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Rutland County Council

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Minutes of the **MEETING of the ADULTS AND HEALTH SCRUTINY PANEL** held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on Thursday, 29th June, 2017 at 7.00 pm

PRESENT:

Mrs L Stephenson	Miss R Burkitt
Mr G Conde	Mrs J Fox
Mr C Parsons	Miss G Waller

ABSENT: Mr W Cross

OFFICERS PRESENT:

Mr M Andrews	Deputy Director for People
Mr J Morley	Head of Adult Social Care
Ms S Newton	Commissioning Officer
	Corporate Support Officer

IN ATTENDANCE:

Mr R Clifton	Portfolio Holder for Adult Social Care and Health
Mr M Williamson-Noble	Healthwatch Rutland

79 RECORD OF MEETING

The minutes of the meeting of the People (Adults and Health) Scrutiny Panel held on 6 April 2017, copies of which had been previously circulated, were confirmed and signed by the Chair.

80 DECLARATIONS OF INTEREST

Mr C Parsons Agenda Item 10 Mr Parsons declared on the grounds of probity as he was using Direct Payments.

81 PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions were received from members of the public.

82 QUESTIONS WITH NOTICE FROM MEMBERS

No questions were received from Members.

83 NOTICES OF MOTION FROM MEMBERS

No notices of motion were received from Members.

84 CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION

No matter was referred to the Panel for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

85 QUARTER 4 FINANCIAL MANAGEMENT REPORT 2016/17

Report No. 111/2017 from the Director for Resources was received.

During discussion the following points were noted:

- i) ASC Support & Review – Daycare: In response to questions regarding the budget monitoring survey regarding daycare charges and the undertaking of customer research to assess need and provision; the impact of the Admiral Nurse post vacancy; the increase in Quarter 2 against decrease in Quarter 3 and Quarter 4; and the significant increase in expenditure on domiciliary care from Quarter 1 to Quarter 4 and had this been allowed for in the budget if it was likely to continue the Deputy Director for People, Mr Andrews agreed to provide a full written response which should have been previously circulated.
- ii) Mr Andrews informed Members that RCC was in the process of looking at the whole range of daycare provided at The Brambles in order to add value to a person's needs and development.
- iii) Admiral Nurse – Mr Andrews informed Members that there had not been any negative comments relating to being without an Admiral Nurse. The Council had originally been looking to set this post up with the Leicestershire Mental Health Team, now working in partnership. RCC was now working in partnership with Dementia UK with the post to be re-advertised.
- iv) Service user numbers were normally relatively static however an increase in respite numbers could affect the average.
- v) Adult Social Care Contingency Fund: Clarification was sought for the £100k reduction. Mr Andrews agreed to seek clarification and circulate the response to Members outside of this meeting.

AGREED:

1. The Deputy Director for People, Mr Andrews, would circulate a full written response to the questions referred to under discussion point i).
2. The Deputy Director for People, Mr Andrews, would seek clarification on the £100k reduction to the Adult Social Care Contingency Fund and circulate the response to Members.

86 QUARTER 4 PERFORMANCE MANAGEMENT REPORT 2016/17

Report No. 98/2017 from the Chief Executive was received.

The report was received without discussion.

AGREED

That the Panel **NOTED** the report.

87 **HEMOCARE RECOMMISSIONING UPDATE**

A verbal update was received from the Commissioning Officer, Ms Newton.

Ms Newton advised Members that since the last meeting of this Panel the Models had been self-tested. Model 3 (holistic care) was to be piloted within the next month with a team of staff selected from the current Community Support staff at Rutland County Council.

During discussion the following points were noted:

- i) That staff using their own vehicle would be paid a mileage rate.
- ii) That the Council's We Cars and pool car were available for use in the evening and at weekends.
- iii) That the holistic approach was a more prudent financial approach giving an ability for adaption.

88 **ADULT PEER REVIEW**

Report No. 119/2017 was received from the Director for People.

The Portfolio Holder, Mr Clifton, introduced the report the purpose of which was to provide the scrutiny panel with the outcome of the Adult Social Care (ASC) peer review, which had two key lines of enquiry. ASC was seeking assurance from the reviewers of the Council's effectiveness on the following:

1. Personalisation and Independence

How successful had the Council been in embedding personalisation across all teams, including health and social care, and the impact this had on securing independence for service users?

2. Quality of Practice

How effective had the Council's culture change, multidisciplinary structure and professional development initiatives been in securing high quality practice?

Members had received an updated letter outlining the findings and conclusions from the Peer Review (Appendix A to Report No. 119/2017). Changes had been made following a request from Rutland County Council (RCC). Mr Clifton drew attention to the compliments paid to staff working within the team and how they were allowed to deliver the service.

The Deputy Director for People, Mr Andrews informed Members that the changes to the letter were as a result of the Council's feedback on areas that it did not agree with:

- Overview - Areas for consideration (paragraph 3)
RCC's feedback was that when here the review team did not speak about broad range only ethnics. The review team missed that RCC had not hindered BME citizens; RCC acknowledged that there was work still to be done.
- Personalisation – Areas for consideration (paragraph 1)
Data provided to the review team had not been taken into account. RCC resubmitted the data and the original comment regarding the relatively low number

of Direct Payments was withdrawn. RCC acknowledged that there was still work to be undertaken as per the letter.

- The letter contained contradictory comments regarding Direct Payments being used to employ Personal Assistants. Members were advised that RCC did not have a problem with the number of Direct Payments being used to employ Personal Assistants.

Mr Andrews advised Members that there were two areas that RCC did not follow up on:

- Overview – Areas for consideration (paragraph 4)
The review team noted “that the vast majority of staff didn’t talk about value for money” . The letter did not mention that the staff who did comment on value for money were managers. Mr Andrews explained that RCC had in place a system where frontline staff supported people to be as independent as possible and although they needed to be mindful of budget considerations it should not impair their vision; it was for managers to consider value for money at the sign off stage.
- Overview – Areas for consideration (paragraph 1)
Policy of assessing people: RCC managed demand by a pro-active approach to providing care as soon as possible to prevent escalation and retain independence; and staff were open with people about their legal entitlements.

During discussion the following points were noted:

- i) Members stated their agreement with managers considering the value for money aspect of care packages and early intervention to retain independence. However, concern was expressed that this could be detrimental to educating frontline staff in costing services. Members stated their hope that frontline staff were given opportunity to progress their career and were introduced to budgetary measures.
- ii) That with an ageing population the council needed to be conscious that going into a care home was not a failure.
- iii) The redesigned RCC website contained extensive information on adult social care. The Rutland Information Service signposted people to the RCC website.
- iv) Safeguarding concerns, where Direct Payments were being used to employ Personal Assistants, were raised by Members. The Panel was advised that there was an inherent risk with giving people more choice and that the person was the employer, not the Authority. However, Rutland did have a designated Direct Payments worker who kept in close contact with service users. Members were advised that currently RCC did not differentiate in payment between own and agency employed assistants. RCC was considering banding rates to give more security in choice and a report was due to go to Cabinet.
- v) Responding to a question regarding transition arrangements in Rutland and the Review’s suggestion of a move to a more generic approach Members were advised that RCC would not be changing its practice. The Authority had a legal responsibility for a child to transition to adult social care on their 18th birthday; transition in Rutland began at 14 years of age with a social worker working on the transition with the children’s social worker and working with the family to enable a smooth transition.

AGREED

1. That the Panel **NOTED** the outcome of the recent Adult Social Care Peer Review.

89 ADULT SOCIAL CARE DEVELOPMENT - 2 YEARS ON

A presentation was received from the Deputy Director for People, Mr Andrews.

During discussion the following points were noted:

- i) Staff were thanked for their hard work.
- ii) That the role of the Local Authority in the care of adults with mental health issues was to assist with independent living. The role of GPs and the NHS related to health issues but where some responsibilities were shared with partners it was shown that this could result in more of a difference than health in isolation.
- iii) That there was a need for wider dialogue regarding support a different levels for mental health. Mr Andrews advised the Panel that there was to be a briefing to Members. Following which, support would be considered in more detail with a multi-agency approach; looking to support and influence health but not take on their responsibilities.

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8.25pm Meeting adjourned

Mr Parsons left the meeting and did not return

8.28pm Meeting recommenced

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90 PROGRAMME OF MEETINGS AND TOPICS

The Chairman, Mrs Stephenson, advised Members that following discussion at Scrutiny Commission an evaluation of scrutiny was to be undertaken with a brief paper being sent to all Members.

It was noted that a Mental Health briefing for all Members would take place on 10 July 2017 after the meeting of Full Council.

91 SCRUTINY PROGRAMME 2017/18 & REVIEW OF FORWARD PLAN

Topics put forward for consideration:

- Mental Health – Care in Rutland
- Healthwatch Consultation (Cabinet – 18 July 2017)
- Medical Practice Patient Groups and commissioned service

In the light of the presentation on Adult Social Care Development it was requested that the data contained within the presentation was made available in the Corporate Performance Framework. Mr Andrews agreed to circulate the presentation to allow Members to decide which statistics should be included.

AGREED:

1. Adult Social Care Development presentation to be circulated. Requests to include statistics in the Corporate Performance Framework to be forwarded to Mr Andrews.

92 ANY OTHER URGENT BUSINESS

There was no other urgent business.

93 DATE AND PREVIEW OF NEXT MEETING

Thursday 14 September 2017 at 7.00pm

Agenda items: Quarter 1 Performance Management Report
 Sustainability and Transformation Plan Update
 Mental Health – Care in Rutland
 Healthwatch Consultation (Cabinet – 18 July 2017)

Future agenda items:
 Medical Practice Patient Groups and commissioned
 Service

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The Chairman declared the meeting closed at 8.46 pm.

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Adult Social Care Development – 2 Years On

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Mark Andrews

Deputy Director for People's Services

Minute Annex





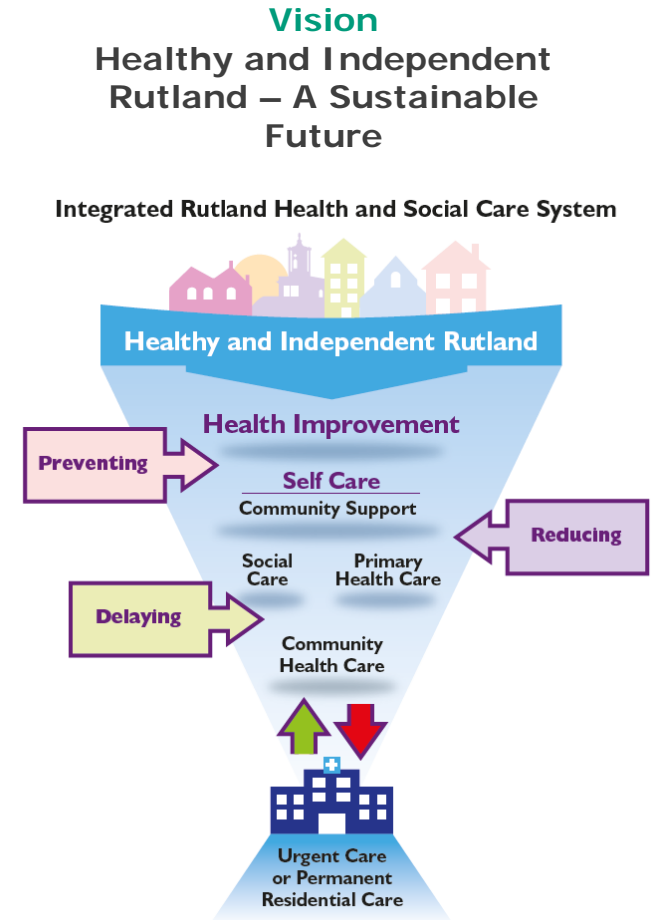
Why did we need to change?

- A review of People's services in 2014 showed that Adult Social Care service was not quite where we would want it to be, the following is not unique to Rutland and many adult social care services are still like this:
 - Teams were based on professional function and employee groups, too much silo working and duplication, too many agency staff
 - ∞ • Lengthy assessment processes before care was provided and a waiting list for new assessments
 - Services were reactive and prevention was rarely at the forefront of our initial contact
 - Personalisation was not high on the agenda, due mainly to a fire fighting culture and quality was a secondary consideration
 - Reviews of care packages were backed up
 - Safeguarding was not as effective as we would want
 - Unplanned admissions to hospital were on the rise as were residential care admissions
 - There were large ASC and Health delays in hospital discharge
 - People were not remaining as independent as we would like



Our work so far

- Leadership and management was stabilised
- Whole system change - focusing on cross sector **Behaviour** and **Culture** more than system and structure
- Effective **personalisation**, **prevention** and **safer safeguarding** at its heart
- Changes based on what **service users** were telling us
- **Staff led** and **staff empowered** to make strategic change quickly to solve operational problems
- **Integration** a key requirement of changes





Lead to:

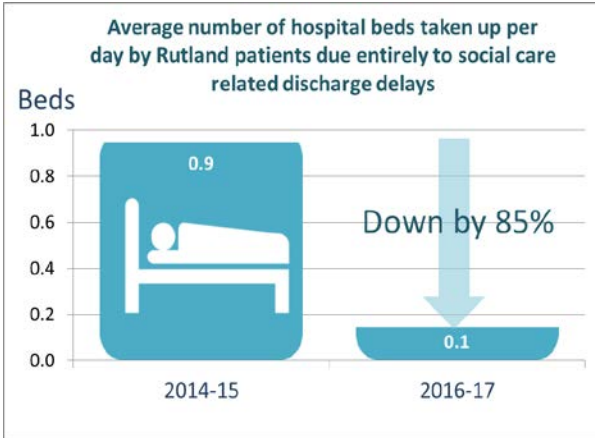
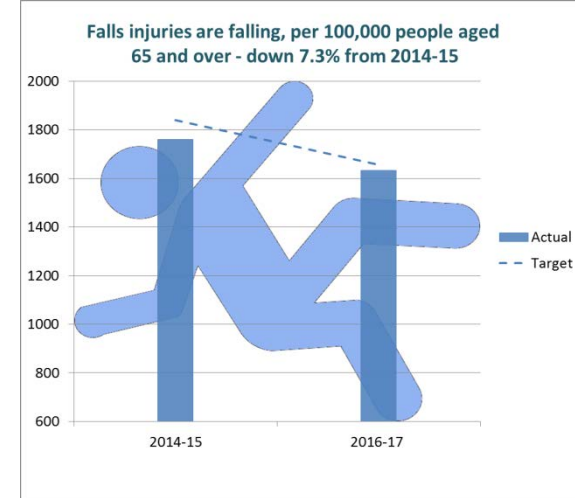
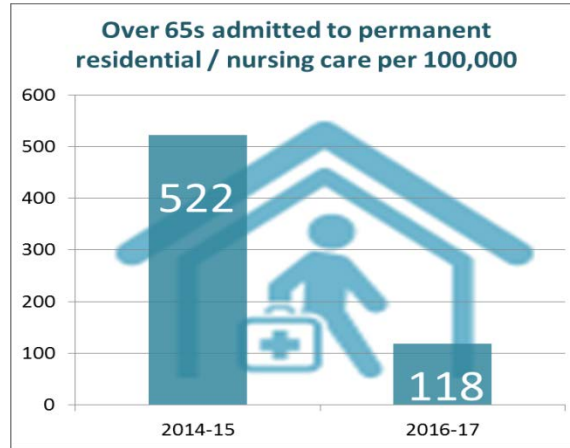
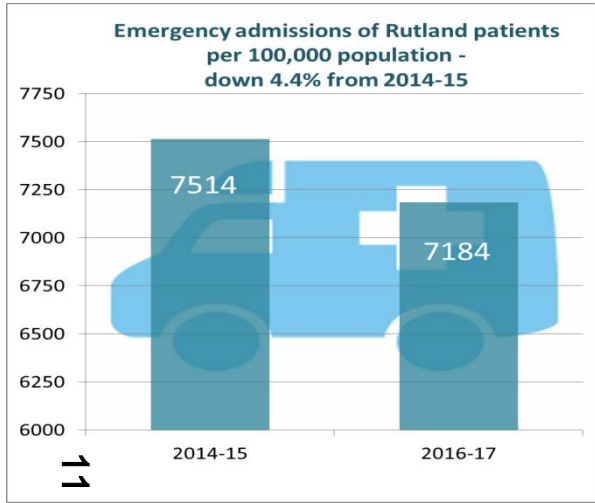
- More **personalised care** – with the service user at the heart
- **Reduced duplication** for the person and a greater emphasis on **quality**
- More **Prevention** focused, including pre-eligibility social care support - Not pushing the issues away until they become a crisis
- **Multi-disciplinary teams** and full **integration** with community health
⇒ care
- Empowering more people to live **independently** in their own home

Olivia's Story

Olivia says:

- "The move out of residential care has completely changed my life.
- Having Personal Assistants to support me at home and when I go out has opened up a whole new world for me and I feel really positive."
- This move not only was positive for Olivia but significantly reduced the cost to the Council





Other Delayed discharges compared with 2014-15

- Social care and Health delays down by **51%**
- NHS delays down **26%**
- Reduction in all delays **32%**

Care homes from 38% RI to 100% good



Adults with mental health issues living independently up by 25%

Adults with a learning disability who live in their own home or with their family up by 17%

.91% of service users agree care and support services help them have a better quality of life.



The way people feel they have received their care demonstrates our change

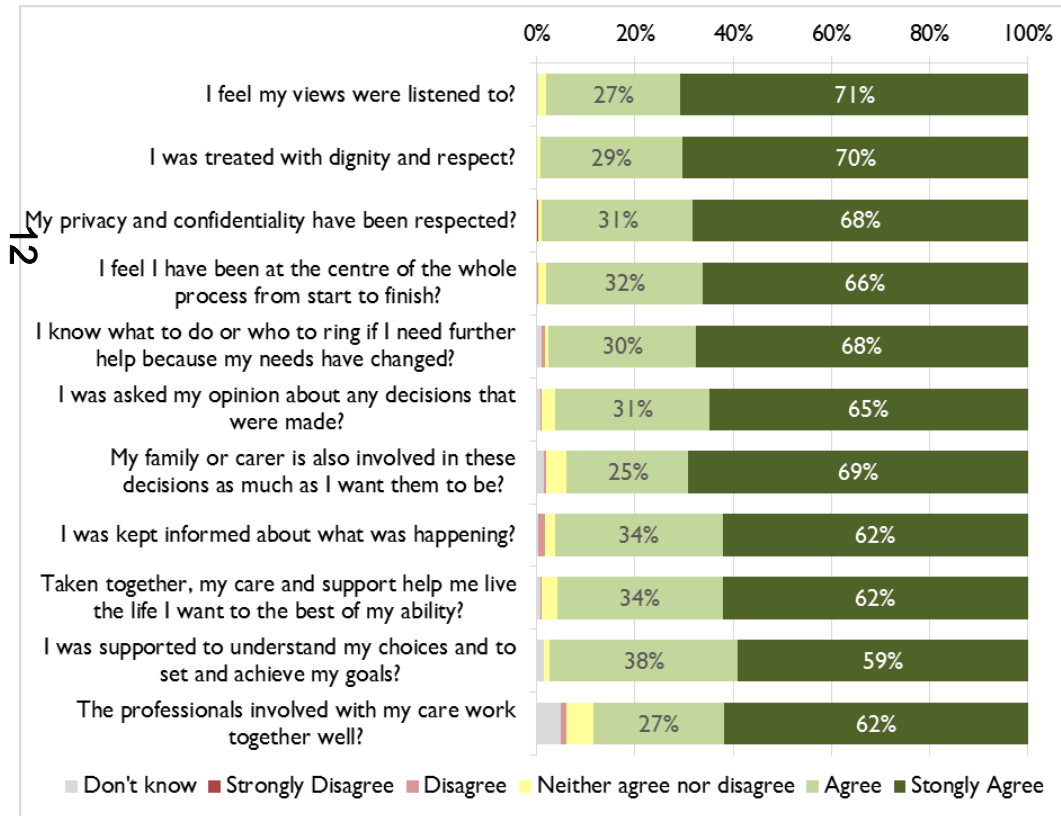


Figure 1 – Responses to questions in the Personalisation Survey for Adult Social Care services

Less agency in all teams & teams are motivated and achieving e.g. we had 46% Social Worker posts unfilled – now just one vacancy

“We are able to adapt quickly to demand and make necessary changes for optimum effect for our local community.” **Marenda - Social Worker**

“We offer a more ‘personalised’ service, unlike other authorities who may be more rigid regarding their resources” **Tina – Assistant Manager Reablement**

“People listen to views and ideas, but not only that, these thoughts are acted upon.” **Sue - In Reach Nurse**



What our future will look like

- **Integrated community wellbeing offer** providing support for the population to stay well, change unhealthy behaviours and manage own health & wellbeing
- **A re-imagined model for Homecare** delivery, potentially building on innovative models, such as the Buurtzorg model, which empowers small self-managed teams of highly trained professionals to deliver all the care that service users need
- **A Rutland specific Integrated Health and Social Care Community Provider** providing community based health and social care
 - *An integrated workforce spanning primary, secondary and social care*
 - *A combined focus on the personalisation of care with improvements in population health outcomes*
 - *Alignment of clinical and financial drivers with appropriate shared risks and rewards*
- **Rutland health and social care 'hub'** where an increased number of services are available in under one roof so that need can be quickly assessed and the appropriate care put in place

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