



# Rutland County Council

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Record of a meeting of the **PEOPLE (ADULTS AND HEALTH) SCRUTINY PANEL** held in the Council Chamber, Catmose, Oakham, at 7.00pm on **Thursday 26 September 2013**

**PRESENT:** Mrs L I Stephenson – (Chairman, in the Chair)  
Mrs C Cartwright  
Mr G Condé  
Mr J T Dale  
Mrs J K Figgis  
Mr R J Gale  
Miss G Waller

**Also in Attendance:** Mr R Begy Portfolio Holder for Community Safety, Adult Social Care, Libraries, Museums and Culture (Non Sport)  
Mrs C Emmett Portfolio Holder for Health  
Mr A Childs Chief Nurse, LPT  
Ms C Davenport Director of Business Development, LPT  
Mr M Sandys Director of Public Health  
Ms J Fenelon Chair of Healthwatch

**Non Panel Members Present:** Mr J M Lammie Chairman of the Scrutiny Commission and Resources Scrutiny Panel

**OFFICERS PRESENT:** Ms C Chambers Strategic Director for People  
Miss M Gamston Democratic Services Officer  
Ms D Greaves Accountant (People)  
Ms J Haigh Senior Manager, Health, Wellbeing and Commissioning  
Ms W Poynton Assistant Director – Services for People  
Ms M Stott Head of Service – Vulnerable People

**APOLOGIES:** Mr W J Cross, Mr C A Parsons and Mr M R Woodcock

## 418. RECORD OF MEETING

- i) The Record of the meeting of the People (Adults & Health) Scrutiny Panel held on 11 July 2013, copies of which had been previously circulated, was confirmed and signed by the Chairman.
- ii) The Record of the Special meeting of the People (Adults & Health) Scrutiny Panel on 8 August 2013, copies of which had been previously circulated, was confirmed and signed by the Chairman.

#### **419. DECLARATIONS OF INTEREST**

In respect of agenda item 7, Mr Begy declared that he was a Shadow Governor of the Leicestershire Partnership Trust.

In respect of agenda items 7, 8 and 9 Mrs Emmett declared that she undertakes work for the National Health Service and the Department of Health.

#### **420. PETITIONS, DEPUTATIONS AND QUESTIONS**

No petitions, deputations or questions had been received from Members of the public.

#### **421. QUESTIONS WITH NOTICE FROM MEMBERS**

No Questions with Notice had been received from Members.

#### **422. NOTICES OF MOTION FROM MEMBERS**

No Notices of Motion had been received from Members.

#### **423. CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISION 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.

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7.02 pm Mr Dale joined the meeting  
7.03 pm Mrs Emmett joined the meeting

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### **SCRUTINY**

#### **424. BRADGATE MENTAL HEALTH UNIT**

A report from Leicestershire Partnership NHS Trust was received.

The Portfolio Holder for Community Safety, Adult Social Care, Libraries, Museums and Culture (Non Sport), Mr Begy, introduced the report the purpose of which was to provide an honest, open and transparent report about the current issues and challenges affecting the Leicestershire Partnership Trust (LPT); to outline the specific findings, implications and immediate actions taken following the Care Quality Commission (CQC) visit at the Bradgate Mental Health Unit in July; to explain the approach the LPT was taking in the medium term to assure high quality sustainable care for local mental health service users, and all other services users; and to demonstrate public accountability and set out how the Trust was working to restore confidence in its services.

During discussion the following points were noted:

- i) That intensive active had been implemented following the warning notices issued by the CQC;
- ii) That the warning notices related to care planning and discharge planning;
- iii) That the inspection report and enforcement notices had been taken to the Trust's public Board meeting on 29 August 2013.
- iv) That the Trust was required to show sufficient progress to address the issues raised in the warning notices within a 30 day period;
- v) That actions had been completed by the end of August;
- vi) That a report on the position to date had been presented to the Trust Board on 26 September 2013;
- vii) The Trust looked at what the report told about other services; looked at and reviewed by other service heads;
- viii) Also looked at root cause of issues found; medium term to make sustainably safe; working with the Clinical Commissioning Group, Trust Development Body and the local healthwatch on cultural changes in the long term; lead by the Board;
- ix) That four audit tools had been developed:
  - Assessment of need and risk
  - Care planning and evaluation
  - Discharge planning
  - Patient involvement and information
- x) During the first week audited 168 in-patient's records; audit to be undertaken weekly with feedback to matrons and nurses to assist work with individual nurses identifying development needs. This was to be an ongoing audit process of five sets of records per ward per week, the equivalent of 160 records per month, almost the total bed complement of the unit;
- xi) That more clinical leadership roles had been created to support ward based staff;
- xii) That the CQC inspectors were back at the unit with 7 inspectors working in shifts;
- xiii) That as soon as the information was available from the inspectors Rutland would be informed;
- xiv) That during October 2013 the Trust would be working on longer term actions in which the Oversight Group would be involved. These actions would be signed off at the October Board meeting;
- xv) That to assist with consistency and the sharing of good practice there had been an increase in senior matron posts, accountable through the quality route. The two senior matrons would be working in conjunction with two lead consultants. The unit had been split in half with four units to each working with ward based matrons to increase and share expertise. Peer auditing had been implemented;
- xvi) That consideration was given to feedback received from patients and their families. There was a patient experience group and in-patient units held communication meetings to discuss services. Feedback from National Patient Satisfaction Surveys was prioritised and taken issue with;
- xvii) That part of the problem around discharge was that discharge plans were not clearly documented therefore there was not full engagement

- of the patient. Delays occurred where not followed through or understood, due to a lack of planning. These problems had resulted in some people not entering the unit. Now explicit about who did what and when;
- xviii) That documenting was only part of the challenge. Purpose of the audit was also about shared safe release and planning; day-to-day strong assurance over expectations. The sustainability of leadership was key to this;
  - xix) That regular audits had shown there was no relation between delayed discharge and suicide/deaths in hospitals;
  - xx) That student nurses were not utilised as part of the staffing numbers as they always worked alongside a nurse;
  - xxi) All registered and nursing staff received clinical supervision; same process with student nurses;
  - xxii) That immediate action was focused on the Bradgate Unit. A series of of quality visits to other units would assess whereat in achieving standards;
  - xxiii) New Chief Executive, Dr Peter Miller, keen on change through clinical leadership;
  - xxiv) That the joint seminar between acute ward staff and senior police officers in September 2012 led onto innovation around triage car, where a mental health nurse works with police where people may have need: less people had been detained due to this innovation. Other police were studying the model with a view to replicating it;
  - xxv) That bed occupancy in each of the acute in-patient wards was very high; also a question of how acute the case; for complex cases it may be necessary to go to private facilities. In January 2013 the decision was taken to send patients out of the area; this had lead to a lot of discussion;
  - xxvi) That work was now being undertaken to make sure occupancy correct in terms of number of beds needed locally in the future; part of the improvement plan for the future.

#### **425. PUBLIC HEALTH PROGRESS REPORT**

Report No. 214/2013 from the Strategic Director for People was received.

The Portfolio Holder for Health, Mrs Emmett, introduced the report the purpose of which was to provide a brief overview of the progress to date in relation to the transfer of Public Health responsibilities to the Local Authority from 1<sup>st</sup> April 2013.

During discussion the following points were noted:

- i) That Report No. 214/2013 had been taken at Cabinet on 17 September 2013;
- ii) That the Director of Public Health, Mr Sandys, had been in post since April 2013;
- iii) That at the time of transition contracts transferred over; future contracts would meet the needs of the local community. A paper on procurement was to be taken at Cabinet in the autumn;
- iv) That the role of the Director of Public Health was to lead on the functions transferred over and the following three domains;

- a) Improving the health of the population
  - b) Protecting the population from hazards to health (health protection)
  - c) Preventing ill health through advising National Health Service (NHS) commissioners of health services
- v) That in Appendix 1 to Report No. 214/2013, interventions to tackle obesity included all eating disorders. The treatment of eating disorders remained the responsibility of the NHS; the Council's role was prevention;
  - vi) That to educate young people on the dangers of self harming and drug abuse a variety of mediums were being used, such as, harnessing communications, peer support and the provision of specialist services; a programme of traditional and organised efforts of services and community;
  - vii) That Section 4 of Report No. 214/2013 detailed the work being undertaken by the Rutland Public Health service;
  - viii) That the accessing of cessation services was much improved;
  - ix) That the smoking cessation service was a 16+ service;
  - x) That the Authority was taking part in the Stoptober campaign for staff.

#### **426. JOINT HEALTH AND WELLBEING STRATEGY (FINAL)**

Report No. 213/2013 from the Strategic Director for People was received.

The Portfolio Holder for Health, Mrs Emmett, introduced the report the purpose of which was to update the Scrutiny Panel on the Rutland Health and Wellbeing Board's (HWB) Joint Health and Wellbeing Strategy (JHWS).

During discussion the following points were noted:

- i) That the strategy attached at Appendix 1 to Report No. 213/2013 was the current strategy however further work was being undertaken;
- ii) That all points previously raised by Scrutiny had been addressed;
- iii) That more focused targeting had been requested; the information currently as good as possible. Once clear figures had been received there would be more focused targeting;
- iv) In 12 months time it would be possible to know if targets had been achieved;
- v) That the strategy now included a broader area of End of Life, as requested by GPs;
- vi) That there was some concern about the 'call back' service being operated by Oakham Surgery. The Portfolio Holder, Mrs Emmett, informed Members that she had spoken with some GPs within the county about this issue. The Patient Participation Groups who represent patients from GP surgeries also need to be involved in any discussions regarding these matters. This was to be discussed at the agenda setting meeting for the December panel meeting;
- vii) Miss Waller raised several issues regarding the content and information within the strategy and action plan. The Portfolio Holder, Mrs Emmett, requested that any questions be sent to her for a response to circulated to all Members;

- viii) That the strategy would continue to be reviewed in the light of new data in the Joint Strategic Needs Assessment. That sub groups of the Health and Wellbeing Board were working on delivering the strategy.

**Agreed:**

1. That the Panel noted the report.

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8.07 pm Mr Dale left the meeting and did not return

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**427. QUARTER 1 PERFORMANCE MANAGEMENT REPORT**

Report No. 169/2013 from the Chief Executive was received.

The following point was noted during discussion:

- i) That work had been undertaken to improve the performance of the Customer Services Team; telephone calls now being answered more quickly and 3 out of 5 days hitting the target for call answering and abandoned calls. A report on this service was due at the December meeting of the Resources Scrutiny Panel.

**Agreed:**

1. That the Panel noted the report.

**428. QUARTER 1 FINANCIAL MANAGEMENT REPORT**

Report No.177 /2013 from the Interim Strategic Director for Resources was received.

The following points were noted during discussion:

- i) Cost code 4490 Mental Health – the comment related to Wing Grange; the Council was working closely with Langley Trust to move residents to new placements.

**Agreed:**

1. That the Panel noted the report.

**429. STRATEGIC RISK REGISTER**

Report No. 147/2013 from the Strategic Director for Resources was received.

The purpose of the report was to update the Panel on the current status of the Risk Register.

During discussion the following point was noted:

- i) Risk Ref 2 – Public Health: To be amended to a higher risk due to the lack of Rutland specific data.

**Agreed:**

- 1. That the Panel notes the contents of the risk register and the actions underway to address the risks.

**430. CARE QUALITY COMMISSION (CQC) INSPECTIONS OF CARE HOMES IN RUTLAND**

Report No. 221/2013 from the Strategic Director for People was received.

The Portfolio Holder for Community Safety, Adult Social Care, Libraries, Museums and Culture (Non Sport), Mr Begy, the purpose of which was to provide information on outcomes of CQC inspections of care homes in Rutland.

During discussion the following points were noted:

- i) That the Authority did not have a statutory role in relation to Care Homes (apart from safeguarding);
- ii) That it would be helpful to have the CQC inspections on the Council's website to make it easy for people to see the quality of care homes;
- iii) That one care home in Rutland, Prime Life (Rutland Care Village), had received a warning notice following the CQC inspection, as it failed to meet all the required standards. The Council had been working with closely with Prime Life; an action plan was to be published. Regional management were undertaking weekly visits; a new manager had been appointed with a new management structure having been put in place; staffing levels had increased. Care plans and paperwork had been reviewed; two-monthly rosters had been produced; a deputy manager had been appointed to work alongside the manager; daily meetings with team leaders were being held; the Council had a member of staff working closely with the home to provide support in making the required improvements.
- iv) That the above home was compliant in the standards of treating people with respect and involving them in their care, caring for people safety and protecting them from harm and standards of staffing;
- v) All families of residents that had been placed in the home by Rutland County Council were aware that the warning notice had been issued;
- vi) Mr Gale, ward member, stated that he would be contacting the manager to offer his assistance;
- vii) Members were advised that the Authority had held an initial meeting with the manager and area manager, following the issuing of the Warning Notice, regarding the process. The Authority had made it known that the expected standard was not being reached; the Authority was supporting to make sure that standards improved and had sought to reassure service users and families of this;
- viii) Members were reminded that care homes are private businesses and inspected by the CQC. The Authority did have a responsibility when safeguarding concerns were raised

- ix) That the Council did not have any control over the amount paid to care home workers;
- x) Members were advised that the Council had a comprehensive contract monitoring process for commissioned services. Safeguarding issues were treated seriously ensuring that people received the best treatment possible; that the Authority was aware of its responsibilities regarding the contracting and safeguarding processes;
- xi) It was agreed that in the future when a care home inspection was published the full report, with a covering paper, would be brought to Panel. The covering paper would include what the Authority paid for care and what cost was charged to a self funding resident;
- xii) That social workers always directed service users to CQC reports and website when they are looking for a care home;
- xiii) That any safeguarding concerns should be reported to the Duty Desk at Rutland County Council;
- xiv) That Manton Hall had received a grant from the Department of Health to develop the dementia unit; work was currently taking place.
- xv) That the Authority, in line with most local authorities, bought the majority of its beds on a spot purchase basis with bonded rates; the authority had only one block purchase contract for older peoples residential care, with Prime Life.

**Agreed:**

1. That the Panel noted the report.
2. That the Panel would receive care home reports when published.

**431. EAST MIDLANDS AMBULANCE SERVICE**

A verbal update was received from the Portfolio Holder for Health, Mrs Emmett.

Members were reminded that the East Midlands Ambulance Service (EMAS) had been invited to attend the December panel meeting.

EMAS current achievement rates were:

8 minutes	74% against 75%
19 minutes	94% against 95%

The above being mean averages rather than modal; and were not Rutland specific.

That there was anecdotal evidence of long waiting times for ambulances in Rutland.

The Portfolio Holder, together with the Senior Manager, Health, Wellbeing and Commissioning, Ms Haigh, had met with the communications director for EMAS and requested Rutland specific data; some data was available but had only taken into account the LE15 postcode and not PE9, therefore the figures were incomplete. All parties agreed this was an unacceptable situation. All



agreed that improvements needed to be made in the service and EMAS were to employ a further 150 personnel in an attempt to improve their averages.

It was hoped that Rutland specific data would be available for the presentation to be made in early December 2013.

During discussion the following points were noted:

- i) That the Council could assist with the publicity and support for a First Responder;
- ii) That it was the decision of the service provider where to situate ambulances;
- iii) That service users had the right to be given the information to allow them to make informed choices when seeking medical assistance;
- iv) That EMAS were to attend the Health and Wellbeing Board meeting in November.

### **PROGRAMME OF MEETINGS AND TOPICS**

#### **432. REVIEW OF FORWARD PLAN**

The following items were noted as being of interest for future meetings:

- i. Local GP Surgeries
- ii. East Midlands Ambulance Service
- iii. Procurement of Public Health
- iv. Progress on Urgent Care Service (University Hospitals of Leicester)

#### **433. REVIEW OF RISK REGISTER**

This item was covered under agenda item no. 12

#### **434. ANY OTHER URGENT BUSINESS**

No items of urgent business had been previously notified to the person presiding.

#### **435. DATE AND PREVIEW OF NEXT MEETING**

Thursday 19 December 2013 at 7.00 pm in the Council Chamber

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**The Chairman declared the meeting closed at 9.12 pm**

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