the development of the Chard Enterprise Centre</p>			<p>Katriona Lovelock, Economic Development Officer Tel: 01823 359873</p>
<p><b>FP/20/08/06</b> First published:</p>	<p>14 Sep 2020 Cabinet Member for Children and Families</p>	<p>Issue: West Somerset Opportunity Area Year 4 Decision:</p>			<p>Julia Ridge, Strategic Manager - Early Years &amp; Schools Commissioning Tel: 01823357633</p>
<p><b>FP/20/07/08</b> First published: 4 August 2020</p>	<p>16 Sep 2020 Cabinet Member for Highways and Transport</p>	<p>Issue: Award of Traffic Signals Framework Contract Decision:</p>			<p>Bev Norman, Service Manager - Traffic Management, Traffic &amp; Transport Development Tel: 01823358089</p>

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<b>FP/20/06/02</b> First published: 2 June 2020	Not before 21st Sep 2020 Cabinet Member for Adult Social Care	Issue: Shared Lives: Banding System Decision: Approval for the banding toolkit to be adopted for existing Shared Lives carers and to provide a period of income protection for those carers who may be financially worse off.			James Cawley, Strategic Manager
<b>FP/19/12/03</b> First published: 19 December 2019	Not before 21st Sep 2020 Director of Commissioning and Lead Commissioner for Economic Community Infrastructure	Issue: Acceptance of European Social Funding, under Priority Axis 2 - Skills for Growth (2.1) Decision: To accept the grant (if awarded)			Melanie Roberts, Service Manager - Economic Policy Tel: 01823359209
<b>FP/20/07/01</b> First published: 13 July 2020	Not before 21st Sep 2020 Cabinet Member for Resources	Issue: Sale of part of Stowey Rocks Farm, Over Stowey. Decision: Authority to proceed to sale part of the County Farm known as Stowey Rocks Farm, Over Stowey to the tenant.			Charlie Field, Estates Manager, Corporate Property Tel: 01823355325
<b>FP/20/07/02</b> First published: 30 July 2020	Not before 21st Sep 2020 Cabinet Member for Resources	Issue: Sale of land adjacent to Colliers Court, Frome Decision:			Charlie Field, Estates Manager, Corporate Property Tel: 01823355325
<b>FP/20/07/04</b> First published: 30 July 2020	Not before 21st Sep 2020 Cabinet Member for Resources	Issue: Sale of Sandpits Farm, Bower Lane, Bridgwater Decision:			Charlie Field, Estates Manager, Corporate Property Tel: 01823355325

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<b>FP/02/07/03</b> First published: 13 July 2020	Not before 21st Sep 2020 Cabinet Member for Resources	Issue: Sale of land at Canal Way and land at Coldharbour Farm, Ilminster Decision:			Charlie Field, Estates Manager, Corporate Property Tel: 01823355325
<b>FP/20/08/03</b> First published: 12 August 2020	Not before 21st Sep 2020 Cabinet Member for Education and Transformation	Issue: Expansion of Robert Blake Secondary School to provide additional school places from 2021 Decision:			Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260
First published: 31 July 2020	23 Sep 2020 Cabinet (Virtual meetings being held from May 2020 due to Coronavirus)	Issue: Covid 19 public health update Decision: To receive the regular update from the Director of Public Health			Alison Trott, SEND Casework Manager Tel: 01823359713
<b>FP/20/05/08</b> First published: 21 May 2020	23 Sep 2020 Cabinet (Virtual meetings being held from May 2020 due to Coronavirus)	Issue: Revenue Budget Monitoring - Month 4 Decision: To consider the report			Sian Hedger
First published: 31 July 2020	23 Sep 2020 Cabinet (Virtual meetings being held from May 2020 due to Coronavirus)	Issue: Medium Term Financial Plan 2021/22 Decision: To receive an update on the development of the MTFP			Jamie Jackson, Service Manager - Governance Tel: 01823 359040

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<b>FP/20/06/03</b> First published: 5 June 2020	23 Sep 2020 Cabinet (Virtual meetings being held from May 2020 due to Coronavirus)	Issue: School Exclusions - report from the Children and Families Scrutiny Committee Task and Finish Group Decision: The report contains the findings and recommendations from the task and finish group following an intensive look at School Exclusion practices across Somerset.			Jamie Jackson, Service Manager - Governance Tel: 01823 359040
<b>FP/20/08/01</b> First published: 4 August 2020	23 Sep 2020 Cabinet (Virtual meetings being held from May 2020 due to Coronavirus)	Issue: Proposed expansion of Holyrood Academy Decision:			Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260
<b>FP/20/08/02</b> First published: 12 August 2020	23 Sep 2020 Cabinet (Virtual meetings being held from May 2020 due to Coronavirus)	Issue: Delivery of a new primary school on land at Comeytrowe, Taunton Decision:			Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260
<b>FP20/06/05</b> First published: 15 June 2020	Not before 1st Oct 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure	Issue: Connecting Devon and Somerset (CDS) Superfast Extension Programme (SEP) Phase 2 2020 Procurement: Nominate a preferred supplier for Lot A. The Lot A area covers North Somerset, Bath & North East Somerset Administrative areas and includes Bath and Wes Decision: Nominate the preferred supplier for the Lot A area.			Amy Pettit

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<p><b>FP20/06/06</b> First published: 15 June 2020</p>	<p>Not before 1st Oct 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure</p>	<p>Issue: Connecting Devon and Somerset (CDS) Superfast Extension Programme (SEP) Phase 2 2020 Procurement: Nominate a preferred supplier for Lot B. The Lot B area is in Somerset and covers Wells, Glastonbury and Burnham on Sea and includes the Mendip Hills. Decision: Nominate the preferred supplier for the Lot B area.</p>			<p>Amy Pettit</p>
<p><b>FP20/06/07</b> First published: 15 June 2020</p>	<p>Not before 1st Oct 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure</p>	<p>Issue: Connecting Devon and Somerset (CDS) Superfast Extension Programme (SEP) Phase 2 2020 Procurement: Nominate a preferred supplier for Lot C. The Lot C area is the north of Somerset adjacent to the Bristol Channel and Exmoor National Park and includ Decision: Nominate the preferref supplier for Lot C area</p>			<p>Amy Pettit</p>
<p><b>FP20/06/08</b> First published: 15 June 2020</p>	<p>Not before 1st Oct 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure</p>	<p>Issue: Connecting Devon and Somerset (CDS) Superfast Extension Programme (SEP) Phase 2 2020 Procurement: Nominate a preferred supplier for Lot D. The Lot D area covers the south of Somerset bordering Dorset and Devon and includes Yeovil, Wincanton, Langport Decision: Nominate the preferred supplier for the Lot D area.</p>			<p>Amy Pettit</p>

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<b>FP20/06/09</b> First published: 15 June 2020	Not before 1st Oct 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure	Issue: Connecting Devon and Somerset (CDS) Superfast Extension Programme (SEP) Phase 2 2020 Procurement: Nominate a preferred supplier for Lot E. The Lot E area covers part of central Devon and borders Somerset, Exmoor National Park and Exeter. Runs also Decision: 1. Nominate the preferred supplier for the Lot E area..			Amy Pettit
<b>FP20/06/10</b> First published: 15 June 2020	Not before 1st Oct 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure	Issue: Connecting Devon and Somerset (CDS) Superfast Extension Programme (SEP) Phase 2 2020 Procurement: Nominate a preferred supplier for Lot F. The Lot F area runs from the Exe Estuary and covers part of the South Devon coast. It runs along the coast, Decision: Nominate the preferred supplier for the Lot F area.			Amy Pettit
<b>FP/20/05/09</b> First published: 21 May 2020	21 Oct 2020 Cabinet (Virtual meetings being held from May 2020 due to Coronavirus)	Issue: Revenue Budget Monitoring - Month 5 Decision: To consider the report			Sian Hedger
First published: 4 August 2020	21 Oct 2020 Cabinet (Virtual meetings being held from May 2020 due to Coronavirus)	Issue: Covid 19 Public Health Update Decision: To receive the regular update from the Director of Public Health			

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First published: 21 May 2020	11 Nov 2020 Cabinet (Virtual meetings being held from May 2020 due to Coronavirus)	Issue: Revenue Budget Monitoring - Month 6 (Quarter 2) Decision: Toconsider the report			Sian Hedger
<b>FP20/06/12</b> First published: 15 June 2020	Not before 1st Nov 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure	Issue: Connecting Devon and Somerset (CDS) Superfast Extension Programme (SEP) Phase 2 2020 Procurement: Contract award to supplier for Lot B. The Lot B area covers Wells, Glastonbury and Burnham on Sea and includes the Mendip Hills.  Decision: 1. Enter into grant funding agreement with The Department of Culture Media and Sport (DCMS) for funding for the Lot B area.			Amy Pettit
<b>FP20/06/14</b> First published: 15 June 2020	Not before 1st Nov 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure	Issue: Connecting Devon and Somerset (CDS) Superfast Extension Programme (SEP) Phase 2 2020 Procurement: Contract award to supplier for Lot D. The Lot D area covers the south of Somerset bordering Dorset and Devon and includes Yeovil, Wincanton, Langport, C Decision: 1. Enter into grant funding agreement with The Department of Culture Media and Sport (DCMS) for funding for the Lot D area.			Amy Pettit



FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
<p><b>FP20/06/15</b> First published: 15 June 2020</p>	<p>Not before 1st Nov 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure</p>	<p>Issue: Connecting Devon and Somerset (CDS) Superfast Extension Programme (SEP) Phase 2 2020 Procurement: Contract award to supplier for Lot E. The Lot E area covers part of central Devon and borders Somerset, Exmoor National Park and Exeter. Runs along Decision: 1. Enter into grant funding agreement with The Department of Culture Media and Sport (DCMS) for funding for the Lot E area.</p>			<p>Amy Pettit</p>
<p><b>FP20/06/16</b> First published: 15 June 2020</p>	<p>Not before 1st Nov 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure</p>	<p>Issue: Connecting Devon and Somerset (CDS) Superfast Extension Programme (SEP) Phase 2 2020 Procurement: Contract award to supplier for Lot F. The Lot F area runs from the Exe Estuary and covers part of the South Devon coast. It runs along the coast, bo Decision: 1. Enter into grant funding agreement with The Department of Culture Media and Sport (DCMS) for funding for the Lot F area.</p>			<p>Amy Pettit</p>

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<p><b>FP20/06/13</b> First published: 15 June 2020</p>	<p>Not before 1st Nov 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure</p>	<p>Issue: Connecting Devon and Somerset (CDS) Superfast Extension Programme (SEP) Phase 2 2020 Procurement: Contract award to supplier for Lot C. The Lot C area is the north of Somerset adjacent to the Bristol Channel and Exmoor National Park and includes Decision: 1. Enter into grant funding agreement with The Department of Culture Media and Sport (DCMS) for funding for the Lot C area.</p>			<p>Amy Pettit</p>
<p><b>FP20/06/11</b> First published: 15 June 2020</p>	<p>Not before 1st Nov 2020 Cabinet Member for Economic Development, Planning and Community Infrastructure</p>	<p>Issue: Connecting Devon and Somerset (CDS) Superfast Extension Programme (SEP) Phase 2 2020 Procurement: Contract award to supplier for Lot A. The Lot A area covers North Somerset, Bath &amp; North East Somerset Administrative areas and includes Bath and Weston Decision: 1. Enter into grant funding agreement with The Department of Culture Media and Sport (DCMS) for funding for the Lot A area.</p>			<p>Amy Pettit</p>

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<b>FP/19/12/02</b> First published: 19 December 2019	Not before 1st Dec 2020 Cabinet (Virtual meetings being held from May 2020 due to Coronavirus)	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 & Social Care transport are let through this framework.			Natasha Bates
<b>FP/20/08/07</b> First published:	Not before 16th Nov 2020 Cabinet Member for Children and Families	Issue: Arrangements for the provision of SEN services in Mendip Decision: agreement to develop ASC provision in the Mendip Area			
<b>FP/20/07/07</b> First published: 4 August 2020	25 Nov 2020 Cabinet Member for Education and Transformation	Issue: Creation of New Academies in Somerset Decision:			Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260
<b>FP/20/05/11</b> First published: 21 May 2020	16 Dec 2020 Cabinet (Virtual meetings being held from May 2020 due to Coronavirus)	Issue: Revenue Budget Monitoring - Month 7 Decision: To consider the report			Sian Hedger
<b>FP/20/05/12</b> First published: 21 May 2020	20 Jan 2021 Cabinet (Virtual meetings being held from May 2020 due to Coronavirus)	Issue: Revenue Budget Monitoring - Month 8 Decision: To consider the report			Sian Hedger

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<b>FP/20/05/13</b> First published: 21 May 2020	10 Feb 2021 Cabinet (Virtual meetings being held from May 2020 due to Coronavirus)	Issue: Revenue Budget Monitoring - Month 9 Decision: To consider the report			Sian Hedger
<b>FP/20/05/14</b> First published: 21 May 2020	17 Mar 2021 Cabinet (Virtual meetings being held from May 2020 due to Coronavirus)	Issue: Revenue Budget Monitoring - Month 10 Decision: To consider the report			Sian Hedger