

Scrutiny for Policies, Adults and Health Committee

Wednesday 11 September 2019

10.00 am Taunton Library Meeting Room,
Paul Street, Taunton, TA1 3XZ



To: The Members of the Scrutiny for Policies, Adults and Health Committee

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

All Somerset County Council Members are invited to attend meetings of the Cabinet and Scrutiny Committees.

Issued By Scott Wooldridge, Strategic Manager - Governance and Risk - 3 September 2019

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

Guidance about procedures at the meeting follows the printed agenda.

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

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AGENDA

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 11 September 2019

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

1 Apologies for Absence

- to receive Member's apologies.

2 Declarations of Interest

Details of all Members' interests in District, Town and Parish Councils will be displayed in the meeting room. The Statutory Register of Member's Interests can be inspected via the Community Governance team.

3 Minutes from the previous meeting held on 03 July 2019 (Pages 5 - 10)

The Committee is asked to confirm the minutes are accurate.

4 Public Question Time

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

5 Fit for My Future - Acute Mental Health Inpatient beds (Pages 11 - 16)

To receive the report.

6 CCG Integrated Quality and Performance Report (Pages 17 - 32)

To receive the report.

7 Minor Injury Unit Service - Report (Pages 33 - 38)

To receive the report.

8 Scrutiny for Policies, Adults and Health Committee Work Programme (Pages 39 - 52)

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

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

9 Any other urgent items of business

The Chair may raise any items of urgent business.

Guidance notes for the meeting

1. Inspection of Papers

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

2. Members' Code of Conduct requirements

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

3. Minutes of the Meeting

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

4. Public Question Time

If you wish to speak, please tell Jennie Murphy the Committee's Administrator - by 5pm, 3 clear working days before the meeting (05 September 2019). All Public Questions must directly relate to an item on the Committee's agenda and must be submitted in writing by the deadline.

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

At the Chair's invitation you may ask questions and/or make statements or comments about any matter on the Committee's agenda – providing you have given the required notice. You may also present a petition on any matter within the Committee's remit. The length of public question time will be no more than 30 minutes in total.

A slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been signed. However, questions or statements about any matter on the Agenda for this meeting may be taken at the time when each matter is considered.

You must direct your questions and comments through the Chair. You may not take a direct part in the debate. The Chair will decide when public participation is to finish.

If there are many people present at the meeting for one particular item, the Chair may adjourn the meeting to allow views to be expressed more freely. If an item on the Agenda is contentious, with a large number of people attending the meeting, a representative should be nominated to present the views of a group.

An issue will not be deferred just because you cannot be present for the meeting. Remember that the amount of time you speak will be restricted, normally to two minutes only.

5. Exclusion of Press & Public

If when considering an item on the Agenda, the Committee may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

6. Committee Rooms & Council Chamber and hearing aid users

To assist hearing aid users the Committee meeting rooms have infra-red audio transmission systems.

7. Recording of meetings

The Council supports the principles of openness and transparency. It allows filming, recording and taking photographs at its meetings that are open to the public - providing this is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings and a designated area will be provided for anyone wishing to film part or all of the proceedings. No filming or recording may take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Committee Administrator so that the relevant Chair can inform those present at the start of the meeting.

We would ask that, as far as possible, members of the public aren't filmed unless they are playing an active role such as speaking within a meeting and there may be occasions when speaking members of the public request not to be filmed.

The Council will be undertaking audio recording of some of its meetings in County Hall as part of its investigation into a business case for the recording and potential webcasting of meetings in the future.

A copy of the Council's Recording of Meetings Protocol should be on display at the meeting for inspection, alternatively contact the Committee Administrator for the meeting in advance.

SOMERSET SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Taunton Library Meeting Room, Paul Street, Taunton, TA1 3XZ, on Wednesday 3 July 2019 at 10.00 am

Present: Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr M Caswell, Cllr A Govier, Cllr B Revans and Cllr A Bown

Other Members present: Cllr D Huxtable, Cllr G Fraschini, Cllr T Munt, Cllr L Redman

Apologies for absence: Cllr P Clayton and Cllr G Verdon

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

There were no new Declarations

197 **Minutes from the previous meeting held on 05 June** - Agenda Item 3

The Committee requested that Cllr Huxtable and Cllr Fraschini were recorded as present.

The Committee accepted a request to make minor amendments to paragraph 5 of minute 190 as follows:

“An external specialist company has been engaged to support the engagement and consultation for the Fit for my Future programme. One of their tasks will be to recruit a Citizens Panel to reflect and properly represent the communities of Somerset. It will also include additional numbers of people from groups whose views are seldom heard. The Committee discussed the detailed proposals for the first programme to be considered, which will be acute mental health inpatient beds for adults of working age, and asked that windows for consultation should be extended over a reasonable time period to allow as wide and detailed consultation as possible. They commented that the two-week online survey, part of the engagement earlier this year on the criteria used for appraising the options, was felt to be short.”

Following these amendments, the Committee approved the minutes.

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

There were no public questions.

199 **Community Hospitals Update** - Agenda Item 5

Somerset Partnership provides care in 13 community hospitals across Somerset. The hospitals provide a range of services to their local communities; however, this paper will only consider the inpatient wards at each hospital. The Trust is commissioned to provide a total of 222 inpatient beds. The configuration of the bed numbers across the county is flexible within the agreed

envelope of 222 beds. Historically the number of inpatient beds used in some units have been reduced either due to changes in commissioning or staff shortages. These unused beds are spread throughout the community hospitals. The configuration of the bed numbers across the county is flexible within the agreed number of 222 beds. Historically the number of inpatient beds used in some units have been reduced either due to changes in commissioning or staff shortages. These unused beds are spread throughout the community hospitals. The decision to close some of these hospitals on a temporary basis was reported to the Committee and was because the vacancy level had reached 50% in some cases. The Committee were informed that the position has now changed and after a recruitment drive overseas. There will be another detailed review of Community Hospital provision in preparation for winter planning. The Committee welcomed the decision to re-open Wellington Community Hospital. They were surprised about the decision to continue the temporary closure of the ward at Dene Barton. The Committee were assured that the rehabilitation wards were still open and with the move of the Hydrotherapy pool it made sense to use the facility in Dene Barton for rehabilitation. The Committee were interested in the proportion of Agency staff employed to support these units. The exact figures were not available, but the Committee were assured that the desire to reduce the reliance on Agency staff was a driving factor in the temporary closures. There was some discussion about the difficulty in attracting nurses; the lack of a local training course, the loss of the bursary and the national pay agreement preventing local pay additions. The Committee was concerned that the Community Hospital in Chard remained close and were informed that this was due to the vacancy rate still being over 50%.

The Committee asked how many community hospital beds were required in the contract. The commission was for 222 average over the year and with 300 possible bed across the county it had been possible to fulfil the contract at all times.

Whilst welcoming the re-opening of some Community Hospitals the Committee were concerned by the fragile nature of the position and were keen to ensure that the Fit For My Future programme was involved to address this so there was a long-term view as uncertainty about the future fuelled the fragility of the service. The Committee were determined that the decisions should not be taken in isolation but formed part of the discussion about all Community based services.

The Somerset Scrutiny for Policies, Adult and Health Committee:

- **Noted the report.**

200 Podiatry Services Update - Agenda Item 6

The Committee considered a report on the podiatry service in Somerset. Since 2014, the Somerset Foot Integrated Pathway and adherence to the 24 hour pathway has resulted in a marked reduction in amputation rates across the county. The priority is to ensure the pathway continues to be delivered in a safe, responsive, equitable and sustainable manner, focussing on key areas of delivery: education, clinic sites and domiciliary care.

In response to national workforce challenges, Somerset Partnership Podiatry service has had to review the current service provision and proposes a new service model which will provide a longer-term sustainable model of delivery.

The Podiatry reset paper outlined the areas of challenge and proposes a new skill mix which will be delivered within hubs of excellence, located at sites defined by disease prevalence data and to meet patient need. The proposed structure aligns with the CCG and alliance plans to move towards neighbourhood locality working.

The redesigned service; based around Hubs and satellite venues was subject to a public consultation. Of those who responded 81% indicated that would still be able to access the service and the availability of free and disabled parking was the single most important factor. Under the new proposals no-one would have to travel more than eight miles further than they currently do.

The Committee discussed the report proposed redesign and the following points were made:-

- The rural nature of the County could mean that some people were unable to attend the new location. It was acknowledged that there is still a domiciliary service and that assistance with transport is always an option.
- Foot checks should still be part of the Primary care role in relation to patients with diabetes and all GP's should be undertaking these. There are occasions where these are missed but they are not frequent.
- There was some concern around the unregulated local "Foot Clinics" which can be staffed by unqualified and unregistered operators. All those who need and use the NHS podiatry service are advised not to see anyone else as this could harm their health.
- The possibility of some publicity, widely available to raise awareness of the risk of using unregulated podiatry services.

The Somerset Scrutiny for Policies, Adults and Health:

- **Welcomed the report, noted the proposed new arrangements and requested that consideration be given to some more publicity around the importance of using qualified clinicians.**

201 Hydrotherapy Services Update - Agenda Item 7

The Committee considered a report which set out the rationale for the proposed temporary relocation of the hydrotherapy pool currently cited at Musgrove Park Hospital. Taunton and Somerset NHS Foundation Trust has been awarded £11.524m of Sustainability Transformation Programme (STP) capital funding to develop an Acute Assessment Hub on the Musgrove Park Site.

Centralising Acute Assessment Services on the Musgrove Park Hospital Site will require the relocation of the hydrotherapy service; relocation elsewhere on the hospital site is not considered to be either appropriate or feasible. The proposed relocation of hydrotherapy services into a community setting has long been anticipated as part of the hospital development plan at Musgrove Park Hospital. This will enable acute and emergency services for the sickest patients to be centralised into one location. It is proposed that the hydrotherapy service is to be temporarily collocated with the outpatient department physiotherapy service at Dene Barton Community Hospital.

There is space at Dene Barton without prejudicing any decisions about provision of other services other (for example Community Hospital services).

The Committee discussed the report and proposals and the following matters were raised: -

- The number of in-patients who use the hydrotherapy pool and this was confirmed that there used to be a high demand, but this has reduced to one a month.
- The cost of the temporary pool, this was not known as at the moment the cost is being assessed only as the cost of the entire project not the individual elements.
- Access to Dene Barton, Public transport is currently a Community Bus Service but there is plenty of free parking which has made the move an attractive one to patients.
- The overall look of the temporary pool; would it be in a new unit or not. The Committee heard that the current pool could be located in an underused area of the existing building.

The Somerset Scrutiny Policy for Adults and Health Committee: -

- **Supported the recommendation to relocate the hydrotherapy pool from Musgrove Park Hospital on a temporary basis to Dene Barton Community Hospital.**

202 **Sexual Health Service Update - Agenda Item 8**

The Committee considered a report setting out an overview of sexual health in Somerset. Improving sexual health outcomes contribute to a number of priorities in the County Plan and the Health and Wellbeing Strategy particularly in relation to making Somerset a healthier place, helping people to help themselves, targeting resources where they are most needed and reducing inequalities.

The Committee were informed that Improving sexual health outcomes contribute to a number of priorities in the County Plan and the Health and Wellbeing Strategy particularly in relation to making Somerset a healthier place, helping people to help themselves, targeting resources where they are most needed and reducing inequalities.

The Committee were informed that there have been good improvements in sexual health including a significant reduction in teenage conceptions and new diagnoses of HIV. However, there are concerning underlying trends with rising rates of some STIs, a reduction in the number of women accessing the most effective form of contraception Long Acting Reversible Contraception (LARC) and recent rising rates of abortion. Much of the burden of poor sexual health outcomes continue to fall on certain groups increasing inequalities in health. The Somerset-Wide Integrated Sexual Health service (SWISH) has been in place since April 2016. The service has successfully integrated contraceptive and sexual health services providing community-based clinics across the county. In line with the national picture SWISH has experienced ongoing increases in demand for its clinical services but with no additional funding to meet this demand. One of the service key performance indicators is to increase the number of men attending the service as a proportion of all service users and SWISH have achieved a year on year increase in the number of attendances by men.

SCC are currently reviewing the Targeted Prevention Service element of SWISH to identify how to best target prevention interventions at those most at risk of poor sexual health and ensuring those that need to access services are able to do so whilst working to reduce repeat attendances at SWISH. SWISH will soon be trialling online access to testing for HIV, syphilis and gonorrhoea targeted at those groups at highest risk. Online testing is becoming more popular and acceptable and the national HIV home sampling programme has demonstrated that such services are used by those who might be at risk but who don't use sexual health services. Chlamydia screening for young people in Somerset is currently available online and there has been good uptake of this including from young men and a good level of positivity demonstrating that it is being accessed by those who consider themselves to be at risk.

The Committee discussed the report and the following matters were raised: -

- Whilst the prevalence of HIV is low in Somerset the diagnosis of HIV at a late stage in the development of the disease is very high leading to increased morbidity and mortality. However the percentage of late diagnosis in Somerset whilst high has been reducing.
- The number of cases of 'drug resistant' gonorrhoea. This is a concern as there have now been some cases nationally of drug resistant gonorrhoea. There have been increasing rates of gonorrhoea and syphilis nationally and in Somerset. Whilst most STIs are in those aged under 35, nationally the largest proportional increase was in the over 65 age group. The Committee were interested to know why and how best to inform this group of the need for better sexual health since they were not a group usually targeted. Much of this increase could be attributed to on-line dating and a lack of knowledge in older people. Public Health will be looking at ways to promote positive sexual health to older age groups and it was suggested that information could go in a future edition of 'Your Somerset'.
- SWISH is now community based in hubs and spokes and had over 17,500 attendances last year. The challenge was to make sure that SWISH helped those with more complex cases and that Primary Care continued to offer straightforward support, particularly in relation to contraception. To support this there SCC are working with primary care to develop an inter-practice referral system for LARC, and longer term are looking to develop women's reproductive health hubs in the new Primary Care Networks.
- The Committee noted the recent increase in termination of pregnancies when so many options were available to prevent this. The Committee were assured of work going on in schools including school nurse led school-based clinics and Relationship and Sex Education; targeted at those in the most deprived wards was beginning to reverse this slight increase. The Committee were interested to know if information about teenage pregnancy was available down to Ward level but whilst this data is available to help plan interventions it was not made publicly available because the numbers were small enough for individuals to be identified.
- SWISH has enabled more community based sexual health services meaning that they are now more accessible than when sexual health services could only be accessed in the two Somerset hospitals. Of particular concern was the homeless being able to access services. The Committee were informed that SWISH worked alongside Primary Care

and other local partners to target some high-risk individuals. But getting any service to the homeless is a recognised challenge.

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The Somerset Scrutiny for Policy, Adults and Health Committee agreed the proposed priorities: -

- **supporting people to look after their own sexual and reproductive health,**
- **collaboration across the system on sexual health promotion and prevention initiatives,**
- **an integrated approach to ensuring access to contraceptive and sexual, health information and services so that specialist sexual health services can focus on meeting the needs of those with the poorest sexual health and complex need,**
- **supporting people with HIV to manage their own health whilst ensuring access to support services when needed.**

203 **The Somerset Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 9**

- The Committee considered and noted the Council's Forward Plan of proposed key decisions in forthcoming months including Cabinet meetings up to date
- Add Health Protection Assurance to the programme for 2020
- Add Scrutiny Review report to October meeting.

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

There were no other items of business.

(The meeting ended at 12.00 pm)

CHAIR

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 Alex Murray, Clinical Lead, Fit for my Future

Author: Amanda Hirst

Contact Details: amanda.hirst1@nhs.net

Cabinet Member:

Division and Local Member:

1. Summary

- 1.1. Fit for my Future is a strategy for how we will support the health and wellbeing of the people of Somerset by changing the way we commission and deliver health and care services. It is jointly led by Somerset CCG and Somerset County Council, and includes the main NHS provider organisations in the county.
- 1.2. Mental health services were identified as an area for consideration and review in the original Fit for my Future case for change. Significant further work has been carried out since its publication in September 2018.

This report sets out our vision for mental health services and the future model of care. It updates members of the committee on:

- the engagement undertaken so far to seek stakeholder views on potential options for the future configuration of acute mental health inpatient beds for adults of working age
 - engagement and input from the same stakeholder panel into the design of a public engagement / consultation strategy, and
 - next steps in the overall governance process.
- 1.3. Work is continuing to finalise the programme timelines for neighbourhoods and community settings of care and acute settings of care. We anticipate a period of engagement on the former is likely to start sometime in the autumn but detailed plans are yet to be finalised. We will bring a further update back to members when the two programme timelines have been clarified.

2. Issues for consideration / Recommendations

- 2.1. Members are asked to consider and comment on the report.

3. Background

- 3.1. Somerset is a largely rural county of 550,000 people, with a relatively elderly population. It is thought that 70,000 people in the county have a mental health problem at any one time. This often influences, and is influenced by, a number of factors including low educational

attainment, social isolation, unemployment and financial and relationship problems.

3.2. Mental health services deal with a wide spectrum of need. A relatively small number of people at any one time will have a serious mental illness requiring support from specialist support services; we would expect to have:

- 75 people detained under the Mental Health Act
- 1,640 people who have a defined care programme,
- around 2,400 people are in touch with services providing specialist treatment.

Together these account for less than 1% of the Somerset population. A further estimated 4,600 people are registered with GPs as having a mental health illness, and ten times this number with depression.

The Fit for my Future Case for Change, published on 12 September 2018, recognised the importance of achieving equity in support for mental and physical health services. It stated, 'Mental health services are highly stretched and have many gaps. In recent years our investment in mental health provision has not matched that spent on physical health.'

3.3. Our vision for mental health services

Wherever possible we want mental health support to be:

- Drawn together with the person concerned, to meet their needs and build on their strengths
- Focused on maximising the person's ability to thrive in their life
- Provided by a range of services and agencies including VCSE (Voluntary, Community and Social Enterprise) organisations, peer support, primary care, social care and specialist mental health providers
- Delivered closer to home, rooted in community neighbourhood settings and tapping into the person's own network of support
- Accessible with flexible entry points to get the right level of support - where necessary service navigators will help to guide people to the right place and service(s) for them
- Provided at a level best suited to meet the person's level of need and dissolving the boundaries between health and social care as well as primary and secondary mental health care
- Holistic and equitable in meeting the physical, mental and emotional needs of people receiving support, with an ambition of closing the health inequalities gap in terms of life expectancy for people with a severe mental health condition.

3.4. Future model of care

As identified in section 3.2, along with the rest of the country, there has been a history of under-investment in mental health services across in Somerset in recent years.

Recognising this, and despite the financial challenges for health services as a whole in Somerset, the health and care system has decided to commit significant additional investment into mental health services to begin to tackle this underfunding by creating a new model of care for mental health.

The future model of care is designed to ensure people are supported more effectively as early as possible with prevention and early intervention, and with far more integrated services, with:

- A single point of access into the system
- A service where people do not fall between the gaps
- Increased investment across the spectrum of care.

One of the key changes to the delivery of mental health services is the appointment of eight

'Recovery Partners', (people with lived experience of mental health problems), to work alongside team members in the delivery of care and treatment.

Recruitment is already taking place to build the teams who will support the delivery of the new model.

An outline of the model is attached at the end of this report.

- 3.5. Future configuration of acute mental health inpatient beds for people of working age**
The purpose of the Fit for my Future review of this part of the mental health service is not to reduce funding but to arrive at the most effective and efficient model going forward, taking into account a range of factors including location and proximity to emergency departments. Acute inpatient mental health beds for people of working age are currently provided in four wards over three sites, two in Taunton, and one each in Yeovil and Wells.

A detailed case for change has been produced together with options for consideration to reach the optimum future configuration. NHS England and Improvement requires Clinical Commissioning Groups (CCGs) to follow a prescribed process before moving to public engagement / consultation on the proposed options:

- **Clinical Review by members of the South West Clinical Senate:** the Senate panel of clinicians is drawn together from across the south west to give a detailed clinical view of the strength of the case for change, the options for consideration and the evidence to support them.
- **NHS England and Improvement Quality Assurance:** at this final stage of the NHS process, NHSE & I will consider whether the case for change and proposals demonstrate evidence to meet five core tests including strong public and patient engagement, consistency with current and prospective need for patient choice, and support for the proposals from clinical commissioners.

The CCG must have NHS England and Improvement approval before proceeding to final public engagement / consultation.

4. Engagement undertaken so far

- 4.1.** Throughout the development of the case for change and emerging options, service users have been represented by MIND and the Community Council for Somerset which runs a number of community based projects including Somerset Village Agents and Talking Cafes. Each has had a place on the Mental Health and Learning Disabilities Programme Board which has fed into and reviewed the work on the case for change and emerging options at various stages throughout the process, as well as the design of the new model for mental health services.

Option appraisal deliberative workshop

On 12 July, a one day workshop was held at Victoria Park Community Centre in Bridgwater with stakeholders who support and / or have experience of using mental health services. Over 70 invitations were sent to a range of stakeholders, and further invitations were forwarded to key stakeholders and organisations including MIND and Somerset Partnership to encourage patient and care representation. Participate, an organisation with particular expertise in engagement and consultation in the health and care sector, selected a sample to reflect a cross-section of participants, including staff.

A total of 39 people expressed an interest in participating in the workshop, of those 29 accepted the invitation and 20 people actually attended.

- 4.2. At various stages throughout the event, Dr Alex Murray, clinical lead for Fit for my Future, took the panel through the case for change, the new emerging mental health model, the evaluation criteria and the potential options for acute mental health inpatient beds for adults of working age.

The views expressed and findings from the workshop will be considered through the governance process and fed into the pre-consultation / engagement business case.

- 4.3. **Further workshop to help co-design the public engagement / consultation strategy**
On 31 July a further half-day workshop was held with stakeholders drawn from the same pool; many of them had been at the earlier workshop on 12 July. Sixteen participants were invited to share their thoughts on the framework for the strategy, stakeholders with whom to engage / consult, and the detail of the process to follow in drawing together a consultation / engagement strategy.

Participants pointed out the need for a multi-faceted approach to involvement both in terms of the methods of communication used and in ensuring the engagement is as far reaching as possible within mental health and amongst the wider public.

They felt obstacles to involvement generally centred on the mental health of patients whom workshop participants felt should be involved but may not be well enough to take part. Solutions to this were to consider and potentially pilot different methods to test which would be most effective, and ensuring the approach is accessible to all by providing support and easy read materials.

The way in which any possible changes are communicated was also seen as important because the panel members felt uncertainty and change could cause additional stress and anxiety for patients and their families.

- 4.4. **Next steps**
The feedback from the 31 July workshop has supported the development of a strategy for engagement / consultation, scheduled to take place in autumn 2019, on the future configuration of acute mental health inpatient beds for people of working age.

Further details of the approach will be presented to the Somerset County Council Adult and Health and Overview Scrutiny Committee on 2 October after the Strategy has been considered and approved by the Fit for my Future Programme Board and the CCG Governing Body in September.

The strategy will be included in the pre-consultation business case referred to earlier in this report to be considered by NHS England and Improvement on 15 October as part of the overall proposal for configuration of inpatient beds.

5. Implications

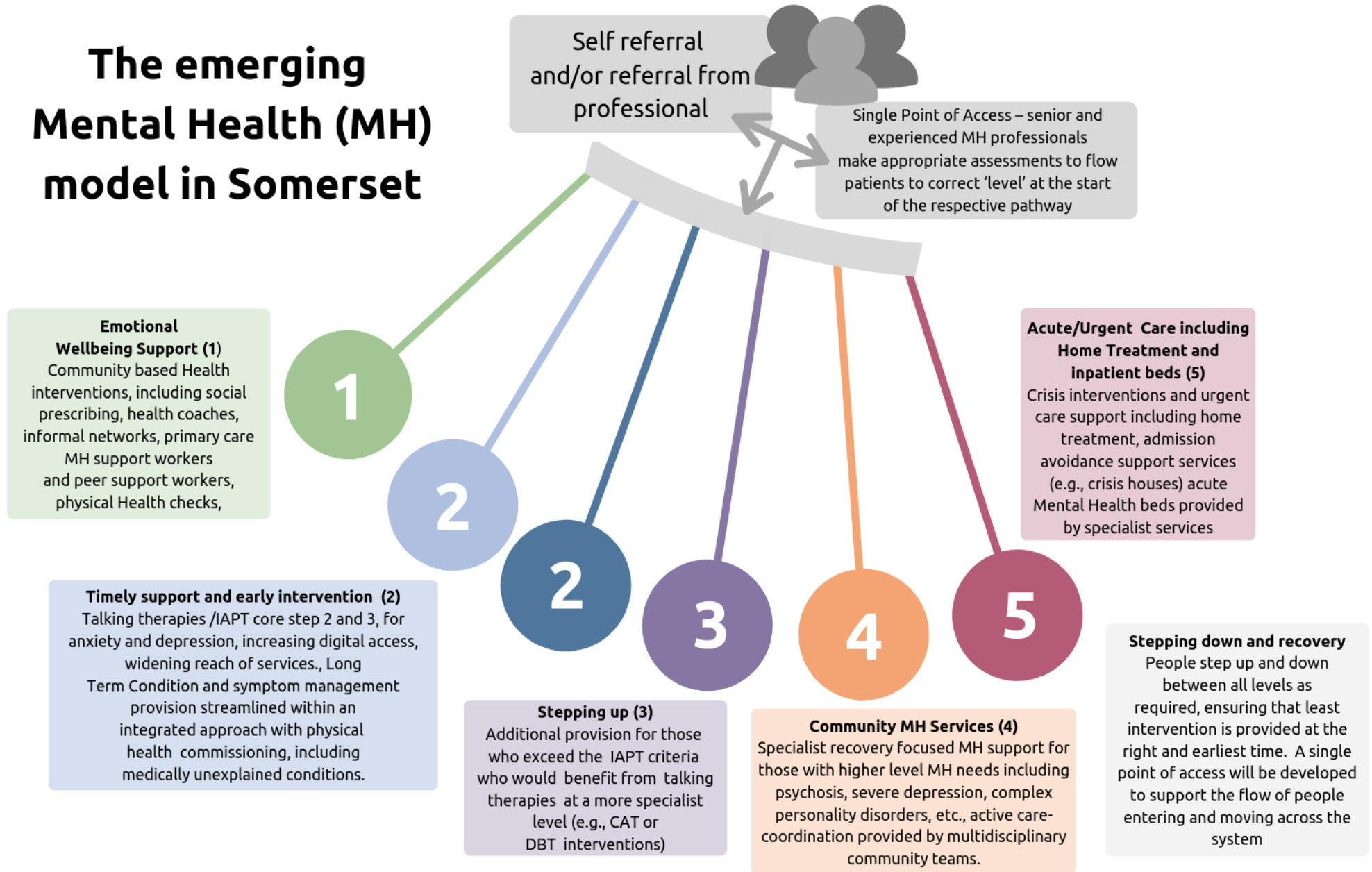
- 5.1. As previously stated in this report, the review will not involve a reduction of acute mental health inpatient beds but rather a potential reconfiguration of the location of the beds.

6. Background papers

- 6.1.** The business case which includes the case for change and the potential options for reconfiguration will be published when engagement / consultation begins.

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

The emerging Mental Health (MH) model in Somerset



Somerset CCG - Integrated Quality, Safety and Performance Report

Lead Officer: Sandra Corry, Director of Quality and Nursing, Somerset Clinical Commissioning Group and Alison Henly, Director of Finance, Performance and Contracting, Somerset Clinical Commissioning Group

Author: Deborah Rigby, Deputy Director Quality and Safety, Somerset Clinical Commissioning Group and Michelle Skillings, Head of Performance, Somerset Clinical Commissioning Group

1. Background

- 1.1. This paper provides an update on the Somerset Clinical Commissioning Group (CCG) Integrated Quality, Safety and Performance. The CCG has an established performance monitoring meeting with all providers of healthcare services, this paper gives a summary of the escalation issues for quality, safety and performance against the constitutional and other standards for the period April to May 2019.

2. Recommendation

- 2.1. Full NHS Somerset CCG Quality and Performance report including dashboard is available on: <https://www.somersetccg.nhs.uk/about-us/governing-body/meetings-and-papers/gb-25-july-2019/> Performance, Quality and Safety Exception Report (ENC J)
- 2.2. Scrutiny for Policies, Adults and Health Committee are asked to consider and comment upon this paper.

3. Areas to Celebrate

- 3.1. a) The 2019/20 Medicines Optimisation Scorecard covers a number of other important safety areas:
- Eclipse alerts, antimicrobial stewardship, reducing antipsychotic use in Learning Disabilities (LD) and dementia patients, Rationalising inhaler use, ensuring correct monitoring of direct oral anticoagulant patients, reducing inappropriate opioid prescribing
 - Somerset CCG is one of the best performing CCGs against the national low priority measures indicator
 - Somerset has achieved all of its antimicrobial prescribing performance measures
 - Each GP practice has a Sepsis lead and Somerset CCG has raised the profile of National Early Warning Score (NEWS2) in primary care

- Somerset CCG has also ensured that Somerset has a robust infection control system and root cause analysis follow ups of *C. difficile* and *E.coli* cases
- Somerset CCG benchmarks well for high cost drugs, Somerset has consistently achieved early implementation of biosimilars being the best in the country at Taunton and Somerset NHS Foundation Trust (T&S), achieved through CCG leadership and joint working with our trusts.

4. Challenges

- 4.1. a) A&E and understanding increasing demand: some initial findings from the analysis work undertaken is a theme of increased children's attendances. Work is ongoing to understand the causal effects driving this activity.
- b) Ambulance handovers: over 30 and 60 minute delays. CCG to initiate a harm review process. In April 2019 T&S > 30mins = 135; > 60mins = 3; Yeovil District Hospital NHS Foundation Trust (YDH) > 30mins = 4
- c) 52 week waits: root cause and potential harm reviews. A review the effectiveness of the existing process to be completed by September 2019
- d) Urgent Care Clinical Assurance Committee to undertake Gap analysis for children's urgent care standards – workforce deployment and availability of qualified and trained staff. To be reported on in Quarter 2 2019/20.

5. Quality & Performance Improvement Priorities

- 5.1. a) Improving staff flu vaccination rates using novel communication approaches. For 2018/19 Somerset did not meet the 75% target. There is large variation in uptake (47%-80%) indicating opportunity to learn from highest performing service.
- b) Commissioning Quality Innovations (CQUINs) for 2019/20 have been agreed covering:
- anti-microbial resistance
 - flu vaccination and staff health and well-being
 - three high impact actions to prevent hospital falls
 - Yeovil District Hospital NHS Foundation Trust (YDH) and T&S: same day emergency care (Pulmonary Embolus, Tachycardia with Atrial Fibrillation,

Community Acquired Pneumonia)

- Somerset Partnership NHS Foundation Trust (SPFT): Mental Health 72hr follow up post discharge

6. CCG Local Quality and Safety Concerns

- 6.1. • New *C. difficile* definition will make NHS Trusts accountable for some community infections to drive greater impact and system working to achieve reductions. Increased target for Trusts to achieve, 2019/2020 to be a test year.

7. Issues for Consideration/Recommendations

Scrutiny for Policies, Adults and Health Committee are asked to note this paper as assurance of the health performance reviews.

- 7.1. The key area of focus include:

Hospital Care

Falls per 1,000 bed days: 6.98. There is a 2019/20 national CQUIN for falls that requires Hospital Trusts to implement 'Three high impact actions to prevent Hospital Falls' with an aim to achieve 80% of older inpatients receiving key falls prevention actions by April 2020. This progress will be monitored alongside the Trusts falls data.

Staff Sickness: 3.91%: national average according to NHS Digital data. The England national average in February 2019 was 4.51%. There is a significant cost to the NHS of staff absence due to poor health. Evidence from staff survey and mental health studies shows that improving staff health and wellbeing will lead to higher staff engagement, better staff retention and clinical outcomes for patients. Linked to the commitments made in the Five Year Forward View around offering support to staff staying healthy, providers are encouraged to improve their role as an employer in looking after employee's health and wellbeing. The 'Staff Health and Wellbeing Framework' sets out the support that health care organisations should provide to their staff in order to promote health and wellbeing. The framework focuses on:

- Organisational enablers as the essential leadership, structural and cultural building blocks for improving staff health and wellbeing.
- Health interventions that focus support for staff in core health areas.

Wellbeing Champions within organisations are in an optimal position to improve access to support. These champions are staff that champion emotional wellbeing and positive mental health within the work setting. They drive forward positive change and support for the whole work community and break down stigma and barriers to receiving support. In Somerset we have introduced this local innovation to support staff wellbeing at work.

Weston Hospital CQC : The Care Quality Commission (CQC) published Weston

Hospital inspection on the 26 June 2019 (inspected 26th – 28th February 2019). While the overall quality rating for Weston Hospital remains unchanged - Requires Improvement overall, inspectors noted clear progress in some areas since its previous inspection. However, the inspection also raised immediate concerns with the quality of some children’s mental health services.

The CQC has also published the trust’s Use of Resources (UoR) report, which is based on an assessment undertaken by NHS Improvement. The trust has been rated as Inadequate for using its resources productively. The combined rating for the trust, taking into account CQC’s inspection for the quality of services and NHS Improvement’s (NHSI) assessment of Use of Resources, is Requires Improvement.

Inspectors found that in urgent and emergency care, patients could not always access care and treatment when they needed it and in the right setting. Staff did not always assess and respond to patient risk or monitor their safety. There was still a lack of staff with the right qualifications and experience to keep people safe.

Within medical care, inspectors found that significant improvements had taken place since previous inspection. However, inspectors found that staff were not always following best practice when dealing with medicines. Patients were not always receiving the right medication at the right dose at the right time. There were not always enough staff to keep people safe from harm or to provide the right care and treatment.

The child and adolescent mental health services dropped from Outstanding to Inadequate. The staff had not assessed the ligature risks of the environment. There were no plans in place by staff of how to manage risks which were posed by the environment to young people who received care at the sites. There was a high staff turnover rate and staff had felt the impact of this on their workload. The service had received an increase in referrals that was putting strain on its ability to see young people quickly.

The CQC found areas for improvement including 29 breaches of five legal requirements that the trust must put right. The trust has been issued a warning notice related to breaches of five legal requirements in relation to urgent and emergency services and child and adolescent mental health services. The requirement notices meant the trust had to send the CQC a report saying what action it would take to meet these requirements. Actions include breaches of legal requirements at a trust-wide level, in urgent and emergency care, medical care, and Child and Adolescent Mental Health Services (CAMHS). There were no issues in surgery services.

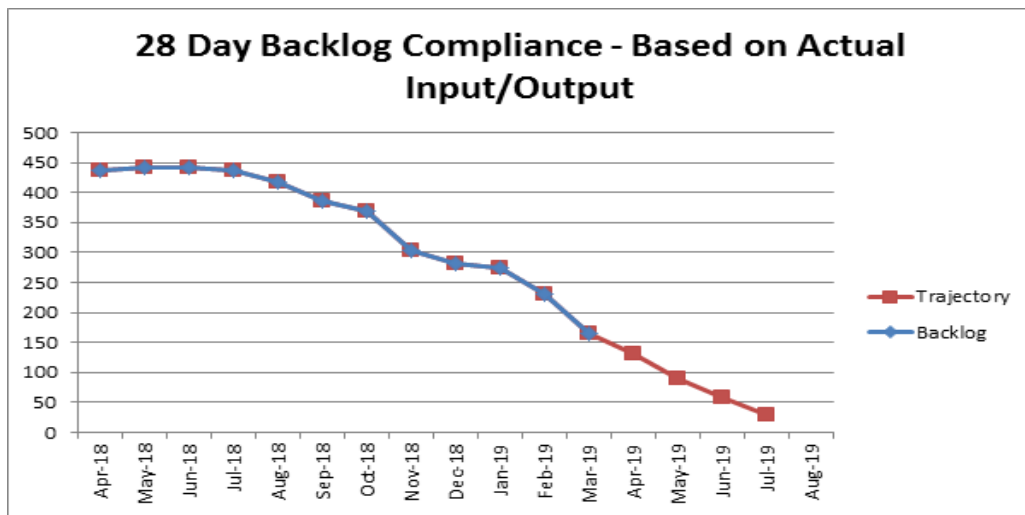
7.2. Continuing Health Care (CHC)

The CCG has a statutory responsibility to deliver on the requirements of the National Framework for Continuing Health Care (CHC) and NHS-funded Nursing Care 2018. As part of this delivery the team continue to work in partnership with Somerset County Council (SCC) and have recently agreed both operational and inter-agency policies and pathways to support the assessment and dispute resolution process. Work priorities for 2019/20 include:

- Progress the attainment of the quality premium “28 day assessment to

decision “driving both quality and productivity, working within agreed operational processes with SCC. This target has been exceptionally challenging for the CCG due to a backlog of assessments that has compromised attainment.

- Table below provides an overview of the backlog and its ongoing reduction against productivity trajectory. A detailed Improvement Plan is in place to support compliance by August 2019 with focused planning around assessment backlog, staff capacity and productivity, service efficiencies and framework compliance.



7.3. NHS 111

- With the commencement of the new contract delivered by Devon Doctors Ltd, improvements for 60 second call answering have improved considerably; however in May 2019 performance against the 60 second call answering standard fell below the national standard to 94.1% against a target of 95%, although the number of abandoned calls remained low. The Somerset NHS 111 service continues to be the best performing service within the South West and in the top 10 providers in the UK.
- Devon Doctors Ltd has committed to undertake real time audits of all calls waiting over 15 minutes to understand the quality and safety of patient care, this is consistent with the approach that was previously undertaken by the previous provider, Vocare. To date no harm has been identified and reporting is set to continue monthly. Devon Doctors Ltd has also agreed to focus on the longest waits and provide individual case analysis.
- The previous entry FP81 on the Somerset CCG Corporate Risk Register, which covered delays in responding to calls within the 60 second target, has now been closed.

7.4. Ambulance

- During May 2019, Category 1 performance fell short of the 7 minutes mean average target with performance of 7.5 minutes. Category 1 90th Percentile performance exceeded the target at 14.2 minutes against a 15 minute target.

- Category 2 performance continues to be an area of challenge and increasing concern within Somerset and across the South Western Ambulance Service NHS Foundation Trust (SWASFT) patch. Whilst there appeared to be some initial improvement, a gradual decline since May 2018 is noted. A Joint Improvement Plan between SWASFT and all South West regional commissioners, led by Dorset CCG as Lead Commissioner, has been developed to address areas of concern and improve performance. The Somerset Joint Improvement Plan comprises 8 work streams, delivering at various points over a 3-year period. Monitoring will be via the Somerset Urgent Care Programme Board. Somerset CCG is currently working with SWASFT and Dorset CCG to undertake a deep dive to better understand performance locally (timescale for completion to be confirmed). This will also support identification of additional local actions to supplement the Joint Improvement Plan, which will, in turn, aim towards maintaining activity in line with contractual levels and the break-glass clause that was introduced in the 2019/20 contract.
- Areas of focus to understand demand during 2019/20 include:
 - CCG continues to raise concerns as to the level of investment and resulting projected performance in Somerset suggested by the modelling undertaken on behalf of SWAST by Operational Research in Health Ltd (ORH).
 - The South West Transformation Plan due to be devised during 2019/20 also intends to impact positively on performance, further improving upon ORH's modelling trajectories across the South West.
 - The Ambulance Deep Dive scheduled to take place in the summer is to understand local performance and identify further improvement opportunities.
- The CCG Urgent Care and Performance Teams are currently working together to review how the outcome of this, and ongoing activity monitoring and the risk of break-glass clause being triggered will be reported in future versions of this report.
- Amongst the Ambulance Quality Indicators (AQI) in relation to response times, the eleven Ambulance Services across the UK are measured on specific outcomes data, including survival rates and clinical outcomes. The specific measure included in the NHS Digital indicators are:
 - The return of Spontaneous Circulation (ROSC) measure means Delivery of early access, early Cardio-pulmonary Resuscitation (CPR), early defibrillation and early Advanced Life Support (ALS) which is vital to reduce the proportion of patients who die from out of hospital cardiac arrest. Work is ongoing to measure time to defibrillation and time to commencing Cardiopulmonary Resuscitation (CPR).
 - Survival to Discharge following cardiac arrest, includes the count of all cardiac arrest patients receiving an organised Emergency Medical

Services (EMS) response and the number discharged from hospital alive.

- Outcome for acute ST elevation myocardial infarction
- Outcome from Stroke: Face, Arms, Speech, Time (FAST) - positive patients and suspected stroke are both included and reports the time from ambulance call to hospital arrival.

	Stroke - Proportion who received the stroke diagnostic bundle		Acute STEMI - Proportion who received the STEMI bundle		Cardiac Arrest Survival - Proportion discharged alive		Proportion who had Return of spontaneous circulation on arrival at hospital	
	SWASFT	England	SWASFT	England	SWASFT	England	SWASFT	England
2011-12	94.1%	94.2%	80.7%	74.1%	6.7%	7.0%	39.6%	22.9%
2012-13	95.8%	95.7%	84.2%	77.6%	8.4%	7.8%	41.6%	25.6%
2013-14	97.4%	96.4%	89.6%	80.1%	10.3%	8.7%	45.6%	26.1%
2014-15	97.5%	97.1%	89.1%	80.0%	9.7%	8.6%	45.1%	27.3%
2015-16	96.6%	97.6%	84.6%	78.6%	8.9%	8.3%	50.2%	27.8%
2016-17	95.1%	97.6%	73.6%	79.4%	8.3%	8.8%	46.3%	28.6%
2017-18	96.3%	97.1%	66.7%	76.5%	8.7%	9.1%	47.4%	29.6%
2018-19	98.8%	98.4%	83.0%	79.8%	10.2%	10.0%	49.1%	30.7%

Better than national average
Lower than national average

7.5. Emergency Demand and Performance

The number of Somerset patients attending either an A&E (Accident and Emergency) Department or Minor Injuries Unit (MIU) has increased by 6.4% when comparing the April to May 2019 to the same period in the previous year and is 0.3% above the 2019/20 activity plan. All main Providers have experienced a significant increase in attendance during this 2-month period with the growth ranging between 6 to 13%.

- **Taunton and Somerset NHS Foundation Trust (T&S):** On a Trust to Somerset basis T&S has experienced a 4.0% increase (+223 attendances) in A&E attendances when comparing the cumulative period April to May 2019 to the same period in the previous year and is 1.8% above (worse) than the planned level of attendance. The Trust saw a small reduction in the level of attendance in May 2019 with the average daily rate of attendance reducing from 194 in April to 192 in May.

The Trust has submitted a non-compliant A&E 4-hour plan with performance set to improve to 92.5% in July but declining to 88% in March 2020; performance in May 2019 was 80.4% against a plan of 89.0% and an improvement of 2.3% upon the previous month. The Trust was ranked 58 out of 133 Acute Trusts nationally (1 = best and 133 = worst performance) which is an improvement upon the previous months ranked position of 68. The factors that continue to contribute to performance include the heightened peaks in demand which has had a consequential impact upon the bed capacity and elective throughput and high occupancy levels in the department

with an increase in the number of clinically complex patients being treated in A&E. The Trust continues to develop actions to improve flow through the Department and improve the 4-hour performance and have updated their A&E Recovery Plan. The key areas of focus are to improve triage time for patients, addressing the high conversion rate of the frail elderly, addressing the change in presentation profiles and increasing the utilisation of alternative pathways to A&E. There are a suite of actions across each of these improvement domains and progress will be tracked during 2019/20 alongside performance against the improvement ambition.

- **Yeovil District Hospital NHS Foundation Trust (YDH):** On a Trust to Somerset basis YDH has experienced a 9.0% increase in A&E attendance (+316 attendances) when comparing the cumulative period April to May 2019 to the same period in the previous year and is 2.7% above the planned level of growth. The Trust saw a small increase in the level of demand in May 2019 than the previous month with the daily rate of attendance increasing from 127 per day to 130. Despite the increased level of demand over the winter period, with the exception of January 2019, the Trust has sustained delivery of the 4-hour operational standard with performance in May 2019 of 96.1% against a plan of 95.0% and was ranked as second top performer nationally, remaining as the Regions top performer. The Trust has a well-established ambulatory care unit in place and during 2019/20 have seen a 13.6% increase in the number of patients admitted with a zero length of stay.
- **Somerset Partnership NHS Foundation Trust:** On a Trust to Somerset basis the number of patients attending an MIU has increased by 11.0%, when comparing the May 2019 year-to-date period, to the same period in the previous year.

All sites, with the exception of Burnham-on-Sea, have experienced an increase in attendance. The Units experiencing the most significant growth are Bridgwater, Chard and West Mendip.

- **Royal United Hospital Bath NHS Foundation Trust:** On a Trust-wide basis RUH has experienced a 5.3% (or +769) additional A&E attendances when comparing April – May 2019/20 to the previous year and the level of attendance in May 2019 has increased slightly upon the previous month. The four-hour A&E performance in May was 82.68% and did not achieve the 95% standard or the Trust improvement trajectory of 88.6%, but this is a significant increase performance from the previous month (70.67% in April).

The Trust's latest national ranked position shows the Trust were ranked 62 out of 133 Acute Trusts nationally, in comparison to their rank of 118 in April. Key contributors to the performance for May were high levels of A&E attendances; a sustained increase in ambulance activity; two Bank Holiday periods and school half term; and an infection control impacts (both Flu and Norovirus) at the start of the month.

- **Weston Area Health NHS Trust (WAH):** On a Trust-wide basis WAH experienced a 6.9% increase in A&E attendances when comparing April – May 2019 to the same time in the previous year. In May 2019, the number of

attendances increased slightly compared to the previous month with 4,492 attendances (4,195 in April 2019), overall the number of attendances have increased from February 2018. Performance in May increased slightly to 80.2%, from 79.4% in April.

- 7.6. The Somerset system has experienced a 4.3% increase in emergency admissions when comparing the cumulative period April to May 2019 to the same period in the previous year (which equates to 530 additional admissions) with all local Providers experiencing an increase in demand. The aspiration in 2019/20 is for the 3.7% underlying growth to be fully mitigated; in May 2019 the daily rate of emergency admissions was 209 (which is a slight reduction upon the previous month where the daily rate of admission was 211) resulting in SCCG being 4.2% above plan (4.3% above the zero and 4.2% above the non-zero length of stay plans).
- 7.7. Clinical Commissioning Groups are held to account by NHS England for the delivery of a number of measures contained within the Improvement and Assessment Framework (CCG IAF); performance against these measures (which are grouped under four domains (better health, better care, sustainability and leadership) are published quarterly and collectively underpin the CCG's annual assessment. Increases have been seen in number of the urgent care measures which is influencing the overall increase in emergency admission demand (namely admissions for urgent care sensitive conditions, injuries resulting from a fall in patients aged >65 years and patients re-admitted as an emergency within 30 days of discharge):

- **Urgent Care Sensitive Conditions:** During the period April – May 2019 there have been 2,267 patients admitted with an urgent care sensitive condition (these are conditions where the admission has been defined as avoidable) and represents a 9.1% increase admission when compared to the same period in the previous year and makes up 17.7% of all emergency admissions. Of these admissions 1,066 have a zero length of stay and 407 have a one-day length of stay (with a high proportion of these admitted out of hours) with the remainder of patients (794) stay exceeding one day. The conditions demonstrating the most significant growth are 'Acute Mental Health Crisis', 'Epileptic Fit', 'Minor Head Injuries', 'Non-Specific Abdominal Pain', 'Non-Specific Chest Pain', and 'Urinary Tract Infection'. Somerset CCG has reviewed the recently published Health Inequalities Pack which focused on Ambulatory and Urgent Care sensitive conditions, and a meeting has taken place with the Psychiatric Liaison Lead to discuss the growth in Acute Mental Crisis admissions; a high proportion of the admissions can be grouped as delirium or dementia, alcohol or drug related with the remainder mental health conditions.

However, the admission would not be solely attributed to the mental health condition but for also a physical or associated condition requiring an acute admission (rather than a mental health admission) and that a further investigation to look at the primary and secondary diagnosis would be helpful to understand this.

- **Injuries from falls >65 Years:** During April to May 2019 compared to the same period the previous month there has been a 9.8% reduction in the number of patients aged over 65 years who were admitted to hospital after

sustaining an injury from a fall, with the largest proportion of this reduction relating to patients aged over 75 years falling at home either in an 'unspecified fall at home' or an 'other fall on same level at home,' despite these reductions in these categories, there were small increases in falls involving beds and chairs at home. Whilst there were reductions in closed fractures of the neck of femur, upper end of humerus and pubis, and head injuries, there was an increase in closed rib fractures. The RightCare Programme identified Somerset as having a higher incidence of falls when compared to the Peer Group and as a result a new pathway has been introduced by the Somerset Falls Service; this Service provides a structure to support Somerset's ageing population through reducing falls, falls risks and supporting a reduction in hip fractures and a new referral form has been developed to help prioritise adults who have previously fallen or who are at risk of falling.

- It is expected that this new Service will improve access to an identifiable, integrated Falls Service, reducing the number of falls in the community and reduce fracture rates, increase the uptake of community based balance and strengthening classes and support independence of older adults and reducing risk of frailty and this early data showing a reduction in falls is encouraging.
- **Emergency Re-admissions Within 30 Days:** During April – May 2019, 1,970 patients were re-admitted as an emergency within 30 days of discharge which is a 14.6% increase upon the previous year. Of these re-admissions 948 (48.1%) patients were re-admitted within 7 days and 1,022 (51.9%) over 7 days. Not every emergency re-admission will be as a result of a poorly managed discharge; the Quality Team has undertaken a case note review at YDH which focused upon patients on Discharge to Assessment pathway who were subsequently re-admitted as an emergency and it is planned that this audit will be replicated at T&S and SPFT. The age cohort experiencing the most significant increase in emergency admission (by percentage) is the 0-17 years with 56.5% of the re-admissions relating to a different diagnosis / recorded condition.

7.8. Elective Demand and Performance

- The Somerset system has experienced a 2.4% reduction in Referrals during the cumulative period April to May 2019 when compared to the same period in the previous year and is underpinned by a 7.4% reduction in GP Referrals but a 7.7% increase in Other Referrals resulting in Somerset CCG being 0.3% above the planned level of referral.
- New Referral to Treatment (RTT) Clock Starts continue to be utilised in 2019/20 to assess referral demand as this provides a speciality level referral dataset across Somerset and removes the challenge of aligning specialities associated with referrals between Providers. There has been a 6.5% reduction in the number new RTT Clock Starts when comparing the cumulative period April to May 2019 to the same month in the previous year with the average number of referrals per working day reducing by 54 (to 697) when comparing May 2019 to the same month in the previous year. On a planned basis, the number of RTT Clock Starts in May was 14,628 against a plan of 14,868.

- Somerset #CCG has not met the local RTT incomplete pathway standard since July 2018 and performance in May 2019 (against the 2019/20 operational plan) was 83.9% against a plan of 82.5% (which is a 1.4% above (better) than the ambition). There were 6,258 patients waiting over 18 weeks (which is an increase of 28 long wait pathways when compared to the previous month) and a median (completed treatment) waiting time of 36.5 weeks. The increase in cancer demand and positive cancer diagnoses continues to have an impact upon the waiting times profile due to these patients taking priority and displacing routine activity. The entry FP93 on the Somerset CCG Corporate Risk Register includes a score of 20 in respect of meeting the waiting times target for RTT.
- The number of patients exceeding 40 weeks increased over the winter period and as a consequence the 52-week reduction ambition for March 2019 was not met.
- On a Somerset commissioned basis in May 2019 there were 29 patients waiting in excess of 52 weeks which is an increase of 5 patients upon the previous month. Of these long waits, 27 patients were reported by T&S (an increase of 10 upon the previous month) and 2 patients reported by Other Providers (Royal United Hospital Bath NHS Foundation Trust (1), and University College London Hospitals NHS Foundation Trust (1)). The increase in very long waits at T&S during May is attributed to the loss of capacity due to the bank holidays, an increase in the number of complex cases (including cancer) treated and an increase in the number of patients who are exercising choice. The Trust's weekly Expert Panel continues to review, and trouble shoot all long wait pathways which have been categorised by their risk of 52 week breach (confirmed breach, potential breach or unlikely to breach). There were no breaches reported by University Hospitals Bristol NHS Foundation Trust (UBHT), North Bristol NHS Foundation Trust (NBT) and Royal Devon and Exeter NHS Foundation Trust (RD&E) in May; these aforementioned Providers have clearance plans in place (UBHT and NBT have committed to Trust-wide clearance by September 2019, and RD&E by July 2019). Somerset CCG remains in regular communication with the Lead Commissioners to gain assurance that all existing and potential breached patients have treatment dates scheduled and are delivering in line with their improvement ambition.

7.9. Diagnostic 6 Week Waits

- Somerset CCG has continued not to meet the waiting time standard whereby patients can expect to receive their diagnostic test or procedure within 6 weeks, as a consequence of the under- performance predominantly at T&S. Performance in May was 90.3% against a planned level of 91.2% and comparable to the previous month.
- The diagnostic modalities that continue to have the most significant impact upon delivery of the standard are Magnetic Resonance Imaging (MRI) and Endoscopy (Gastroscopy, Colonoscopy and Flexi Sigmoidoscopy). The entry SC03 on the Somerset CCG Corporate Risk Register includes a score of 16 in respect of meeting the waiting times target for diagnostics.

- A Diagnostic Transformation Project has been established in 2019/20 which focuses upon Direct Access and Service Efficiencies; in addition to the transformation programme Taunton and Somerset NHS Foundation Trust has an improvement plan in place with actions focused specifically upon backlog clearance in MRI and Endoscopy. Somerset CCG ambition is to achieve operational compliance and service sustainability from March 2020.
 - **Taunton and Somerset NHS Foundation Trust:** the number of patients waiting in excess of six weeks for their diagnostic test or procedure in May has reduced when compared to the previous month at 750 resulting in performance of 86.0%. A new improvement trajectory was agreed as part of the 2019/20 planning round whereby the Trust is working towards recovery of the operational standard from March 2020 and marginally missed the improvement ambition in May with performance of 86.0% against a plan of 86.1%. The Trust continues to experience ongoing challenges at a modality level (namely within MRI and Endoscopy) with both missing the improvement ambition in May.
 - **Yeovil District Hospital NHS Foundation Trust:** the number of patients waiting in excess of six weeks for their diagnostic test or procedure increased in May from 23 in the previous month to 43 resulting in performance of 98.2%, which is marginally behind the 99% national standard and Trusts delivery ambition. The increase is contained within Echocardiography and is due to an increase of referrals into the service which impacted the size of the echo wait list following the late Easter as well as the bank holidays in May reducing the level of capacity as a result, as well as the increase in cardiology activity. The Trust is working to prioritise the backlog and filling all available slots.
 - **Royal United Hospital Bath NHS Foundation Trust:** the Trust did not achieve the diagnostic standard in May 2019 with 93.3% of patients waiting less than six weeks for their diagnostic test or procedure, which is a slight reduction on previous month (94.7% in April). The Trust has proposed a Trust wide trajectory for 2019/20, to achieve 98.4% by March 2020, this has been agreed with commissioners and submitted to NHSI, no further changes have been requested following submission to NHSI.
 - **Weston Area Health Trust:** the Trust missed the 99% national target with performance in May 2019 of 92.91%, this equates to 28 diagnostic breaches (MRI – 9 breaches, Computerised Tomography (CT) – 8 breaches, non-obstetric ultrasound – 9, echocardiography - 2).

7.10. Cancer

- Across the Somerset System there has been an increase in referrals relating to Suspected Cancer 2 Week Waits of 4.3% when comparing the cumulative period April to May 2019 to the same period the previous year. Somerset CCG did not achieve the 93% target in May 2019 with performance of 85.57%, attributable to an increase in breach at both Taunton and Somerset NHS Foundation Trust.

- In Somerset there has been an increase in 62 Day Cancer pathways of 19.89% (+70 additional patients diagnosed with cancer) in the same period demonstrating that more patients are being diagnosed and treated with cancer following a suspected cancer referral. Whilst this would appear to show that there has been no significant change in conversion rate, there is variation across the cancer sites. During 2018/19 under the Elective Care Delivery Board three sub-groups (for Urology, Gynaecology and Gastroenterology) were established to assess the demand and conversion rates and to review the patient pathway to identify the causation and to agree Improvement Actions. Following this review of colorectal referrals the CCG has developed a work programme to include joint pathways and protocols, a redesign of the triage element of the pathway, and working in a joint hub style. Process mapping in partnership with Somerset CCG in one of the local hospitals has identified a paper based clinical pathway that is being transformed into an electronic pathway. This will save several days from waiting times in the colorectal pathway.
- The cancer sites experiencing the most significant increase in demand during the period May 2019 are, Breast, Head and Neck, Gastrointestinal (upper and lower) and Skin.
- The increase demand upon these Services has led to an increase in the number of breaches (namely Urological and Lower GI cancers) which is impacting upon SCCG 62-Day performance.

7.11. Dementia Assessment, Screening and Referral

- Providers of NHS funded acute care are required to return data on the number and proportion of patients aged 75 years and over admitted as an emergency for more than 72 hours who have been identified as potentially having dementia, are appropriately assessed and are referred onto specialist services
- Both local acute providers submit this data routinely and are performing well. Trust performance for the Dementia Assessment and Referral data collection (described above) is as follows:
 - T&S - during April 2019 (latest available data), of those patients who answered positively for case finding, 100% received a diagnostic assessment. Of those patients with a positive or inconclusive diagnostic assessment, 100% of cases were referred onto specialist services
 - YDH - during April 2019 (latest available data), of those patients who answered positively for case finding, 100% received a diagnostic assessment. Of those patients with a positive or inconclusive diagnostic assessment, 100% of cases were referred onto specialist services

7.12. Community Mental Health Services

Whilst working on these areas of improvement, the Mental Health (MH) team and wider stakeholders have also been developing and submitting bids for 4 areas to NHS England, we are currently awaiting the outcome of these bids and will share the outcome of these bids:

- Adult Community Mental Health Services, we have been asked by NHS England (NHSE) to bid to become a trailblazer site to implement a new and radical model of care for community mental health support which will blur the boundaries between primary and secondary MH support
- Adult Crisis Home Treatment Teams, to ensure that all teams offer the full 24/7 compliance to national model
- Psychiatric Liaison Team, to ensure that there is 'Core 24' status in at least one District General Hospital (DGH) in the county (we have submitted bids for both DGHs (T&S and YDH) to have Core 24 funding with the option to select one DGH put to NHS England for decision)
- The key elements of the future models of care highlighted within each of these bids (and which align to the NHS Long Term Plan aspirations for Mental Health) are as follows: ;
 - Radical transformation - *How services will be in 10 years, but delivered now*
 - Co-produced - *Service users & professionals, commissioners & providers, statutory & Voluntary, community and social enterprise (VCSE), clinical & non-clinical*
 - No thresholds, dissolved boundaries - *Secondary & primary care, health & social care, physical & mental health*
 - Neighbourhood focused - *Rooted within Neighbourhoods and Primary (PCNs)*

7.13. Improving Access to Psychological Therapies (IAPT)

- The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and has transformed the treatment of adult anxiety disorders and depression in England.
- Psychiatric Liaison Team, to ensure that there is 'Core 24' status in at least one District General Hospital (DGH) in the county (we have submitted bids for both DGHs to have Core 24 funding with the option to select one DGH put to NHSE for decision)
- Somerset Partnership NHS Foundation Trust (SPFT) has reported un-validated May performance of 14.68%, against national ambition of 19% and CCG trajectory of 11% in Quarter

- SPFT is continuing to deliver and exceed the moving to recovery rate and in May has delivered 62.04% against national ambition of 50% (the CCG trajectory is to deliver national ambition)
- Compared to expected national access times from date of referral to first treatment, the local service continues to exceed national ambition in achieving 91.3% (75% in six weeks) and 100% (95% in eighteen weeks) respectively
- Following the recommended changes received by the Intensive Support Team, efforts are underway to split the workforce between those delivering IAPT compliant treatment and those offering more intensive therapy at a higher level. A particular focus since April has been on ensuring those that deliver the former are able to meet the necessary outcomes identified by NHSE under the standards highlighted the Five Year Forward View but also to consider alternative means of delivering therapy such as through the increased use of digital therapy to offer choice and improved access to hard to reach groups including older people aged 65 years plus
- The programme of recruitment is nearing completion including additional posts; training is in the process of being commissioned via Exeter University for the expanded team. Exploring options for digital provider to provide a waiting list initiative, two providers have been invited to present their services and SPFT is in the process of confirming which provider and agreeing an implementation timeline

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Update on Pressures Facing the Somerset Minor Injury Unit Service

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1. Summary

- 1.1. This report highlights describes the current pressures being experienced by the Somerset Minor Injury Unit (MIU) Service, the impact of these pressures and the actions being taken to mitigate this. The service is currently experiencing a significant rise in demand across the MIUs against a background of local, regional and national shortages of Emergency Nurse Practitioners (ENPs).
- 1.2. The report highlights which areas of the county are being impacted upon at present, and also some of the work being undertaken within local communities to try to address the challenges of recruiting and retaining ENPs.

2. Issues for consideration / Recommendations

- 2.1. Members are asked to consider and note the actions being undertaken to manage the current staffing shortages across the 7 MIUs in Somerset. The report does not make any recommendations regarding the long-term configuration or operation of the MIU service, which is work that will be undertaken by the Urgent Work Stream of the Fit For My Future programme. .

3. Background

- 3.1. Somerset Partnership operate seven MIUs across the county of Somerset as illustrated in Table 1 below:

EAST				WEST			
Location	No. of Patients (01.04.18-31.03.19)	Opening Hours	X-ray	Location	No. of Patients (01.04.18-31.03.19)	Opening Hours	X-ray
Frome	21,246	0800 -2100, 7 days a week last registration 20.30pm)	Mon-Fri 09,00-17.00	Bridgwater	22,063	0800 -2100, 7 days a week last registration 20.30pm)	Mon-Fri 08.30-17.00 Weekend 09.00 17.00
Shepton Mallet	11,937	0800 -2100, 7 days a week last registration 20.30pm)	Mon-Fri 09,00-17.00	Burnham-on-Sea	7,863	10.00-18.00 last registration 17.30	None

West Mendip	18,621	0800 -2100, 7 days a week last registration 20.30pm)	Mon-Fri 09,00-17.00	Chard	10,863	0800 -2100, 7 days a week last registration 20.30pm	Variable, across 2.5 days per week
				Minehead	12,642	24 hours 7 days, 7 days a week	09.00-17.00 Mon-Friday

- 3.2.** All of the MIUs are co-located with Community Hospitals and between them, they see and treat in excess of 100,000 patients per year. The patient numbers seen by each of the MIUs in the year 1 April 2018 - 31 March 2019 are included in the above table and as can be observed there is significant variation in the number of patients seen. This variation reflects local demography, proximity to alternative local services and pressures being faced by other services such as Primary Care. For reasons that are not currently understood, activity within the MIUs is up 12% on last year overall, and in some parts of the county has risen by 27%.
- 3.3** Currently there is no national definition or specification for MIUs. Within Somerset, these services operate between the hours of 08.00 to 21.00 with the exception of Minehead MIU which is open 24 hours a day and Burnham on Sea which is open between the hours of 10.00am and 6.00pm. X-ray facilities are provided at all of the MIUs, with the exception of Burnham-on-Sea. Bridgwater has recently commenced a pilot offering X-ray services 7 days a week. The service operates on a walk-in basis and is available for patients of all ages including infants.
- 3.4** The term ‘minor injury’ is potentially misleading in the context of the service that the MIUs provide and which is much more comprehensive. Patients also attend with a full range of illnesses, sometimes serious, and the ENPs are required to be able to recognise potentially life-threatening conditions and to care for patients whilst arranging transfer by ambulance to the accident and emergency department. Whilst being busy all year round, the MIUs tend to come under the greatest pressure during the summer months when people are more likely to be engaged in outdoor activities. This is in contrast to emergency departments, which experience their greatest pressure during the winter months.

4.0 Workforce Challenges and the Impact of Staff Shortages

- 4.1** In keeping with modern approaches to healthcare, the MIU service is provided by a multi-disciplinary team of receptionists, healthcare assistants, registered nurses, radiographers, paramedics and ENPs. Bridgwater MIU is also currently piloting the use of GP sessions within the service.
- 4.2** At the core of this service are 36 ENPs who work either within a West or East of county rota system. ENPs are registered nurses who typically will have worked for at least 2-3 years in a hospital A&E department before undertaking an intensive two-year supervised post-graduate training to equip them with the skills necessary to work independently. Throughout their training period, trainees are required to be placed within a hospital emergency department or MIU service.
- 4.3** As highly qualified advanced practitioners who are able to work independently, ENPs are much sought after across the healthcare system. In recent years, the shortage of General Practitioners has resulted in some GP practices seeking to employ ENPs. In contrast to working within the MIUs, these roles often do not

involve working unsocial hours at evenings or weekends and sometimes higher levels of pay. ENPs are also highly valued by ambulance services which also seek to recruit them.

- 4.4 With numbers of qualifying trainees being limited, and with new opportunities having opened up for ENPs in recent years, the Somerset MIU service is currently experiencing significant shortages in its ENP workforce and particularly in the West of the county. Since March of last year, 10 ENPs have left the service whilst 6 have been recruited. Overall, on its total establishment of 36 whole time equivalent ENPs, Somerset Partnership has approximately 25% of its posts vacant. Staff shortages are particularly acute in the West rota (Minehead, Bridgwater, Burnham-on-Sea, and Chard) where the current vacancy rate is 35%.
- 4.5 In spite of the remaining ENPs and their clinical managers doing all they can to cover shifts through working additional hours, it has recently not been possible to fill all of the ENP rota slots. The backdrop of the regional shortage of ENPs has meant that the staffing agencies are mostly unable to provide suitably qualified staff to fill vacant shifts.
- 4.6 The impact of these unfilled shifts has been a series of unplanned temporary closures at Burnham-on-Sea, Shepton Mallet and Minehead MIU overnight. During the period of 1 July up until 15 August 2019, Minehead MIU has had to close on 16 occasions, Burnham-on-Sea on 22 occasions and Shepton Mallet on 5 occasions. These closures have undoubtedly impacted on patients who have presented at these services and found them to be closed. The extent to which patients are travelling to the next neighbouring MIU or seeking care from alternative services is not yet fully understood and it is currently being investigated.

5 Consultations Undertaken and Mitigating Actions

- 5.1 In response to the emerging staffing difficulties in the MIUs, the Trust, in partnership with Somerset Clinical Commissioning Group commenced weekly Director led meetings at the beginning of July. More recently, commissioners and service providers from North Somerset have been invited to join this process. This is in recognition of the potential impact of North Somerset's residents who use Burnham-on-Sea MIU services and also on the A&E department at Weston General Hospital. This weekly meeting brings together senior clinicians, managers and commissioners to closely monitor the staffing situation and to make decisions on mitigating actions.
- 5.2 In seeking to minimise the impact of unplanned closures on the Somerset population, the weekly monitoring meeting has sought to concentrate temporary closures where they will have the least impact on the population overall. The guiding principles underpinning these decisions are partly illustrated by the configuration of the service as illustrated in Table 1 and are also based on:
- Protecting continuity of service delivery at the MIUs treating the greatest number of patients
 - Where possible, protecting the MIUs which also offer x-ray facilities as an alternative to attending the highly pressurised accident and emergency departments in acute hospitals.
 - Overnight activity at Minehead MIU which averages 2.5 patients per night

In the East, the vacancy situation has been slightly less acute with vacancies running at approximately 20% of ENP posts. Application of the same criteria has resulted in fewer closures overall, but with those that have been required being concentrated at Shepton Mallet which sees significantly fewer patients than neighbouring services at Frome and West Mendip hospitals.

5.3. In seeking to address the short term situation and the underlying issues, the Trust, with support from Somerset Clinical Commissioning Group, has undertaken a number of actions which include:

- 1) Weekly director led meetings have been established to make decisions and monitor progress on this issue. It is also seeking to improve communications to key stakeholders and the public via daily sit reps etc.
- 2) The Trust has commenced a strategic conversation with its partners regarding the impact of competitive recruitment of ENPs in the Somerset healthcare system via the Local Workforce Area Board (LWAB).
- 3) Recruitment and retention incentives across the alliance of Somerset Partnership and Taunton and Somerset Foundation Trusts are being reviewed. This is within a context of there being staff shortages across a range of professional groups beyond the ENP workforce.
- 4) The Trust has commenced meetings with partners in Primary Care in those areas impacted by unplanned closures to discuss opportunities for closer collaboration in making the service more resilient in the future.
- 5) A programme of rolling advertisements has continued, underpinned by the Trust's relatively generous approach to funding relocation expenses for staff moving into Somerset from other areas.
- 6) In the local areas most affected so far, the Trust has met with members of the hospitals Leagues of Friends and other community leaders. In follow up to these meetings, the Trust has also enlisted the help of these community leaders in reviewing its recruitment and retention strategy for ENPs and as part of this, its approach to promoting Somerset as a place to settle and live.
- 7) The Trust is now piloting the use of a full time Physiotherapist First Contact Practitioner, working alongside ENPs and GPs at Bridgwater Community Hospital. On the basis of this changed skill mix at Bridgwater, the Trust is exploring the option of piloting the provision of a reduced hours 7-day service at Burnham-on-Sea as a short term measure and as an alternative to the current pattern of sporadic full day closures.
- 8) Where possible long-term agency staff have been recruited from other parts of England and have been provided with accommodation free of charge.
- 9) At the point that this report is being written, the Trust is about to commence a survey to learn more about the needs of the population using the MIU service and to seek feedback action undertaken so far and how it might be made more resilient in the future.
- 10) The Trust is monitoring rotas carefully and working closely with the out of hours 111 service and media organisations in an attempt to improve communication with the public in advance of unavoidable closures. The timing of these communications have to be balanced with the Trust's commitment to avoiding closures wherever possible through giving staffing agencies sufficient time do all they can to fill shifts at short notice.

6 Implications

- 6.1 These short-term mitigations have proved partially successful so far and at the point of this report being written no further overnight closures at Minehead are anticipated for the foreseeable future.
- 6.2 At the point of this report being written, the short-term outlook for Burnham-on-Sea continues to be challenging, as it does to a lesser extent in the East with further unplanned closures likely at Shepton Mallet.
- 6.3 The MIUs play an important role in the overall provision of same day healthcare for the population in Somerset and unplanned closures inevitably have a negative impact on patients. The knock-on implications of these closures are difficult to clearly identify, although a preliminary review of activity by postcode area undertaken so far suggests that a number of patients are seeking care from their next nearest MIU service. In the case of Burnham-on-Sea, some patients may well also seek treatment at the emergency department at Weston General Hospital. ENPs report the day after closures being exceptionally busy, and this suggests some patients are choosing to defer attendance until the following day.
- 6.4 The Trust and its commissioning partners within the CCG remain being committed to doing all they can to improve the current situation and to getting the MIUs back onto stable footing as soon as possible. None of the temporary mitigating actions described in this reported should be seen as being in any way being connected to the long term configuration of MIU services in the county. This work is being undertaken separately within the Urgent Care work stream of the Fit For My Future programme.

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Scrutiny for Adults and Health Work Programme – July 2019

Agenda item	Meeting Date	Details and Lead Officer
	11 Sept 2019	
Fit For My Future (FFMF) Programme Update		Maria Heard
CCG Quality, Safety and Performance Report		Debbie Rigby
Minor Injuries Unit		Andy Heron
	02 Oct 2019	
Discovery Performance Report – to include Outcomes-based Performance assessment		Mel Lock/tbc
Adult Social Care Performance Report (To include Carers update)		Mel Lock
Confidential Session re Weston Hospital?		
Fit For My Future (FFMF) Programme Update		Maria Heard
Scrutiny Review Report (tbc)		Jamie Jackson
Somerset Safeguarding Adults Board (SSAB) - Update		Stephen Miles and Richard Crompton
	06 Nov 2019	
Fit For My Future (FFMF) Programme Update		Maria Heard
Dementia Strategy (tbc)		Victoria Wright
Mental Health Services (tbc)		Dave Partlow
Strategy for people with physical disability		Mel Lock
	04 Dec 2019	
Fit For My Future (FFMF) Programme Update		Maria Heard
CCG Quality, Safety and Performance Report		Debbie Rigby
Adult Social Care Performance Report		Mel Lock
	Jan 2020	
Nursing Home Support Service (NHSS)-		Niki Shaw
Somerset Health Protection Assurance Report		Trudi Grant/Alison Bell

Scrutiny for Adults and Health Work Programme – July 2019

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Note: Members of the Scrutiny Committee and all other Members of Somerset County Council are invited to contribute items for inclusion in the work programme. Please contact Lindsey Tawse, Democratic Services Team Leader, who will assist you in submitting your item. ltawse@somerset.gov.uk 01823 355059. Or the Clerk Jennie Murphy on jzmurphy@somerset.gov.uk

Add to 2020 Work Programme:-

Somerset County Council Forward Plan of proposed Key Decisions

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

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

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

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

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

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

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

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

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

For general enquiries about the Forward Plan:

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

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

To make representations about proposed decisions:

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

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

Weekly version of plan published on 5 August 2019

FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
FP/19/06/11 First published: 24 June 2019	14 Aug 2019 Cabinet	Issue: Adult Social Care - outcome of Ombudsman Decision: To consider the outcome from the Ombudsman			Mel Lock, Adults & Health Operations Director Tel: 01823 356207
FP/19/06/05 First published: 17 June 2019	14 Aug 2019 Cabinet	Issue: Month 3 Revenue Budget Monitoring Decision: To consider the report			Interim Finance Director
FP/19/07/02 First published: 9 July 2019	14 Aug 2019 Cabinet	Issue: Decision to Award the contract of providing the Shared Lives scheme in Somerset Decision: Cabinet will be asked to approve the direct award of a 36 month contract of registration and management of the Shared Lives Scheme in Somerset, including the TUPE of 4 members of staff to Shared Lives South West			Steve Veevers, Strategic Commissioning Manager Tel: 01823359155
FP/19/07/04 First published: 16 July 2019	28 Aug 2019 Public Health Director	Issue: Future of Targeted Sexual Prevention Services for Sexual Health Decision: To agree on options put forward on the future of targeted prevention services for sexual health and support to people living with HIV	Targeted Prevention Services for Sexual Health		Michelle Hawkes, Public Health Specialist Tel: 01823 357236

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<p>FP/19/07/09 First published: 30 July 2019</p>	<p>Not before 29th Aug 2019 Cabinet Member for Economic Development, Planning and Community Infrastructure</p>	<p>Issue: Decision to authorise the allocation of funding for the development of the Taunton Innovation Geospatial Centre. Decision: To allocate funding for the development of the Taunton Innovation Geospatial Centre. This will be used to both develop the project and act as matching funding for an ERDF grant funding application.</p>			<p>Samantha Seddon, Service Manager-Economy</p>
<p>FP/19/07/10 First published: 30 July 2019</p>	<p>Not before 29th Aug 2019 Cabinet Member for Economic Development, Planning and Community Infrastructure</p>	<p>Issue: Decision to authorise the allocation of funding for the development of the Chard Enterprise Centre. Decision: Decision to authorise the allocation of funding for the development of the Chard Enterprise Centre.</p>			<p>Katriona Lovelock, Economic Development Officer Tel: 01823 359873</p>
<p>fp/19/05/12 First published: 31 May 2019</p>	<p>29 Aug 2019 Cabinet Member for Children and Families</p>	<p>Issue: Revision of the number of early years places developers will be required to fund for children from new housing developments in Somerset Decision: To agree to increase the number of early years places developers will be required to fund for children from new housing developments, from 5 places per 100 dwellings to 9 places per 100 dwellings.</p>	<p>EY & SEND Contribution</p>		<p>Julia Balmford</p>

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FP/19/07/11 First published: 30 July 2019	30 Aug 2019 Cabinet Member for Children and Families	Issue: Approval of Somerset Youth Justice Plan 2018/19 Decision: Approval of Somerset Youth Justice Plan 2018/19			Lise Bird, Strategic Manager - Prevention,
FP19/07/08 First published: 25 July 2019	2 Sep 2019 Cabinet Member for Children and Families	Issue: Increased Budget - Bridgwater Special School Decision: Agree to increase the project budget in line with increased construction costs.			Phil Curd, Service Manager: Specialist Provision and School Transport Tel: 01823 355165
FP/19/07/01 First published: 2 July 2019	Not before 2nd Sep 2019 Cabinet Member for Highways and Transport	Issue: Decision to extend the Term Maintenance Contract for Highways Lighting maintenance services Decision: Somerset County Council's existing maintenance contract for highways street lighting is due to end in March 2020. The contract allows for up to a 48-month extension. This decision proposes that the Council should use this option to extend the contract.			Neil Guild, Highways Asset Improvement Officer
FP/19/07/05 First published: 22 July 2019	Not before 2nd Sep 2019 Director of Children's Services	Issue: Award of Contract - Hydrotherapy Pool Selworthy School Decision: Agree to award the contract for the delivery of the pool to Futures for Somerset.			Phil Curd, Service Manager: Specialist Provision and School Transport Tel: 01823 355165

Weekly version of plan published on 5 August 2019

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<p>FP/18/11/11 First published: 21 November 2018</p>	<p>Not before 2nd Sep 2019 Cabinet Member for Adult Social Care</p>	<p>Issue: Decision to conclude the establishment of an Open Framework Agreement for Reablement Providers in Somerset Decision: To award an open framework that will ensure continued and new supply of reablement care across the county, mirroring the current arrangement for homecare. This follows interim contractual arrangements that were put in place following the unsuccessful</p>			<p>Tim Baverstock, Strategic Commissioning Manager - Strategic Commissioning</p>
<p>FP/19/01/12 First published: 5 February 2019</p>	<p>Not before 2nd Sep 2019 Cabinet Member for Public Health and Wellbeing</p>	<p>Issue: Adoption of the Somerset Air Quality Statement Decision: To agree the adoption of the statement</p>			<p>Stewart Brock, Public Health Specialist, Public Health Tel: 01823357235</p>
<p>FP/19/04/13 First published: 29 April 2019</p>	<p>Not before 2nd Sep 2019 Cabinet Member for Economic Development, Planning and Community Infrastructure</p>	<p>Issue: Decision to appoint a contractor from a framework for the delivery of the Bruton Enterprise Centre Decision: To agree to appoint a supplier for the delivery of the Bruton Enterprise Centre</p>			<p>Katriona Lovelock, Economic Development Officer Tel: 01823 359873</p>

FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
<p>FP/19/01/02 First published: 3 January 2019</p>	<p>Not before 2nd Sep 2019 Interim Finance Director</p>	<p>Issue: Acceptance of European Regional Development Funding for the Heart of the South West Inward Investment Project Decision: Approval for Somerset County Council (SCC), in its capacity as the accountable body for the Heart of the South West Local Enterprise Partnership, to accept £1,181,308 of European Regional Development Funding (ERDF) for the Heart of the South West Inward Investment Project and to enter into an associated funding agreement with the Ministry for Housing, Communities and Local Government (MHCLG)</p>	<p>Heart of the South West Inward Investment Project</p>		<p>Paul Hickson, Strategic Manager - Economy and Planning Tel: 07977 400838</p>
<p>FP/19/03/03 First published: 26 March 2019</p>	<p>Not before 2nd Sep 2019 Interim Finance Director, Director for Economic and Community Infrastructure Commissioning</p>	<p>Issue: Somerset Energy Innovation Centre (Phase 3) - acceptance of Growth Deal 3 Funding Decision: Approves acceptance of Heart of the South West Growth Deal 3 funding £2,542,755 for the development of phase 3 of the Somerset Energy Innovation Centre and approve the decision to proceed with the construction of SEIC 3</p>			<p>Julie Wooler, Economic Development & Strategic Tourism Officer</p>

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FP/18/04/06 First published: 30 April 2018	Not before 2nd Sep 2019 Director of Commissioning and Lead Commissioner for Economic Community Infrastructure	Issue: Procurement of the HotSW Growth Hub Service Decision: To undertake the procurement of a Business Support Service (Growth Hub) on behalf of the HotSW LEP			Melanie Roberts, Service Manager - Economic Policy Tel: 01823359209
FP/19/06/02 First published: 14 June 2019	2 Sep 2019 Director of Children's Services, ECI Commissioning Director	Issue: Approval to submit the full application for European Social Funding, under Priority Axis 1 - Inclusive Labour Markets (1.2) Decision: To consider thie report			Melanie Roberts, Service Manager - Economic Policy Tel: 01823359209
FP/19/04/01 First published: 3 April 2019	Not before 2nd Sep 2019 Director of Corporate Affairs	Issue: The award of a contract for the provision of replacement end of life mobile devices & connections Decision: To approve the award of a three-year contract.	Replacement mobile devices		Andy Kennell Tel: 01823359268
FP/10/01/11 First published: 5 February 2019	Not before 2nd Sep 2019 Cabinet Member for Education and Council Transformation	Issue: Bridgwater College Academy Expansion - Funding Decision: To agree funding as required			Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260

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<p>FP/18/11/10 First published: 20 November 2018</p>	<p>Not before 2nd Sep 2019 Cabinet Member for Economic Development, Planning and Community Infrastructure, Economic and Community Infrastructure Commissioning Director</p>	<p>Issue: Decision to approve revisions to the Connecting Devon and Somerset phase 2 deployment contracts Decision: To approve revisions to the Connecting Devon and Somerset phase 2 deployment contracts</p>			<p>Nathaniel Lucas, Senior Economic Development Officer Tel: 01823359210</p>
<p>FP/19/07/03 First published: 16 July 2019</p>	<p>2 Sep 2019 Cabinet Member for Highways and Transport</p>	<p>Issue: Implementation of New Street Works Permitting System Decision: We are responding to a request from the Secretary of State for Transport to replace our existing Street Works Noticing system with a Street Works Permitting system in line with other Highway Authorities</p>			<p>Bev Norman, Service Manager - Traffic Management, Traffic & Transport Development Tel: 01823358089</p>
<p>FP/19/07/13 First published: 30 July 2019</p>	<p>Not before 5th Sep 2019 Cabinet Member for Strategy, Customers and Communities</p>	<p>Issue: Revision of Corporate Complaints Policy Decision: A periodical update to the Council's complaints policy. Key changes are a switch in title from a 'procedure' to a 'policy', a change in the stage 1 resolution target time from 10 working days to 20 working days and the addition of a quality control process at stage 1.</p>			<p>Rebecca Martin, Service manager- Customer Experience & Information Governance</p>

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<p>FP/19/07/15 First published: 7 August 2019</p>	<p>Not before 9th Sep 2019 Cabinet Member for Public Health and Wellbeing</p>	<p>Issue: Decision to Award of Contract for the Somerset Integrated Domestic Abuse Service Decision: The Cabinet Member for Public Health and Wellbeing will be asked to make a decision to award the contract for the countywide specialist domestic abuse support service known as SIDAS. This will be a 3 year contract with an option to extend for 2 years plus another 2 years.</p>			<p>Lucy Macready, Public Health Specialist- Community Safety Tel: 01823 359146</p>
<p>FP/19/07/16 First published: 7 August 2019</p>	<p>Not before 9th Sep 2019 Cabinet Member for Children and Families</p>	<p>Issue: Frome Autism and Communications Base Decision: Cabinet Member will be asked to approve the decision to retain the Communication base and Autism Base in Frome (retracting a very historic closure decision). This decision would also agree a capital investment programme to improve both facilities as well as inviting parents to a co-production session in order to improve provision at both bases.</p>			<p>Vicky Thomas, Strategic Manager - Support for Educational Improvement and Commercial Development</p>
<p>FP/19/07/06 First published: 22 July 2019</p>	<p>23 Sep 2019 Cabinet Member for Education and Council Transformation</p>	<p>Issue: Creation of New Academies in Somerset Decision: The Secretary of State for Education has directed via an Academy Order, the conversion to Academy Status for the following schools.</p>			<p>Elizabeth Smith, Service Manager – Schools Commissioning Tel: 01823 356260</p>

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Fp/19/07/12 First published: 30 July 2019	25 Sep 2019 Cabinet	Issue: Joint Strategic Needs Assessment Decision: Agree the Report			Pip Tucker, Public Health Specialist Tel: 01823 359449
FP/19/05/09 First published: 28 May 2019	25 Sep 2019 Cabinet	Issue: Q1+1 Performance Report Decision: To agree the report			Simon Clifford, Customers & Communities Director Tel: 01823359166
FP/19/06/05 First published: 17 June 2019	25 Sep 2019 Cabinet	Issue: Month 4 (Q1+1) Revenue Budget Monitoring Decision: To consider the report			Interim Finance Director
FP/19/06/09 First published: 17 June 2019	25 Sep 2019 Cabinet	Issue: Month 4 Capital Budget Monitoring Decision: To consider the report			Interim Finance Director
FP19/08/01 First published: 12 August 2019	Not before 30th Sep 2019 Cabinet Member for Resources and Economic Development	Issue: Connecting Devon and Somerset (CDS) Superfast Extension Programme (SEP) Phase 2: decision to introduce additional funding into the Lot 4 contract. Decision: To approve the introduction of additional funding into the Lot 4 Contract.			Katriona Lovelock, Economic Development Officer Tel: 01823 359873

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FP Refs	Decision Date/Maker	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring it to be considered in private?	Contact Officer for any representations to be made ahead of the proposed decision
FP19/07/14 First published: 31 July 2019	30 Sep 2019 Cabinet Member for Resources	Issue: Sale of Morgan House site, Bridgwater, including former library office. Decision: Authority to proceed to sale of the surplus SCC Property, namely the Morgan House Site, Bridgwater, including Bridgwater library offices			Charlie Field, Estates Manager, Corporate Property Tel: 01823355325
FP19/07/07 First published: 23 July 2019	Not before 30th Sep 2019 Cabinet Member for Resources	Issue: Sale of The Court and Popham House property, Wellington Decision: Authority to proceed to sale of the surplus SCC Property, previously known as the Popham Court Care Home, comprising of The Court and Popham House in Wellington.			Charlie Field, Estates Manager, Corporate Property Tel: 01823355325
FP19/05/10 First published: 28 May 2019	18 Nov 2019 Cabinet	Issue: Q2 Performance Report Decision: To agree the report.			Simon Clifford, Customers & Communities Director Tel: 01823359166
FP19/08/02 First published:	18 Nov 2019 Cabinet	Issue: Heart of the South West Joint Committee - Governance Arrangements & Budgetary Position Decision: To approve amendments to functions and note the updated budget position			Scott Wooldridge, Strategic Manager Governance & Risk and Council's Monitoring Officer Tel: 01823 359043