



Rutland County Council

Catmose Oakham Rutland LE15 6HP

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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 19 December 2013**

PRESENT: Mrs L I Stephenson – (Chairman, in the Chair)
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 D Allen Oakham Medical Practice Patient Participation Group
Mr P Burnett Independent Chair, Leicestershire and Rutland Safeguarding Boards
Ms J Fenelon Chair of Healthwatch
Ms K Fogelman Uppingham Surgery Patient Participation Group
Ms L Harrison Pharmacy and Medical Lead Leicester, Leicestershire and Rutland NHS England (Leicestershire and Lincolnshire Area Team)
Mr T Sacks Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group
Ms J Willis Empingham Medical Practice Patient Participation Group

Non Panel Members Present: Mr M E Baines
Mr J M Lammie
Mr J R Munton

OFFICERS PRESENT: Ms C Chambers Strategic Director for People
Miss M Gamston Support Officer Corporate Support Team
Ms D Greaves Accountant (People)
Ms J Haigh Senior Manager, Health, Wellbeing and Commissioning
Ms W Poynton Assistant Director – Services for People

APOLOGIES: Mrs C Cartwright and Mr C A Parsons.

637. RECORD OF MEETING

The Record of the meeting of the People (Adults & Health) Scrutiny Panel held on 26 September 2013, copies of which had been previously circulated, was confirmed and signed by the Chairman.

638. DECLARATIONS OF INTEREST

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

In respect of agenda item 8 Mr Woodcock declared that his wife and son work for the National Health Service.

639. PETITIONS, DEPUTATIONS AND QUESTIONS

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

640. QUESTIONS WITH NOTICE FROM MEMBERS

No Questions with Notice had been received from Members.

641. NOTICES OF MOTION FROM MEMBERS

No Notices of Motion had been received from Members.

642. 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.

SCRUTINY

643. ANNUAL REPORT OF THE LEICESTERSHIRE AND RUTLAND SAFEGUARDING BOARDS

Report No. 292/2013 from the Independent Chair of the Leicestershire and Rutland Safeguarding Boards was received.

The Portfolio Holder, Mr Begy, introduced the report the purpose of which was to provide a summary of the key achievements, outputs, outcomes and impact of the work of the Leicestershire and Rutland Children and Adult Safeguarding Boards in 2012/13. It also highlighted the further improvements that would be sought in 2013/14.

During discussion the following points were noted:

- i) That this was the first time the Safeguarding Boards had produced a combined report, reflecting the closer alignment of the boards;
- ii) That the publication of an annual report for Local Safeguarding Children Boards (LSCBs) was a statutory requirement. It was not a requirement to publish an annual report for Safeguarding Adults

- iii) That the LSCB met all the requirements of Working Together to Safeguard Children (2013);
- iv) That the Overview Report to Annual Report 2012/13 included Rutland specific data for contacts and child protection referrals and also included Rutland specific safeguarding referral data for Adults;
- v) That Child Sexual Exploitation and Children Missing had been a key priority for the LSCB in 2012/13;
- vi) That the SAB had received regular reports from agencies in response to the Winterbourne View and Francis reports;
- vii) Improvement sought for 2013/14: greater evidence of the effectiveness of Early Help and continued improvement in outcomes for Looked After Children;
- viii) That the data in Figure 4: Safeguarding Adults – Referrals 2012-13 to Rutland County Council (Annual Report 2012-2013) referred to areas safeguarding referrals had been received from. There was no evidence to suggest that those referred should have been in a different service provision. Members were advised that any review of provision would be the responsibility of social services and partner agencies;
- ix) Members were reminded that the remit of the Board was to hold to account agencies undertaking safeguarding work;
- x) That there was now complete representation from schools and colleges in Rutland;
- xi) That there had been engagement with the Youth Council and Young Inspectors in Rutland to identify priorities for action in future business plans;
- xii) That safeguarding had been identified as a priority from a young people's perspective;
- xiii) That the Independent Chair attended the Rutland Youth Council bi-annually to provide feedback on priorities identified the previous year;
- xiv) That the challenge for the LSCB and SAB was to retain connectivity with frontline staff;
- xv) That the Boards had a good working relationship with the army bases in Rutland;
- xvi) That young people were consulted during the audit of drugs and alcohol services. In response to the audit, work had been undertaken to improve staff performance in identifying risk and signposting service users to appropriate services;

The Chairs of the People (Adults and Health) Scrutiny Panel and the People (Children) Scrutiny Panel, Mrs Stephenson and Miss Waller, thanked the Independent Chair, Mr Burnett, for a comprehensive report containing Rutland specific data.

644. GP PROVISION IN RUTLAND

Presentations were received from:

Mr T Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group (CCG)

Ms L Harrison, Pharmacy and Medical Lead Leicester, Leicestershire and Rutland NHS England (Leicestershire and Lincolnshire Area Team)

Mr K Fogelman, Uppingham Surgery Patient Participation Group

Ms J Willis, Empingham Medical Centre Patient Participation Group
Mr D Allen, Oakham Medical Practice Patient Participation Group

The following points were highlighted:

- i) That the CCG covered:
 - 315,000 people
 - 34 GP Practices
 - 3 localities
 - 5 community hospitals
 - 2 large providers
 - 2 local authorities
 - 4 district/borough councils
- ii) That the average life expectancy is higher than average in the areas covered by the East Leicestershire and Rutland CCG;
- iii) That in the CCG area cancer, cardiovascular disease and respiratory disease accounted for 72% of all deaths;
- iv) That the CCG had a budget of c£321 million. 70% of the budget was spent on acute, community and mental health services. £6m (2%) savings made in 2013/14 with further savings of £14m expected in 2014/15;
- v) That the CCG was responsible for the planning and buying of NHS healthcare such as hospital care, community services and mental health services. The CCG also managed prescribing and quality monitoring;
- vi) That NHS England commissioned local GP services, dentists, pharmacies and ophthalmologists or specialist services;
- vii) That commissioning priorities for 2014/15 were:
 - Improving services for people with long term conditions and frail older people
 - Improving primary care
 - Joining up community care
 - Improving access to mental health and learning disability services
 - Urgent and emergency care
 - Reviewing and improving planned care pathways
 - Improving services for mums-to-be, children and young people
- viii) That a majority clinical membership on the Board gave the CCG a clinical focus. The CCG worked closely with the General Practice Managers' Forum, the Patient Reference Groups (PRGs) and PRG Chairs' Forum;
- ix) The CCG undertook bi-annual practice visits and had strong links with NHS England;
- x) That all areas scored higher than the national average in patient experience surveys;
- xi) That the NHS England Area Team covered Leicester, Leicestershire, Rutland and Lincolnshire;
- xii) That the Area Team was the part of NHS England that managed the daily work of the NHS;

- xiii) That the Area Team was responsible for commissioning the core Primary Care services plus the whole dental pathway;
- xiv) That the Area Team was responsible for the quality of primary care services;
- xv) That CCGs had a statutory duty to assist and support NHS England in securing continuous improvement in the quality of primary medical services;
- xvi) That General Medical Practices were independent businesses funded through either a national or local contract;
- xvii) That essential and contractual requirements were:
 - Must provide essential services, within core hours, appropriate to meet the reasonable needs of its patients
 - Must provide services for patients who are, or believe themselves to be:
 - ill with conditions from which recovery is generally expected
 - terminally ill, or suffering from chronic diseases
 - Appropriate on-going treatment and care taking account of specific needs;
- xviii) That additional services provided were:
 - Cervical screening services
 - Contraceptive service
 - Vaccinations and immunisations
 - Childhood vaccinations and immunisations
 - Child health surveillance services
 - Maternity medical services
 - Minor surgery
- xix) That NHS England monitored services by the following methods:
 - Assurance Framework
 - Annual Self-Declaration
 - GP High Level Indicators – Indicates outliers
 - GP Outcome Indicators – Indicates review
 - Patient Experience Survey
 - CQC Reports
 - Complaints and SUI
 - NHS Choices
 - Health Watch
 - CCGs quality data
- xx) That NHS England was drafting a 5 year plan – Primary Care Strategy, to include:
 - Reduced unjustified variation in the quality of the services patients received and in the funding level received by providers for the same service
 - Reduced unjustifiable inequalities in access to services and health outcomes
 - Having access to the right service in a timely manner through better information and improved access
 - Empowered patients and public through extended opening, choice, expert patients and the Family and Friends test

- Early diagnosis/preventing people from dying prematurely through screening and access
 - Enhancing the quality of life for people with long term conditions
 - Federated models for GP practices and dental practices
- xxi) That contract changes for 2014/15 included:
- Seniority payments would cease on 31 March 2020
 - The introduction of a new enhanced service to improve services for patients with complex health and care needs, who may be at high risk of unplanned admission to hospital
 - Reducing the size of the Quality and Outcomes Framework reinvested into core funding and new Avoiding Unplanned Admissions & Proactive Case Management and improvements in the Learning Disabilities enhanced services
 - All patients aged 75 and over would have a named accountable GP
 - There would be a new contractual duty for practices to monitor and report on the quality of out-of-hours services and support more integrated care
 - It would be a contractual requirement for practices to offer all patients the opportunity to complete the Friends & Family test from December 2014
 - All practices to publish GP NHS Earnings in 2015/16
 - From October 2014 all GP practices would be able to register patients from outside their traditional boundary without any obligation to provide home visits for such patients
 - Practices would be required to display CQC inspection outcomes in their waiting room
 - During 2014/15 all practices would:
 - use the NHS number on all clinical correspondence
 - provide the ability for patients to book online
 - all patients to order repeat prescriptions online
 - update the summary care record daily
 - transfer patient notes using GP2GP
 - allow patients to access on line their Summary Care Record;
- xxii) That Uppingham Surgery regularly undertook patient satisfaction surveys. Responses received showed that 90%+ were satisfied with various aspects;
- xxiii) That approximately 40% of issues were dealt with by a doctor's phone call. Same day appointments provided, at Uppingham Surgery;
- xxiv) That Uppingham Surgery would be moving to new premises on 5 March 2014;
- xxv) That Empingham Medical Centre had 6000 patients including families of servicemen at the army camps;
- xxvi) That appointments could be booked and prescriptions ordered online on the Empingham practice's website;
- xxvii) That the Empingham Medical Centre would be reviewing its appointment system in 2014;

- xxviii) That according to patient experience the Oakham Medical Practice was found to be professional and caring;
- xxix) That initiatives undertaken at the suggestion of the Oakham Patient Participation Group included patients aged 75 years and over having a personal GP;
- xxx) That Oakham Medical Practice operated a Doctor First system where a doctor diagnosed over the telephone but retained the facility to see a doctor.

During discussion the following points were raised:

- i) That service quality information, if national information, was published on the NHS Choices website, and on key practice sites. CQC reports were in the public domain;
- ii) That surgeries were expected to meet reasonable needs of patients, with a system being in place for urgent patient needs calls out of hours;
- iii) That secure encrypted systems were in place for repeat prescriptions and appointment booking online;
- iv) That NHS England would undertake an inspection where a complaint was received or a serious incident occurred;
- v) That the CCG discussed with Practices issues regarding accessibility to patients; if aware of any major problems these would be discussed.
- vi) That it was the nature of health care that patients all contacted at the same time therefore Practices frontloaded the day in an attempt to minimise waiting times.

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8.18 pm Mrs Figgis left the meeting and did not return
 8.46 pm Mr Munton left the meeting and did not return
 8.46 pm Mr Lammie left the meeting and rejoined at 8.51 pm

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645. CARE QUALITY COMMISSION (CQC) INSPECTIONS IN RUTLAND

Report No. 288/2013 from the Director for People was received.

The Assistant Director, Services for People, Ms Poynton, introduced the report the purpose of which was to provide information on outcomes of CQC inspections in Rutland.

During discussion the following points were noted:

- i) That paragraph 3.3 of Report No. 288/2013 detailed National Standards against which services were judged;
- ii) That the role of the CQC was to check whether providers complied with the essential standards of quality and safety;
- iii) That paragraph 3.4 of Report No. 288/2013 detailed enforcement powers of the CQC;
- iv) That since the last report to Scrutiny on 26 September 2013 (*Report No. 221/2013*) there had been seven inspections/updates. Four were compliant and two required action to be taken, Aberdeen House and Manton Hall;

- v) That Rutland County Council provided services were fully compliant;
- vi) That there had been some improvements in the warning notice areas at Rutland Care Village. The Authority would continue to monitor through quarterly strategic and operational meetings/visits;
- vii) That there was a robust process in place to monitor the implementation of the improvements to dementia care at Manton Hall

Agreed:

1. That the Panel noted the report.
2. That CQC reports would be attached to future Panel reports.

646. INTEGRATION TRANSFORMATION FUND (ITF)

An oral update from the Director for People, Ms Chambers, was received.

The ITF is an important opportunity to take the integration agenda for health and social care forward at scale. It aims to provide people with the right care, in the right place, at the right time.

To access the ITF each locality will be asked to develop a local 2 year plan by February 2014 which needs to set out how the pooled funding will be used and the ways in which the national and local targets will be met.

The fund is not intended to address the financial pressures faced by local authorities and CCGs. The £3.8bn (national) pool brings together NHS and Local Government resources that are already committed to existing core activity. East Leics and Rutland CCG and Rutland County Council will need to redirect funds from identified and agreed areas of activity to shared programmes that deliver better outcomes for individuals.

The programmes and priorities need to link in with the CCG strategic aims and the Rutland Health and Wellbeing Board Strategic Priorities

The draft plan for discussion, would be sent to Panel members in January 2014.

647. PERFORMANCE MANAGEMENT REPORT – QUARTER 2 2013/2014

Report No. 236/2013 from the Chief Executive was received.

The purpose of the report was to report to Cabinet on the Council's performance for the second quarter of 2013/14 and the year to date.

The following point was noted during discussion:

- i) Paragraph 4.7 of Report No, 236/2013 – Meeting the Health and Wellbeing Need of the Community: The increase in 'red' indicators from quarter 1 to quarter 2 was being actively acted on.

Agreed:

1. That the Panel noted the report.

648. FINANCIAL MANAGEMENT REPORT 2013/14 QUARTER 2

Report No. 241/2013 from the Director for Resources was received.

The purpose of the report was to inform Cabinet on how the Council was performing against its revenue and capital budgets and report a forecast year end outturn position as at the 30 September 2013.

During discussion the following points were noted:

- i) That Public Health funding had transferred to the Local Authority in April 2013. At quarter 1 the Authority had not been in a position to report on variances; quarter 2 provided greater accuracy;
- ii) Cost centre 4571, Sexual Health – the budget report (Report No. 286/2013, Appendix 2) showed the budgets for Public Health as having not changed from those in 2013/14. The Financial Management Report (Report No. 241/2013) forecasted an overspend with a comment of the budget being incorrectly set. The Accountant, Ms Greaves, stated that this had not yet been updated as the budget for 2014/15 had only just been agreed. The 2014/15 budget report was to be updated before it went to Council in February.

Agreed:

1. That the Panel noted the report.

649. STRATEGIC RISK REGISTER

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

The purpose of the report was to update the People (Adult and Health) Scrutiny Panel on the current status of the Risk Register.

During discussion the following points were noted:

- i) Risk Ref 27: Retention and Recruitment of Senior Staff. Mr Gale requested an explanation of the risk description; a written reply from the risk owner was requested.

Agreed:

1. That the Panel noted the contents of the risk register and the actions underway to address the risks.
2. That the Clerk to the Panel would inform the Risk Owner of Mr Gale's request.

PROGRAMME OF MEETINGS AND TOPICS

650. REVIEW OF FORWARD PLAN

The Forward Plan was noted.

651. ANY OTHER URGENT BUSINESS

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

652. DATE AND PREVIEW OF NEXT MEETING

15 January 2014
27 February 2014 (NB change to published date)

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The Chairman declared the meeting closed at 9.25 pm

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