

peoplefirst



Final Report – People First Review January to July 2014

Document History

Document Owner The owner of this document is: Helen Briggs RCC Chief Executive

Document Location This document is only valid on the day it was printed and the electronic version is located at O:\Chief Executive\People Directorate Review\Final Report

Document Status The current status for this document is **CONFIDENTIAL DRAFT**

Revision History Date of next revision:

| Version number | Revision date | Previous revision date | Summary of changes | Changes marked |
|----------------|---------------|------------------------|--|----------------|
| Version 0.1 | 24/06/14 | N/R | Further draft | N/R |
| Version 0.2 | 26/06/14 | 24/06/14 | GRW Amends and suggestions | N/R |
| Version 0.3 | 29/06/14 | 26/06/14 | HB further amends and additional drafting | N/R |
| Version 0.4 | 01/07/14 | 29/06/14 | Amendments discussed at SMT 1 st July 2014 | N/R |
| Version 0.5 | 03/07/14 | 01/06/14 | Grammatical errors amended | N/R |
| Version 0.6 | 04/07/14 | 03/07/14 | Chapter 18 added by SDR Stats added to page 12 | N/R |
| Version 0.7 | 08/07/14 | 04/07/14 | Chapter 20 added by Carol Snell. Chapter 21 added by KL/DB Chapter | N/R |
| Version 0.8 | 09/07/14 | 08/07/14 | Chapter 9 added by Mike Sandys, reference to Health and Wellbeing Strategy added as more current than JSNA Images added | N/R |
| Version 0.9 | 10/07/14 | 09/07/14 | Reference to telehealth removed | N/R |

| Version number | Revision date | Previous revision date | Summary of changes | Changes marked |
|-----------------------|----------------------|-------------------------------|---|-----------------------|
| | | | Reference to housing floating support added Amendments made to Voluntary, Community & Faith Sector section re the removal of grants Reference to integrated care model amended Links to other programmes added | |
| Version 0.10 | 11/07/14 | 10/07/14 | Legal Chapter added Appendix A – action plan amended by GRW & KL Proposals amended to reflect action plan amendments | N/R |
| Version 0.11 | 16/07/14 | 11/07/14 | RB amends and minor editorial changes made Risk chapter removed Consultation chapter completed | N/R |
| Version 0.12 | 16/07/14 | 16/07/14 | Formatting amendments JDifolco minor amends | N/R |
| Version 0.13 | 17/07/14 | 16/07/14 | Glossary added | N/R |
| Version 0.14 | 17/07/14 | 17/07/14 | Final Formatting Statuses added to appendix A Appendices D,F & | N/R |

| Version number | Revision date | Previous revision date | Summary of changes | Changes marked |
|----------------|---------------|------------------------|---|----------------|
| | | | G added Chapter 22 updated | |
| Version 0.15 | 21/07/14 | 17/07/14 | Bibliography removed Addition on page 11 | N/R |
| Version 0.16 | 23/07/14 | 21/07/14 | Final amendments from SMT 22/7 | N/R |
| Version 0.17 | 30/07/14 | 23/07/14 | Additions made to EIA Amendments made following Project Board 30/7/14 including updated population table | Yes |
| Version 0.18 | 31/07/14 | 30/07/14 | Final amends before circulated to Cabinet 1/8/2014 | Yes |
| Version 0.19 | 31/07/14 | 7/08/14 | Further grammatical amends | Yes |

Approvals

This document requires approvals to be signed off and filed in project files

| Name | Signature | Responsibility | Date of issue | Version |
|------|-----------|----------------|---------------|---------|
| | | | | |

Distribution

This document has been distributed as follows

| Name | Responsibility | Date of issue | Version |
|------------------------------|----------------|---------------|---------|
| SMT | Comment | 29/06/14 | V0.03 |
| People Head of Service Level | Comment | 14/07/14 | V0.10 |
| Geoff Rowbotham | Information | 23/07/14 | V0.15 |
| People DMT | Information | 23/07/14 | V0.15 |
| Project Board | Approval | 23/07/14 | V0.16 |
| Assurance Panel | Information | 31/07/14 | V0.17 |

Table of Contents

| Chapter | Title | Page |
|-------------------|---|-------------|
| 1 | Executive Summary | 7 |
| 2 | Background to the Review | 10 |
| 3 | The Review Process | 20 |
| 4 | Consultation and Engagement | 22 |
| 5 | Introduction to the Conclusions | 25 |
| 6 | The People Directorate - A Vision for the Future | 26 |
| 7 | The People Directorate – The Structure | 32 |
| 8 | Elected Members – Contribution to the Review and Relationship with the Directorate | 35 |
| 9 | Public Health | 36 |
| 10 | Conclusions – Transport | 39 |
| 11 | Conclusions – Families Support | 41 |
| 12 | Conclusions – Health and Wellbeing | 45 |
| 13 | Conclusions – Learning and Skills | 51 |
| 14 | Citizens’ Charter | 53 |
| 15 | The Voluntary, Community and Faith Sector | 55 |
| 16 | Commissioning – A New Way of Working | 58 |
| 17 | Financial Implications | 60 |
| 18 | Legal Implications | 62 |
| 19 | Human Resources Implications | 64 |
| 20 | Equality Impact Assessment | 66 |
| 21 | Freedoms and Flexibilities – An Ask of Government | 67 |
| 22 | Further Consultation | 68 |
| 23 | Next Steps | 69 |
| Appendices | | Page |
| A | Summary of Proposals / Actions Recommended in the Review | 70 |
| B | Summary of Proposals / Actions Recommended in the Review which have already Commenced | 85 |
| C | Cross Reference of the Questions Asked During the Consultation Process to the Relevant Chapters | 86 |
| D | Rutland County Council – Strategic Aims and | 87 |

| | | |
|----------|---|------------|
| | Objectives | |
| E | Definition of 'Vulnerable' | 88 |
| F | Report 10/2014 Future Direction for Services to People – Scoping Report | 90 |
| G | People Directorate Senior Management Structure Chart | 97 |
| H | Analysis of Consultation Questionnaire Responses | 98 |
| I | Analysis of Consultation Questionnaire Respondents | 102 |
| J | Detailed Description of the People First Review Process | 103 |
| K | Consultation / Engagement Events Held as part of the People First Consultation Process | 107 |
| L | Equality Impact Assessment | 108 |
| | Glossary of Terms | 117 |

Chapter 1 – Executive Summary

There has never been a more opportune time to review the services provided by the People Directorate.

The changing national and local landscape means we need to ensure our structures and services are fit for purpose, targeted at those who need them the most and providing appropriate safeguarding and support to the most vulnerable.

Change is all around us, touching on every aspect of the lives of individuals, families and our communities. The only constant is change.



The People First review has been the first review of the Directorate and the services it provides for many years. It has provided a timely opportunity to step back, to reflect and look at how others do things, to challenge the status quo and to consider how we might do things differently.

This report:

- Recommends a way forward for services that will meet the needs of individuals, families and our communities – through genuinely fit for purpose structures and services
- Sets the vision for the future in the context of policy changes and against the reality of reducing resources
- Considers all aspects of the Directorate, how the Directorate sits within 'One Council' and explores the future relationships with our many partners, stakeholders, service users and the wider community
- Demonstrates how the Directorate will in the future put 'People First' and at the heart of service delivery

Much has been said throughout the review about the fantastic work the People Directorate does for Rutland to support individuals, families and the Community.

But we are not complacent. We know we can improve services - outcomes and the cost effectiveness of services.

We are keen to see our young people deliver against their expectations and to support the most vulnerable within our communities. We want to do this through building on our existing, effective partnerships.

This means working with Rutland's unique characteristics and capitalising on the opportunities our size presents us with whilst recognising the challenges it presents and working on innovative but local solutions.

We believe we know and understand our communities as well as any council in the country and this allows us to reflect their needs in the way we provide services.

Based on the review this report makes a number of proposals. **Appendix A** is a summary of those proposals and associated actions. The rationale for each of these actions is contained in the following chapters.

In a small number of cases action has already been taken. These actions are summarised in **Appendix B**.

Decisions will be made as a result of this report. The proposals if adopted will take time to develop and it is estimated that the complete programme of work may take 3 years to fully implement.

Our Medium Term Financial Plan allows for a phased delivery of the savings to be generated from this review of the People Directorate. We are also mindful that change is best managed in a well-planned way. This is particularly the case when the change affects the most vulnerable in our community and those supporting them. As such the implementation plan once decisions are made will reflect this approach.

We would like to sincerely thank everyone who has participated in the review and played such a vital role in helping us to shape these important services for the future.



Helen Briggs
Chief Executive
Rutland County Council



Gladys Rhodes White
Interim Director People
Rutland County Council



Roger Begy
Leader
Rutland County Council



Lucy Stephenson
Portfolio Holder for
Adult Social Care



Kenneth Bool
Portfolio Holder for
Children & Young People

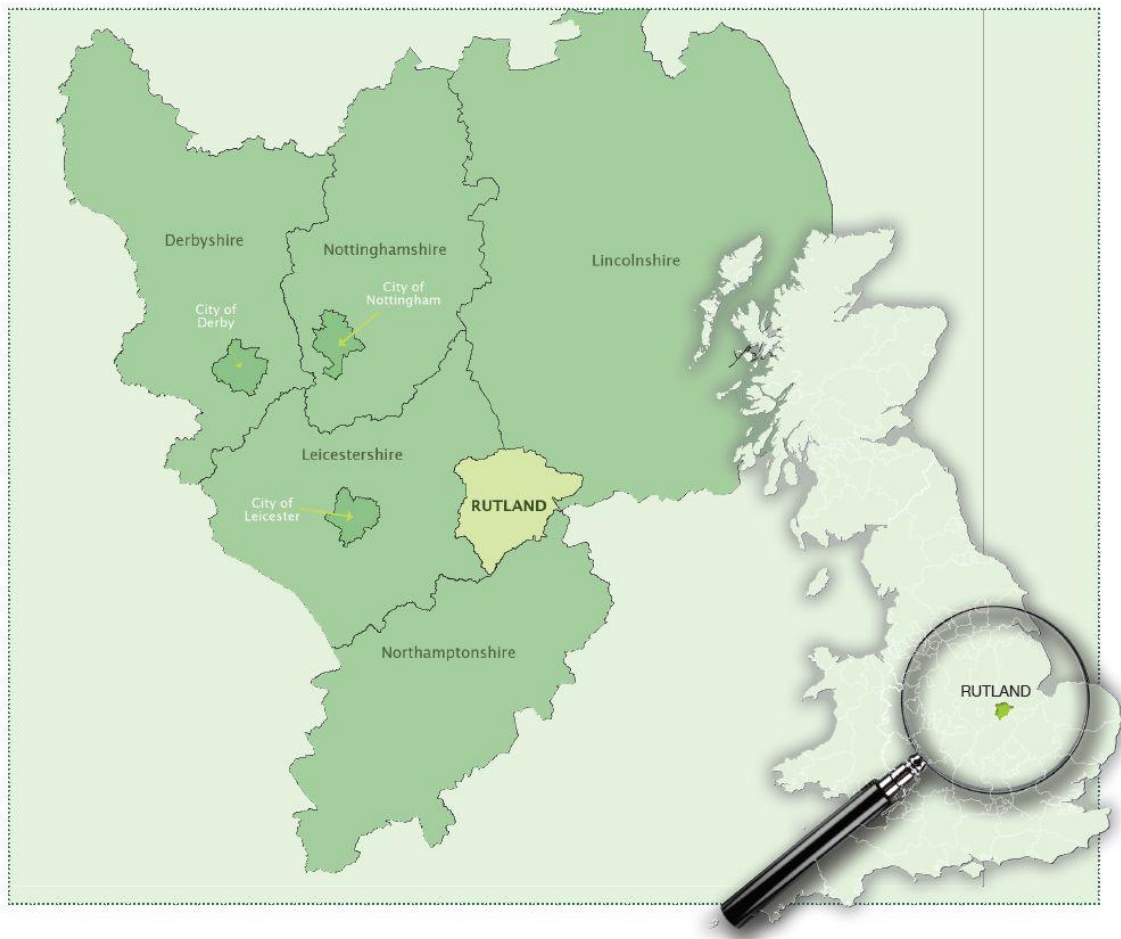


Christine Emmett
Portfolio Holder for
Health and Chair of the
Rutland Health and
Wellbeing Board



Mike Sandys
Director of Public Health
Rutland County Council

Chapter 2 – Background to the Review



Rutland

Rutland was part of Leicestershire for just over two decades from 1974 but returned to being an independent county once again in 1997 after great pressure from local residents.

In addition to being the smallest county in terms of geographical size, it also has the smallest population of any unitary authority in mainland England.

This presents both opportunities and challenges for the council but overall Rutland is recognised as a great place to live, learn, work and play.

The county is currently ranked as one of the top places to live in the country taking into account health and life expectancy, crime rates, employment and the performance of local schools.

Rutland is also an emerging tourist destination with many thousands visiting each year to sample the traditional market towns; attractions including Rutland Water and Oakham Castle, and the food and drink on offer.

26 Councillors provide the link between Rutland County Council and the local community. Rutland measures 18 miles north to south and 17 miles east to west.

This means that all elected members are very 'local' and decisions are taken by people who fully understand the area.

Our staff also have close links to our service users and this personal relationship is highly valued by those who rely heavily on some of our most important council services.

The council itself has a clear strategic direction based upon the needs of the local community and being a small and compact authority is well placed to respond quickly to any challenges that arise.

We deliver high quality services to the community whilst operating in the most efficient manner possible. A Medium Term Financial Plan (MTFP) sets out the management of our finances and presents indicative budgets for future years. The Council is seen externally as low cost. The Audit Commission produce value for money profiles annually which compare spend on services. The latest information available shows that in 2012/13 the Council's total net spend per head was £1,340 compared to the national average for unitary authorities of £1,771 and the spend of adult social per adult was £366.54 compared to an average of £412¹. Analysis undertaken by SPARSE shows that RCC receives less funding (Government start-up funding) per head compared to Leicester and all other Authorities.

Most people will be aware that the council is facing an uncertain financial future with funding reductions of 10% this year and a further 11% next year. Beyond that we expect funding to continue to reduce. However, it's important to remember this is not a problem unique to Rutland – for example Leicestershire County Council proposed earlier this year to cut £110 million from its budget along with 700 jobs.

However, careful financial management means we have money set aside to support services through the most difficult times. If we hadn't taken this approach, we'd already be looking at more difficult decisions as well as council tax increases as high as 5%.

These are just some of the reasons why Rutland is unique and why people choose to live in Rutland and bring up their families in this very special place.

It has been clear in the People First review that the majority feel very passionately that Rutland is somewhere that individuals and families can be supported in a way that is not always possible in areas supported by bigger Councils. This is reflected in the conclusions drawn from this review – **Keep Rutland Special!**

¹ http://profiles.audit-commission.gov.uk/layouts/acwebparts/NativeViewer.aspx?Report=/Profiles/VFM_Standard&EntityGroupID=189&DescriptorID=39860&SelectedCategoryID=7422&TopLevelCategoryID=7422&EntityID=15621&GroupID=185

The People Directorate

The People Directorate provides services targeted at individuals and groups including some of our most vulnerable residents. These services include offering support to:

- Vulnerable adults and children
- Schools and other learning institutions
- Families
- Children and adults with special needs and disabilities

The Directorate also leads on the provision of Health & Social Care services, safeguarding, and learning & skills.

The People Directorate equates to 45% (by spend) of Council activity with an annual budget of £13.8m. Our current Medium Term Financial Plan (MTFP) assumes savings to be delivered by the People Directorate equating to £1.5m over the life of the plan.²

Currently the People Directorate has 282 staff³



² Report 29/2014 Appendix 8

³ Headcount as per Report 138/2014 as at 31st March 2014

Working in Partnership



The People Directorate has a number of key partners and we have worked hard throughout this review to engage and involve them in this important work. We do not work in isolation and some boards and bodies are instrumental in supporting us, challenging us and providing us with governance and a sounding board for the work we do. This includes:

The Health and Wellbeing Board

The Children's Trust

The Local Safeguarding Boards

Safer Rutland Partnership Board

The Better Care Together Board (Leicestershire, Leicester City and Rutland 5 Year Strategy)

The Voluntary, Community and Faith Sector forums

The Parish Council Forum

Rutland Together our Local Strategic Partnership

Armed Forces Multi Agency Group

We will build on existing frameworks and governance and develop the outcomes of this review working ever closer with our partners.

The Armed Forces in Rutland



The Armed Forces at St Georges and Kendrew Barracks are a vital part of the Rutland community. The County Council is the driving force behind the Armed Forces Community Covenant and has worked hard to welcome Regiments back from Germany and Cyprus as part of the Armed Forces 2020 Vision and the accompanying rebasing strategy. This work continues with the 1st Military Working Dogs Regiment and the 2nd Medical Regiment due to move to St Georges Barracks in 2015.

The Council and in relation to this report the People Directorate will continue to work within the multi-agency framework to support the Armed Forces in transition and as key members of our community.

The Role of Our Staff

The People Directorate staff team has been instrumental in supporting this review. It has been a challenging process with tight timescales and work required on top of already very busy workloads.

Change creates uncertainty and it is always difficult when others challenge what we do and how we do it. The staff team have responded well and have been open minded and very constructive in their contributions.

It is important that the excellent work done by the team is recognised. Throughout the consultation process much was said from across the spectrum of those consulted about the dedication, enthusiasm and quality of our staff. Time after time we heard examples of staff members going the extra mile and providing an excellent service.

We will not lose sight of this in the next steps and we will ensure that our staff continue to be supported and valued.

Elected Members

Members have supported this review at every stage. Members of the Board and Assurance Panels have taken time to read all of the supporting documentation and attend many of the consultation events. This has demonstrated their support for the process and a genuine interest in the outcomes of the review. They have given freely of their time to listen and reflect on what we have heard from services users and the wider public.

Why the review was necessary

It has been a considerable time since the services covered by the People Directorate have been reviewed. The current structure has been in place since 2010 and whilst the other Directorates have been reviewed the People Directorate has remained substantially untouched. The bulk of budget savings delivered over the last 5 years have come from the Places and Resources Directorates.

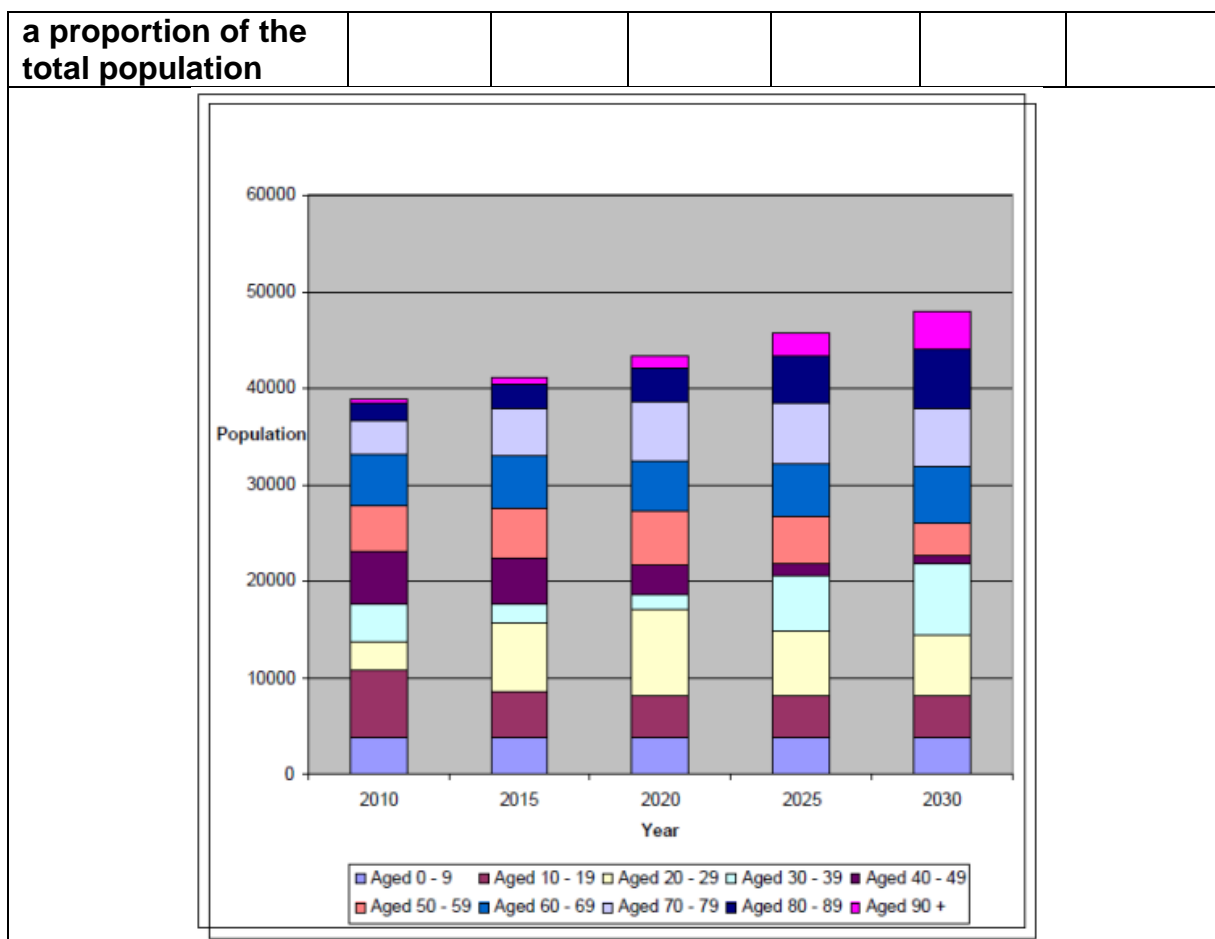
The world around us is changing significantly. Our services need to respond to policy changes and reflect changes within society and within the public, private and Voluntary and Community Sectors.

The profile of Rutland is changing as can be seen in the following graphics:

Table 1: Total population; population aged 65 and over; and population aged 85 and over as a number and as a percentage of the total population, projected to 2020⁴

| | 2014 | 2015 | 2020 | 2025 | 2030 | % increase from 2014 to 2030 |
|---|--------|--------|--------|--------|--------|------------------------------|
| Rutland: Total population | 36,900 | 37,000 | 37,900 | 38,900 | 39,800 | |
| Rutland: Population aged 65 and over | 8,900 | 9,100 | 10,200 | 11,400 | 12,800 | |
| Rutland: Population aged 85 and over | 1,200 | 1,300 | 1,600 | 2,000 | 2,600 | |
| Rutland: Population aged 65 and over as a proportion of the total population | 24.12% | 24.59% | 26.91% | 29.31% | 32.16% | 8.04% |
| Rutland: Population aged 85 and over as | 3.25% | 3.51% | 4.22% | 5.14% | 6.53% | 3.28% |

⁴ Figures taken from Office of National Statistics (ONS) subnational population projections published May 2014. Source: www.poppi.org.uk (Projecting Older People Population Information System)



The population of Rutland is increasing and will in future place increased and different demands on our services. Over the next 15 years our population of older people⁵ is expected to grow significantly. For this reason it is important that we support people to age well in Rutland.

Technology is changing the way people want and expect to access services. The county has changed in the last 10 years. Our population is growing, proportionately ageing and people's needs are changing - our services need to change to reflect this evolution.

The National and Local health economy is on the cusp of some of the biggest changes for some time. As a council we are now responsible for Public Health. Integration is the number one policy priority for health and social care, with the catalyst being the Better Care Fund (BCF). This will require us to fundamentally change the way we deliver services.

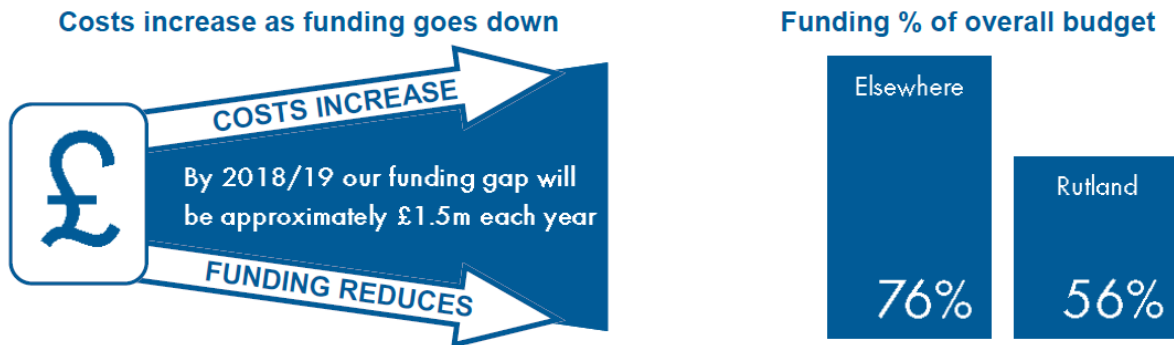
Direct payments, our reablement programme, increased homelessness, welfare benefits changes and the implications of the Care Act are examples of just some of the changes that have and will impact on the way we are required to deliver services

The world of schools and learning now includes Academies, Free Schools, Federations and the ever changing Ofsted regime – this impacts on the way we are required to support and challenge schools and colleges. We need to be in a strong

⁵ Those aged 65 years and over

position to influence this agenda and resourced to adequately support and challenge our schools and colleges.

We know that resources are becoming ever scarcer. This means that we need to see the People First Review in the context of our MTFP.



A growing problem..

The amount of money the council receives from central government is reducing by 10.4% in 2014/15 and 11.1% in 2015/16.

Did you know?

The average unitary council receives government funding for 76% of their budget. In Rutland, we receive 56%!

It also means that we need to consider who we support, why and to what degree. We believe we need to support the most vulnerable and target those who need our services the most. As with Councils across the Country and other public sector organisations – Police, Fire and Rescue, the NHS and the Ambulance service all are considering how to deliver services against a backdrop of a reducing public services envelope.

We are planning ahead in a timely manner to allow us to reconfigure services to meet future demand in a changing environment in the most appropriate way offering good value for money.

We are aware that population growth will bring additional income to the Council. New housing attracts not only additional income from Council Tax but also (at present) a new homes bonus.

Economic growth also brings additional revenue through an allocation of Business Rates to the Council.

However, growth in population and growth in businesses requires increased capacity in services; the additional income we get does not equate to the additional cost of providing for this and the increased demand for services. Therefore, we will endeavour to take action to address rising costs and demand by reviewing income and expenditure.

As at 24th January 2014⁶ predicted £8.142m Balances carried forward at 31st March 2014.

Based on that MTFP by 2018/2019 our balances will be £4.8m. That is predicated on delivering £1.5m savings for the People Directorate. Balances are like the family silver – we can only use them once.

Even if we deliver £1.5m savings the position would still be that in 2018/19 we would be spending £1.457m more than we have income coming in i.e. we are running year on year a deficit position. This is not sustainable. We need to take action now to address this.

Our current level of balances has been a key element of our MTFP strategy. The current reserves have bought us time to undertake the review in a measured way and to implement the outcome to a plan. However, our reserves are only equal to 3 months net revenue expenditure. This makes it clear that the status quo is not an option.

The People First review was supported by Council at its meeting on 6th January 2014 based on Report 10/2014 (attached at **Appendix F**).

Scope of the Review

- a. Examine the One Council – People, Places, Resources structure – Is it still fit for Purpose?
- b. Depending on (a) review the functions in the People Directorate. Are there functions that we do not have to provide and could be ceased? Are they in the right place within the structure or could they be absorbed more effectively within Places / Resources?
- c. Examine the cost base – undertake a comprehensive cost benchmarking exercise
- d. Undertake a comprehensive review of all existing processes
- e. Based on (a – d) review the existing structure within the People Directorate – is it fit for purpose? Targeted/Universal/Health/Could we flatten the structure? What are the alternative options for service delivery?
- f. Building on (a – e) review the future options available for the residual services within the People Directorate
- g. Based on (a – e) recommend a future vision, commissioning strategy and structure for the Directorate.
- h. Develop a proposed budget/MTFP for the People Directorate
- i. Propose a timetable and process for implementation

⁶ Report 29/2014 Appendix 8

Objectives of the Review

- a. Put in place a vision for the future of service delivery for the Directorate within the over-arching One Council Vision
- b. Propose a commissioning strategy to support the vision
- c. Recommend a structure to support the commissioning strategy
- d. Undertake the appropriate consultation
- e. To deliver on-going savings on the cost base of the People Directorate

Chapter 3 – The Review Process

This chapter outlines the process we have followed to conduct the review which has been managed in line with standard project management protocols.



Approach:

The project has been managed on a day to day basis by a small project team the work of which is overseen by the Project Board which consists of Officers and Members. A Project Assurance Panel is in place to provide Quality Assurance for the review process. Membership of these bodies is as follows:

Table 2: Membership of the Project Board, Assurance Panel, Review Team and Special Joint Scrutiny

| Project Board: | Assurance Panel: | Review Team: | Special Joint Scrutiny |
|--|--|---|---|
| The Board consists of internal senior managers including finance and legal representation, and 4 People Directorate Portfolio Holders (Members from RCC Cabinet) | 2x Scrutiny Panel Members 1x Health rep. 1x Voluntary and Community Sector rep. 1x Independent rep. | <ul style="list-style-type: none"> • Chief Executive • Project Manager • Interim Director for People • People Directorate Assistant Directors • Resources Directorate Assistant Director • Accountant | Children's and Adults Panels Joint Panels met twice during the review period to scrutinise review findings. |

Key Stages:

The key stages of the review process were as follows (a more detailed description of the review process can be found at **Appendix J**):

Table 3: Key Stages of the Review Process

| Stage | Activity | Timescale |
|-------|---|--------------------|
| 1 | Project Approval: review commenced | January |
| 2 | Internal Baseline Exercise Documented review of all existing services provided by the People Directorate | January – February |
| 3 | Screening of information provided in the baseline exercise | March |
| 4 | Planning for consultation | March – April |
| 5 | Consultation on options | May-June |
| 6 | Analyse and evaluate findings from consultation | June-July |
| 7 | Develop detailed proposals for future service delivery | July-August |
| 8 | Final proposals submitted through democratic processes | September |

Chapter 4 – Consultation and Engagement

Background

It was made very clear at all stages of the review that the consultation stage was the most important; the council has worked hard to ensure that the review has been people led. The People First review presented us with a fantastic opportunity to engage with stakeholders, partners, service users and the general public on a wide range of services that really matter to our community.

The consultation period ran for 7 weeks from 28th April – 13th June. The consultation was based around a survey supported by presentations and background materials. Although the survey was available online it was intended to be most effectively used at a series of events planned to allow engagement, to allow debate, challenge and discussion about our views. We planned a diverse programme of events to reach out to as many individuals and groups as we could, including some traditionally 'hard to reach' groups.

Promoting the Consultation

A poster and the information brochure were circulated to all Parish Clerks for them to place on each Parish Notice Board

Hard copies of all consultation material were delivered to each library (Oakham, Uppingham and Ketton).

Hard copies of the information brochure were distributed across Oakham e.g. cafes, dentists, optometrists and the Oakham Medical Surgery

Hard copies of the information brochure were distributed to Uppingham Surgery

The RCC Web site

The marketing campaign to promote the consultation included radio and newspaper adverts.

A large banner to publicise People First was placed in the Customer Services Foyer throughout consultation.



My Rutland

Home Find Council Services Do it Online Your Councillor Contact Us Search GO

Use the links above to reach key areas of our site.

People First

Submit your views!

Key Documents

Consultation Events

Council Services

FAQs

Financial Pressure

Adult Social Care

Our Vision

Home > People First

People First

The cost of providing some of the most important council services in Rutland is expected to increase by £2 million during the next few years.

Figures from the census show a predicted 70% increase in the over 65 age group by 2030.

This increase in population and a greater demand placed upon social care, are just two reasons why the council needs to plan for the future.

The People First project is focussed on making sure that important services are delivered in the best way possible to those that need them most.

View the key documents - [information booklet](#), [survey and background information](#) - that you will need to take part in this consultation.

[Submit your views](#) - let us know what you think - find out more about how you can make your opinion known.

peoplefirst

Councillor Roger Beqv, Leader of Rutland County Council

News

- Uppingham Neighbourhood Plan Referendum 10 July 2014
- WW1 exhibition opening at Rutland County Museum
- Book your place on young driver courses
- Oakham Castle rated excellent by Tripadvisor

Weather

Tuesday: white cloud, Max Temp: 5°C (41°F), Min Temp: 4°C (39°F)

Wednesday: light rain shower, Max Temp: 7°C (45°F), Min Temp: 3°C (37°F)

Thursday: white cloud, Max Temp: 6°C (43°F), Min Temp: 1°C (34°F)

FEEDBACK

Consultation / Engagement Events

The consultation / engagement events as part of People First process are listed at **Appendix K** with an analysis of how many people engaged with us throughout the consultation period at the various events and by submitting a completed questionnaire.

The events programme provided the review team with an opportunity to speak to a diverse range of stakeholders face to face.

There were a number of requests from stakeholders for additional sessions. These were accommodated and additional sessions arranged, for example, the addition of a drop in session in the East of the County in Ketton.

The consultation brochure and survey were available for completion by residents as well as staff and stakeholder organisations. However, through the organised events many individuals chose to come and speak with the team face to face as opposed to completing a questionnaire. All discussions were documented and the information has been fed into the review process, thus influencing this report.

Staff consultation was exactly the same as the stakeholder and public events, with the addition of the proposals relating to the senior management structure for comment at the workshops. A number of opportunities were provided for staff to make comments including through an online staff forum.

A Special Joint (Adults and Children) Scrutiny Panel 05/06/14 and Full Council 09/06/14 considered the People First consultation documents and proposed senior management structure.

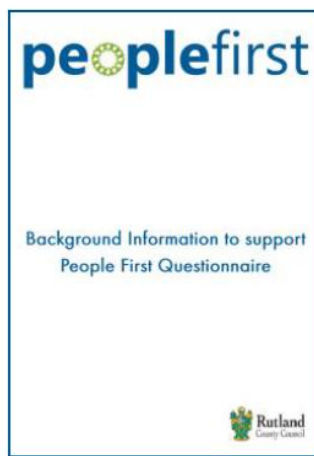
Response to the Consultation

We were delighted that so many people took time to talk to us. We got some robust challenges and some great ideas. Everyone who expressed an interest was encouraged to attend an event where we could 'engage' and get their views.

There were a number of criticisms about the questions and the way the questions were phrased. The questionnaire was very much a starting point with the questions designed to promote debate and to seek views rather than just obtain yes / no answers that would not really tell us what we needed to know, emphasising the fact that this review was people led. The aim was to get people participating and talking.

As well as an analysis of the responses received on the questionnaires (this is attached at **Appendix H**) you will see in this report that each relevant chapter begins with an analysis / summary of the relevant questionnaire sections.

The quantitative analysis of the questionnaires does need to be caveated due to the nature of the questions. As has already been indicated the real value in the consultation and engagement has come in the comments received and the discussion we have been able to facilitate.



Chapter 5 – Introduction to the Conclusions

Background

In drawing together the conclusions from the People First Review the following have been taken into account:

- All comments and contributions made through the consultation process
- The contributions made by the external consultants supporting the review PeopleToo
- The 48 detailed baselines submissions prepared by the Service Managers within the People Directorate, a detailed review of those bases lines and the supporting evidence
- A challenge process supporting a review of the 48 baselines
- Current and emerging Policy and Practice
- Rutland's Joint Strategic Needs Assessment (JSNA)
- The Better Care Fund submission
- The Leicester, Leicestershire and Rutland Health and Social Care 5 Year Plan – Better Care Together

The conclusions from the review and the proposals⁷ based on those conclusions form the substantial body of this report. The conclusions are cross referenced to the questions asked during the consultation process in **Appendix C**.

⁷ The proposals are highlighted "PROPOSALS" and are summarised in Appendix A

Chapter 6 – The People Directorate – A Vision for the Future

This chapter reflects on the future vision for the Directorate. It reflects on the more general questions contained within the consultation process building up a picture of how the community and service users want services to be provided.

It will reflect back:

- What is important?
- What and who are our priorities?
- How we target services?
- How we 'do business'?
- How the team will deliver against the One Council vision, strategic aims and objectives.

Views from the Consultation

Table 4: Views from the Consultation

| Ref. | Question | Yes | No | Don't Know | No Comments |
|------|--|-----|----|------------|-------------|
| A1 | Do you agree that it's important for the Council to review services with a view to protecting some of the most important for the future | 149 | 2 | 2 | 19 |
| A2 | Should the Council prioritise services for the most vulnerable members of our community, even if it means reductions elsewhere | 98 | 30 | 21 | 23 |
| A4 | Do you support reduced levels of service (e.g. reduced opening hours, slower response times) to redistribute money to other areas | 77 | 58 | 15 | 22 |
| A4a | Do you accept reduced eligibility to access some services so only the most vulnerable are supported in the first instance | 92 | 46 | 10 | 24 |
| A4b | Are you prepared to travel further (still within Rutland) to access services? | 86 | 56 | 9 | 21 |
| A4c | Would you be willing to pay to receive some services if it was the only way they survived? | 95 | 25 | 29 | 23 |
| A4d | The council already works with partners (other council's, health, VCS) to deliver services. Do you support co-locating services using joint funding wherever possible? | 124 | 20 | 6 | 22 |

| Ref. | Question | Yes | No | Don't Know | No Comments |
|------|---|-----|----|------------|-------------|
| A4e | Do you agree with the council investing additional time and resource into contract re-negotiations to secure the best value arrangements? | 114 | 17 | 18 | 23 |

Summary of Comments

Table 5: Summary of Comments

| |
|---|
| <p>Concern that what we had consulted on was not a vision but a list of statements</p> <p>General support for most of the statements but a concern that there was insufficient explanation or detail to form a view in some instances</p> <p>Concern that some of the questions were closed questions but in most cases respondents had also submitted comments to mitigate this</p> <p>Support for the concept of reviewing services.</p> <p>Very strong feeling that we should focus on Rutland.</p> <p>An acceptance that things had to change and a good understanding of the financial challenges facing the Council</p> <p>Acceptance of the need to prioritise service provision and that this should be to the most vulnerable</p> <p>Consensus that 'Vulnerable' needs to be defined</p> <p>No consensus about priority groups but there was strong support for – Carers, Older Vulnerable People and Children and Adults with very complex needs</p> <p>Concern expressed about the viability of the County and some suggestions of a return to Leicestershire</p> <p>Highlighted the 'new' income to the Council from Oakham Enterprise Park and new houses</p> <p>Some asked if we had explored shared services enough</p> <p>A general acceptance that if people can afford to pay for a service this could / should be considered</p> <p>Real concern that the 'cost of living' in Rutland must be factored in when considering people's ability to pay</p> <p>Concern that diverting resources from prevention and early help might lead to higher cost later</p> <p>Highlighted Rutland's size as a strength – we can 'do things differently'</p> <p>Keen not to see Rutland dragged down to the lowest levels of provision evidenced by other Council's – "Not a race for the bottom"</p> <p>Significant discussion on the support for the 'middle' i.e. Support in place for Children & Young People and Older People but is there adequate support for the vulnerable in the 25 – 65 range</p> |
|---|

People Directorate – Vision Statement

The reason we are here is to serve our children, families, vulnerable adults and communities to the best of our ability. The culture that we will develop is one where we will regularly ask ourselves “Would this be good enough for my child, my parent or me?”

What follows are clear commitments. What the Rutland community can expect from the People Directorate. It includes a definition of ‘vulnerable’⁸ and clear commitments to safeguarding children, young people and vulnerable adults.

These are the core functions of the People Directorate.

The People Directorate Will:

- Work as One directorate within One Council
- Meet our statutory obligations
- Support individuals and families within our community to achieve their full potential and be safe from harm
- Target services in particular at the most vulnerable and those who need us the most
- Integrate services more closely with the Health and Voluntary, Community and Faith Sectors based on care pathways that support ‘ageing well’ and independent living
- Be clear about what individuals, families and our community can expect captured in a Citizens’ Charter⁹ for Rutland
- Focus on finding different ways to do things rather than reduce or remove services
- Where we are proposing to change services we will consult with those affected by any changes
- Support our Schools, Academies and Colleges to realise the full potential of our children and young people
- Adopt an early intervention and prevention approach, intervening as soon as possible to address the root causes of problems

⁸ A definition of vulnerable is contained in **Appendix E**

⁹ See Chapter 14 for more information about the Citizens Charter

How We Will Provide Services

We provide services in a number of different ways. Some directly, some simply funded and some provided by others on our behalf. Based on the work of the People First review and the consultation undertaken we want to be clear about what we will do in future. Table 5 summarises the proposals.

Table 5: Summary of Proposals for How We Will Provide Services

Directly provided services – A small number of individuals need high levels of targeted support from the Council and specifically the People Directorate. For example this includes Looked After Children, Children in Foster Care, People in Residential Care or Supported Living Accommodation, Children and Young People with Special Needs

PROPOSAL (1.1) – the majority of these services are statutory and we will continue to provide them. However, we will review on a case by case basis:

- the most appropriate and cost effective support;
- whether a charge / contribution is appropriate; and
- identify where services are being provided in excess of statutory requirements and / or need

Funded Services – the Council provides funding to support independent living for some individuals through Direct payments. This includes for example 138 individuals who have their care needs assessed and are given a financial contribution to allow them to purchase their own care

PROPOSAL (1.2) – the majority of these services are statutory and we will continue to provide them. However, we will review on a case by case basis:

- the comparable cost of supporting through direct payments and the alternatives;
- explore the potential of Telecare and Assistive Technology
- work to develop the market in the private, and voluntary, community and faith sectors to introduce competition in the provision of services
- explore the creation of social enterprises to create supply in an under provided for market

Universal Services (services open to all) – the Council provides some services that are available to all (Universal Services) for example Children’s Centres (some services) and Youth Services (some sessions)

PROPOSAL (1.3) – These services tend to be more discretionary. We will review provision on the following basis:

- consider charging where there is a demand for the service and a willingness and ability to pay
- if there is insufficient demand to make a service viable then the service may be withdrawn
- review the introduction of a charge for universal youth activities
- develop activities (including youth activities) that either target groups that need extra support e.g. Young Carers or support the Voluntary, Community and Faith Sector to develop an offer
- the Councils role in the delivery of universal services should increasingly become to develop capacity and not direct provision

Services provided by others but funded by the Council – The Council funds some services that are provided by the voluntary, community and faith sector on our behalf. This includes for example the Citizens Advice Bureau (Debt Counselling), Voluntary Action Rutland (Community Transport Scheme) and Age UK

PROPOSAL (1.4) – the Council will:

- review the demand for services and how support can be provided in a different way, including for example Meals on Wheels, Housing Floating Support and Day Care centres for the elderly
- assess the need for on-going service provision on a contract by contract basis
- seek to eliminate duplication and base Council funded services on pathways that deliver the appropriate outcomes
- develop a new relationship with the Voluntary, Community and Faith Sector. This is outlined in Chapter 15.

Services provided entirely by others – A wide range of services are provided with no support or involvement from the Council but meet a genuine need within the community. Examples include the Guides, Brownies, Cubs and Scouts, faith groups, military charities and sporting organisations

PROPOSAL (1.5) – the Council will:

- work with the Voluntary, Community and Faith Sector to support this type of activity to increase across the county where it is based on an analysis of need

An Information Service for Rutland

A key theme in the consultation responses from the review was the need for a comprehensive and accessible information service.

Improved information provision is central to successfully delivering a number of initiatives highlighted in this report, including the Citizens' Charter, Community Agents and the corporate Transport Review. This service will also be crucial in delivering all of the council's Strategic Aims and Objectives. Rutland County Council is keen to develop a service that supports the whole population of Rutland to access the information they need to enable people to live independently.

PROPOSAL (1.6) – That the Council will develop with our partners a fully integrated information service for the residents of Rutland

The objectives of this service will be:

- to provide an accessible hub of information and a single point of contact and onward referral for residents
- to help remove barriers that stop people accessing the right services
- encourage take up of entitlements to benefits and essential support
- to assist residents to support themselves and each other where appropriate
- to support improved integration between services, service providers and the public, private, Voluntary, Community and Faith Sector
- based on an analysis of existing provision in this area, a gap analysis and identification of the ideal model to meet community needs now and in the future

This is recognised as a huge piece of work and will therefore need to be broken down into a number of manageable phases.

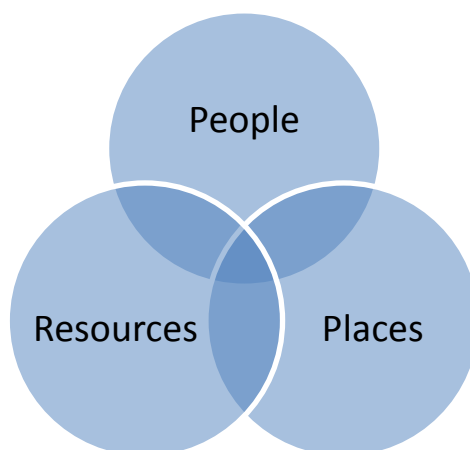
Chapter 7 – The People Directorate – The Structure

On What Evidence Base Have We Drawn Our Conclusions?

- A review of structures at other Councils and in particular rural unitary councils
- Advice provided by the Interim Director Gladys Rhodes White and PeopleToo
- Input from staff and our partners

The People Directorate within One Council

The People Directorate will operate within the One Council umbrella. It will work with the Places and Resources Directorates to deliver our shared Vision for Rutland and the council's strategic aims and objectives¹⁰.



One Council

One Council ensures that the whole Council Team, Members and Officers work as one. It allows for all 3 Directorates to combine and contribute in the most effective way to support the delivery of our strategic aims and objectives and to meet the needs of our customers and citizens.

One Council supports the whole Council team working to support our community regardless of where they sit within our structure – supporting service delivery seamlessly to ensure that from our service users perspective they can expect a consistent seamless service.

¹⁰The Council has set a very clear vision for the County and the County Council. This is articulated in our Strategic aims and objectives. These are contained in **Appendix D**. This will be reviewed following the May 2015 Election and will allow the new administration to set the vision for the period 2015/2020. Until then the Council will continue to work within the current vision.

The People Directorate – Structure of the Directorate

The People Directorate will provide services in the following three service groupings to support – Individuals, families and the wider Community.



At its meeting of 9th June 2014 Council approved the new Senior Management Team for the People Directorate. This structure builds on the three blocks – Health and Wellbeing, Learning and Skills and Families Support. The structure is shown at **Appendix G**.

Some services as a result of the review are moving from the People Directorate to either Places or Resources. These include:

Table 6: Services that are moving from the People Directorate to Places or Resources

Community Safety

Rutland is unusual in having Community Safety within the People Directorate. It is more usual for it to be aligned with services provided within the Places Directorate. Much antisocial behaviour and crime is Place related with close synergies to public protection. In addition, the perception of safety is closely related to the maintenance of public spaces and there are close links with road safety. Residents are more likely to be injured in a road accident than as a result of an assault.

Community safety will move into the Environmental Services section of the Places Directorate. This section includes related service such as environmental health, licensing, trading standards and open spaces maintenance. The People and Places management teams are working together to ensure that a transfer of the functions delivers against the expectation of a genuinely 'One Council' team that works closely with all areas within RCC. The new arrangements will start on the 1st September 2014.

Housing Options

The Places Directorate already has the oversight on Development, Housing and Economy for Rutland. It deals with site allocations and the type and style of housing provided. It will be a straight forward progression to move the housing options team and fully integrate them within the Directorate working with the planning policy team. The arrangements are scheduled for transfer on the 1st of September.

Contracts and Procurement

Whilst the Contracts and Procurement Team have made significant contributions to corporate policies, such as the Contract Procedure Rules, the team was set up to support the People Directorate only.

This was due to the complex nature of the procurement activity within the Directorate. The team has driven some significant improvements in contracting and procurement activity within the Directorate and now is seen as an opportune time to capitalise on this. The decision to move the team into Resources enables the scope of the team to be extended so that it supports the whole organisation to build on the emerging best practice. This approach will enable a more One Council approach to procurement, ensuring that wherever possible projects are joined up and managed in the most efficient and effective way.

The Director of Resources is the Chair of the Welland Procurement Board therefore this move brings a further benefit in that it allows the team more direct access to the Board and will ensure that the relationship with the Welland Procurement Unit continues to strengthen.

Chapter 8 – Elected Members – Contribution to the Review and Relationship with the Directorate

At the request of the Project Board it was agreed that the scope of the People First Review would include recommendations for the on-going relationships with Elected Members.

Clearly the proposals contained in this report and the structural changes agreed by Members in June make this an ideal time to revisit the current arrangements.

On what evidence base have we drawn our conclusions?

- A review of arrangements at other Unitary Councils
- Based on the conclusions in Chapter 7

In order to align the political structure to the new organisational structure the following changes are proposed.

Table 7: Identification of the current arrangements with comments and options for change

| Current Arrangements | Comment | PROPOSAL (2.1) |
|--|--|---|
| Portfolios: Adult Social Care Children & Young People Health Community Safety & Housing | The proposed structure fits more closely with existing Portfolios than the current structure. Suggest that Portfolios are re-titled to match the new structure and that as Community Safety and Housing have been removed that they now rest with the Places Portfolios | Portfolios: Health and Wellbeing Families Support Learning & Skills |
| Current Arrangements | Comment | PROPOSAL (2.2) |
| Scrutiny Panels: People (Adults and Health) People (Children) | Very little change required. Suggest two panels retained but re-titled. | Scrutiny Panels: Families Support & Learning and Skills Health and Wellbeing ¹¹ Scrutiny of Community Safety and housing options proposed to move over to the Places Panel ¹² |

¹¹ Note the work of the statutory committee 'Health and Wellbeing Board' has a much different focus than the Health & Wellbeing Scrutiny Panel would have. These will remain as two separate committees

¹² Note this is a statutory requirement

Chapter 9 – Public Health

Background

Since 1st April 2013 Rutland County Council has once again become responsible for the Public Health¹³ of Rutland. From this date local authorities have a new duty to take such steps as they consider appropriate for improving the health of the people in their area. Local authorities also inherited responsibility for a range of public health services previously provided by the NHS including sexual health and substance misuse treatment, NHS health checks, school nursing, smoking cessation and community infection prevention.

We share a Public Health Team with Leicestershire County Council but there is a clear accountability through the People Directorate to the Chief Executive and the Portfolio Holder for Health.

The Director of Public Health is Mike Sandys (pictured below).



On what evidence base have we drawn our conclusions?

- Progress on transition to the new arrangements
- A review of arrangements at other Unitary Councils
- An initial review of our Public Health contracts by Gladys Rhodes White and the Contracts Team
- Detailed discussions with Public Health professionals and Blackburn and Darwen Council including a site visit and data exchange
- The Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

The arrangements in place are still developing. There remains work to do to ensure that the services provided within the Public Health ring-fenced funding are properly appropriate, and of the highest performance, for Rutland people.

Rutland is a healthy place to live. Life expectancy for both men and women is above the national average. However, there remain a number of challenges to health in Rutland. Around 55 of the approximately 350 people who die a year in Rutland die of

¹³ See glossary for definition of Public Health

a smoking related illness. One in five adults and one in six children are obese; two thirds of adults are overweight.

182 people last year were treated for an acute sexually transmitted infection, 185 had a hospital stay due to alcohol misuse. There were just under 2000 recorded people with diabetes.

These are all largely preventable. The cost burden to the NHS and the public sector in dealing with these preventable conditions is large.

Public health needs to be about more than public health services though. The transition of public health is an opportunity for the whole council to play its part in improving the health of the population. The new structure for the people directorate can equally be used to show how the health of the population is dependent on the overlap the 3 blocks.



The Rutland Health and Wellbeing Strategy identified priorities for health as:

Theme 1: Giving children & young people the best possible start

- Vulnerable Families
- Vulnerable Teenagers
- Emotional health and wellbeing of children, young people and their families

Theme 2: Enable people to take responsibility for their own health

- Obesity
- Smoking
- Alcohol

Theme 3: Help people live the longest healthiest life they can

- Frail elderly
- Dementia
- Cancer

- Depression and anxiety
- Wider determinants of health

Life expectancy in Rutland is 81 years for males compared with an England average of 79.2 years

In 2013 30 people died before their 75th birthday of cardiovascular disease, 42 died before their 75th birthday of cancer

1,917 people were recorded as having diabetes, 6.7% of the adult population

Life expectancy in Rutland is 84.7 years for females compared with an England average of 83 years

Going forward we are keen to review the opportunities for Rutland in having more direct control of Public Health and Public Health outcomes.

PROPOSALS (3.1 & 3.2)

- Work across One Council to identify opportunities in all aspects of our work to drive improved public health outcomes in line with our Joint Strategic needs assessments and associated actions
- Review all Public Health spend to ensure that resources are directed at the appropriate interventions and outcomes for Rutland

Chapter 10 – Conclusions Transport

Views from the Consultation

Table 8: Views from the consultation – question D1

| Ref. | Question | Yes | No | Don't Know | No Comment |
|------|---|-----|----|------------|------------|
| D1 | <p>The council has a responsibility to provide specialist transport to certain groups of vulnerable people and want to know if you agree with the following principles?– Not everyone will receive specialist transport free of charge</p> <ul style="list-style-type: none"> - Arrangements may change e.g. different vehicle, change of times - We could provide you with money to arrange your own transport - If you currently travel alone, you may have to share with others | 106 | 18 | 26 | 22 |

Summary of Comments

Table 9: Summary of comments

| |
|---|
| <p>Strong support for a review of our current arrangements</p> <p>Several examples of where there could be improvements and a willingness to support a rationalisation of arrangements</p> <p>Could Shorelink be used more effectively?</p> <p>Examples quoted of where transport is funded by RCC whilst users are also in receipt of mobility allowances</p> <p>Explore TITAN – travel training for Young People</p> <p>Support for sharing transport</p> |
|---|

On what evidence base have we drawn our conclusions?

- A review of the consultation responses
- A review of the 48 service baselines – a number of which refer to transport and the need to review
- An initial review of contract spend
- The findings of the Scrutiny Task and Finish Group
- Advice from PeopleToo

PROPOSAL (4.1)

- Undertake a Council / County wide review of transport

It is clear from the review that a fundamental review of transport arrangements for the County is required and the principle is supported by the consultation responses.

Transport costs account for about £2.6M (8%) of total Council expenditure. It is estimated that the travel costs associated with statutory services equate to 60% of the overall budget for transport.

In 2012 a Scrutiny Panel Task and Finish Group was established to review home to school, Special Educational Needs (SEN) and public transport in Rutland to 'ensure the Council's contribution to each of these is achieving value for money and the transport needs of Rutland residents are provided for'. As a result a number of changes have been made. The most significant of these was the phasing out of denominational home to school transport. However the Task and Finish Group did not have the resources to carry out the fundamental review originally envisaged. The work completed by the task and finish group will now be built on as part of a comprehensive Council wide review.

The objectives of the transport review will be to:

1. Undertake a 'holistic needs analysis' of transport requirements within the County
2. Review the service levels set out in all transport related policies identifying all non-statutory services and flexibilities in statutory service provision
3. Proposals will be developed to modify policies and fill gaps in policy coverage - to design the most effective solutions /options
4. Identify and evaluate the options for efficiency savings through alternative delivery models and route optimisation.

This is recognised as a significant piece of work and a huge opportunity to get transport right. It will therefore take time to implement due to the substantial research and planning required to develop a solution that best meets the needs of our community; the impact of any changes may not be seen for some time.

Chapter 11 – Conclusions – Family Support

Views from the Consultation

Table 10: Views from the consultation

| Ref. | Question | Yes | No | Don't Know | No Comment |
|------|--|-----|----|------------|------------|
| B1 | Do you agree that the council should review the levels of support made to Foster Carers to ensure these are comparable with elsewhere | 117 | 15 | 19 | 21 |
| B2 | The council provides short breaks and leisure activities for young people with complex disabilities and their families. In future, we will review whether support (number of hours) should be prioritised for those with the highest needs. Do you agree? | 108 | 29 | 13 | 22 |
| B3 | Do you agree with our plan to transfer services delivered at the Children's Centre at Casterton to our other sites? This is part of a wider piece of work that will also introduce charges for sessions that are available for parents with children aged under one. | 85 | 41 | 23 | 23 |
| B4 | We currently provide information for families through a standalone team. Do you agree with our plans to join up with other information services within the council and link more closely with partners including health and voluntary sectors? | 133 | 7 | 10 | 22 |
| B5 | The council plans to reduce the level of offer provided by the youth service and this will see the number of supported youth clubs reduce from 8 to 3. Should the council encourage the Voluntary and Community Sector to take on these services? | 84 | 40 | 26 | 22 |

Summary of Comments

Table 11: Summary of comments

| |
|---|
| <p><u>General</u> Early intervention and prevention model supported and highlighted as essential in avoiding higher costs at a later point</p> <p><u>Foster Carers</u> Recognition that Foster Carers are well supported compared to other areas Need to factor in higher cost of living in Rutland Difficult to recruit and the private sector alternative is very expensive Could we introduce Performance Related pay for Foster Carers Incentives e.g. free leisure activities for Foster Carers</p> <p><u>Aiming High</u> Strong support for the aiming high services balanced by support for targeting at Children and Young People with the most need for the service including providing respite for carers Concern that Aiming High service does not have much to offer for those with most complex needs Eligibility needs looking at – there are some children accessing mainstream activities and Aiming High</p> <p><u>Youth Services</u> Support for the suggestion that the Voluntary and Community Sector could support this and for charging for Youth Clubs Keen to see a wider provision for all ages and specialist provision for SEN Young people Need to keep youths active and happy Transport highlighted as the key access issue Suggested fundraising Make better use of the facilities on the Army bases Use Shorelink to join up access to youth facilities Use Young People to support Young People Information needs to be better, use technology and social media more Wider range of facilities – e.g. a 'retro milkshake bar' Council senior managers should engage more often with our Youth Council</p> <p><u>Children's Centres</u> Support for a charge to be levied Keen to widen the use of facilities available in Stamford so that those in the East of the County can access services closer to where they live General support for closing the Casterton centre but a need to ensure transport to other facilities is improved</p> |
|---|

Families Support – Think Child, Think Family, Think Community

We are remodelling our structure and services to build on the success of the ‘whole family approach’ pioneered in our Changing Lives programme.

The families support team will focus on prevention and early intervention but where this does not work it will support children, young people and families with intensive, targeted support.

The team will create a simpler single point of access for referral, assessment and triage functions. It will commission services focussed on outcomes from the People Directorate, One Council and the Private and Voluntary, Community and Faith Sectors as appropriate.

On what evidence base have we drawn our conclusions?

- A review of the consultation responses
- A review of the 48 service baselines and in particular the excellent example from the Changing Lives programme
- Discussions with Senior Managers about the most effective way to shape our services
- A review of our pathways
- Our Better Care Fund submission
- PeopleToo input

PROPOSALS (5.1 to 5.9) – we will:

- Create a Families Support team within the People Directorate that will provide support across a range of interventions from the very earliest interventions to very targeted and intensive support
- Build on the concept of the Changing Lives programme – a whole family approach
- Review our structure to eliminate duplication and where appropriate merge teams and create a single point of access
- Review all pathways
- Review all thresholds
- Review on a case by case basis all care and support packages
- Ensure that the SEN reforms are fully reflected in our plans to fully comply with our statutory obligations
- We will work with the Voluntary, Community and Faith Sector to build capacity to support families within Rutland
- We will explore on a service by service basis charging for universal services taking into account ‘ability to pay’

Foster Carers PROPOSALS (5.10 & 5.11)

- Proceed with a review of support to Foster Carers that will build on the comments made through the consultation process
- Focus on the whole package of support and not just the financial elements

Aiming High PROPOSAL (5.12)

- We will review the 'offer' for those who qualify for support through the Aiming High initiative. The objective will be to target support at those who need it the most and to reduce or withdraw support where on a case by case basis it is not considered to be effective, value for money or meeting an identified need

Children's Centres – PROPOSALS (5.13 – 5.15)

- The services currently delivered at Casterton Children's Centre will be reviewed and other delivery options will be introduced
- We will review the appropriateness of charging for all services provided at Children's centres. This may mean that services currently provided free of charge will either cease or a charge will be levied.
- Review the early years 'Offer'

Youth Services PROPOSALS (5.16 – 5.17)

- RCC Supported Youth Provision at Whissendine and St George's Barracks will cease but we will support the development of alternative provision where there is sufficient demand. RCC has identified a way to continue to support provision at Kendrew Barracks through accessing funding from the Armed Forces Community Grant Scheme; we will look to do the same at St Georges Barracks.
- We will work with the Young People and the Voluntary, Community and Faith Sector to build capacity to support Young People within Rutland

Chapter 12 – Conclusions – Health and Wellbeing

Views from the Consultation

Table 12: Views from the consultation – questions C1 – C5

| Ref. | Question | Yes | No | Don't Know | No Comment |
|------|---|-----|----|------------|------------|
| C1 | Do you agree that carers in Rutland should receive similar levels of support to those living in neighbouring council areas? | 117 | 38 | 13 | 4 |
| C2 | Rutland County Council spends a considerable amount of money on Community Care Packages; this includes Direct Payments. Do you agree with setting an upper limit for packages and reviewing these annually? | 107 | 30 | 17 | 18 |
| C3 | Do you support council plans to deliver more services in the home to encourage and support people to live independently as long as possible? | 135 | 11 | 7 | 19 |
| C4 | As less older people are choosing to use day care services/day centres, do you agree that we should look at different ways of supporting older people? | 124 | 38 | 8 | 2 |
| C5 | Less older people are choosing to have a hot meal delivered to their home. Do you agree that the council should explore alternative ways of delivering the 'Meals on Wheels' service? | 122 | 14 | 15 | 21 |

Summary of Comments

Table 13: Summary of comments

Concern about the level of support for those suffering from dementia and Alzheimer's

Carers – seen as a huge resource under pressure

Real concern about withdrawing any support for Carers

Need to improve information and advice available

Real gaps for some special groups e.g. Diabetics

People should take responsibility for their own health and wellbeing

Explore the concept of 'Health Champions'

Rutland Memorial Hospital (RMH) is a vital resource – protect it and develop it

Make better use of GP surgeries to give out advice and information

Support for a health and wellbeing hub and spoke model

Investment in home care sector – need to develop the market

Need to look at alternatives to day care

Is there sufficient provision in the County for residential care?

Real concern about the level of support for people with mental health problems

Meals on Wheels –
It's not the food
people want it's the
contact

Plenty of activities for Older
People but no one knows
about them

On what evidence base have we drawn our conclusions?

- The transfer of responsibility for Public Health to Local Authorities effective from 1st April 2013
- The Council's joint (with East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG)) BCF submission
- The Leicester, Leicestershire and Rutland (LLR) 5 year Strategy - Better Care Together
- The Rutland Joint Strategic Needs Assessment (JSNA)
- Caring for our future: reforming care and support (July 2012)
- The 48 baseline reviews and in particular those relating to health and Wellbeing services
- Meetings with Health Colleagues
- Detailed discussions with Public Health professionals and Blackburn and Darwen Council including a site visit and data exchange

It is essential that any activity in relation to Health and Wellbeing within Rutland is aligned with the LLR 5 year strategy and the BCF submission.

This is a service area where there is going to be significant change as the implications of the Care Act 2014 are implemented over the next two years.

The Health and Wellbeing team will be at the forefront of that change as we reconfigure. Our focus will be on:

- Integration of services
- Supporting independent living
- Ageing well
- Early intervention and prevention
- The contribution Public Health can make

Key elements to support this will be the Rutland Information Service, our Citizens' Charter and a refocused Voluntary, Community and Faith Sector.

PROPOSALS (6.1 – 6.11) General – we will:

- Create a Health and Wellbeing team within the People Directorate that will provide support across a range of interventions from the very earliest interventions to very targeted and intensive support for adults including the vulnerable and those who need our support the most
- We will support our population to ‘Age Well’ through a range of interventions across One Council under the prevention and public health umbrella
- Review our structure to eliminate duplication and where appropriate merge teams and rationalise points of access to services
- Review all pathways
- Review all thresholds
- Review on a case by case all care and support packages
- Undertake a gap analysis of where support within our communities is inadequate or fails to appropriately identified standards
- Work towards closer integration of our services with the Health sector. This will include:-
Shared posts within the RCC staff team with ELRCCG
Better integration of Public Health within One Council
Co-located services
- Exploring the opportunities that RMH provides for a health and Social Care Hub to support new ways of working in Rutland
- Explore on a service by service basis charging for universal services taking into account ‘ability to pay’
- Ensure that we achieve the vision and targets outlined in our BCF submission – “By 2018, there will be an integrated social and health care service that has significantly reduced the demand for hospital services and puts prevention at its heart”.

PROPOSALS – Specific (6.12 – 6.18) – the funding to support developments in this area will include the Rutland Better Care Fund¹⁴.

PROPOSAL (6.12) – Community Agents

We will introduce a new service to Rutland that we will specify, commission and procure from the Private / Voluntary, Community and Faith Sector. It will build on our experience from the RCC funded Community Spirit and First Contact schemes and lessons learnt from similar projects across the UK

Community Agents will:

Be different- they will not just target the elderly but the whole community

¹⁴ BCF funding allocation for Rutland 14/15 - £788k, 15/16 - £2.24m

Form an integral part of the Information and Support model that we will put in place

Be supported by a Community Agent Co-ordinator

Work for and within the Communities across Rutland working a flexible working pattern reflecting the needs of the communities they serve

Live close but not in the communities they serve – the service they offer will be confidential and discrete

Act as a signposting service, they will know their communities and know how to signpost those who need help to the right service

Feed into the Rutland information service their knowledge about their communities

Assist their community and individuals to navigate our County Wide information service

Support their communities to support themselves by acting as a catalyst for community clubs, societies and events within and for the community,

Identify gaps in provision and work with the Public and Voluntary, Community and Faith Sectors to address gaps where appropriate

They will know who the most vulnerable are within their community and they will complement the services targeted by 'agencies' to support independent living and keeping the vulnerable safe

PROPOSALS (6.13 – 6.17)

- Evaluate and develop our integrated care model (GP based service which identifies those at imminent risk of hospital admission, helping them to self-manage their long term conditions)
- Develop and expand our use of Telecare and Assistive Technology
- Develop a joint commissioning strategy for prevention services
- Review support for housing people in their own homes rather than institutional settings
- Introduce an integrated health and social care unscheduled care hub / crisis response service to:
 - Deliver 24 hour provision
 - Offer night care
 - Offer a falls response
 - 'Hold' patients in their usual place of residence for up to 72 hours and support their activities of daily living
 - Build on our existing re-ablement team

PROPOSAL (6.18)

- Increase support for those with long term conditions. Specifically –dementia, autism and learning disabilities and people with mental health problems

PROPOSAL (6.19)

- Develop a 7 day service to support hospital discharges

PROPOSAL (6.20) – Carers

- We will review the overall package for carers and carer capacity using the BCF and the new Community Agents scheme and working with the Voluntary, Community and Faith Sector to explore ways of enhancing support for Carers

PROPOSALS (6.21 & 6.22) Community Care Packages

- We will review the options for imposing a cap on Community Care packages linked to a residential care package threshold as long as the Local Authority continues to meet the needs of the individual
- We will review on a case by case basis contributions where the threshold is exceeded

PROPOSALS (6.23 & 6.24) Independent Living

- We will structure services and work on multi agency integration of services to support independent living including offenders, the homeless, young people leaving care, the elderly and those with special needs of disabilities,
- We will review and devise a strategy for the next 20 years for capacity within Rutland to support residential care, supported living and retirement accommodation for those that will need access to this provision. Our objective will be to increase overall provision and in particular specialist provision to support those with dementia or similar conditions

PROPOSAL (6.25) Day Care

- We will consider the need for day care services and replace provision that does not match the needs of service users or provide value for money

PROPOSALS (6.26 & 6.27) Meals on Wheels

- The current Meals on Wheels service will no longer be offered to new users and alternative options will be introduced
- Existing service users (19¹⁵) and prospective new users will be supported to find alternatives

¹⁵ The number of users of the Meals on Wheels service has steadily declined since the review commenced

Chapter 13 – Conclusions – Learning and Skills

Views from the Consultation

Table 14: Views from the consultation – questions D2, D3

| Ref. | Question | Yes | No | Don't Know | No Comment |
|------|--|-----|----|------------|------------|
| D2 | Do you think the council should review charges for Adult Learning to make sure they are in line with other providers? | 121 | 11 | 20 | 20 |
| D3 | Should the council continue to provide support and challenge to those schools that drop to a level that causes concern or are not reaching their full potential? | 107 | 28 | 18 | 19 |

Summary of Comments

Table 15: Summary of comments

| |
|---|
| <p>Support for introduction of charges and charges to cover costs</p> <p>Concern that Academies were doing less to support Children and Young People outside the curriculum i.e. before and after school activities</p> <p>A view that all schools could do more to support Youth activities</p> <p>A view that RALs could be more targeted to life and employment skills</p> |
|---|

On what evidence base have we drawn our conclusions?

- Analysis of the baselines relevant to this area
- Consultation and in particular engagement with our schools, colleges, academies, RAL's and Post 16 Learning provision
- A review of recent Ofsted Inspection reports
- Feedback from the Children and Young People's Scrutiny Panel on an earlier draft of the Learning and skills strategy
- Engagement with local businesses and employers

In the light of national policy changes we are aware that we need to focus more on the performance of our schools, academies and colleges. We will build on previous successful collaboration and partnership arrangements, to secure an effective shared approach to school improvement.

We will increase the level of support and challenge that we put in place to support schools and colleges.

We are keen that the Learning and Skills team works within the One Council structure and in particular the Places Directorate to support increased opportunities for apprenticeships, skills and vocational training, leading to real jobs and work options. This in turn will support economic growth, job creation and assist to provide opportunities that will help to keep young people in our County, making a positive contribution

PROPOSALS (7.1 – 7.8)

- We will create a Learning and Skills team within the People Directorate that will deliver against a comprehensive learning and skills strategy for Rutland
- Develop and deliver a new Learning and Skills strategy for Rutland – this has been drafted and will be in place by the start of the new academic year – September 2014. It will include:
 - An overview document
 - A governance and monitoring framework
 - A school improvement strategy
 - An early years strategic plan
 - An adult learning strategic plan
- Additional resources will be put in place to support and challenge schools and colleges through a Learning and Skills performance board against an education performance dashboard
- Specific additional capacity will be put in place to support Primary schools where they 'Require Improvement' (3 Primary Schools and 1 Special School) and all secondary / Post 16 schools
- Schools will receive an annual visit and report
- Schools causing concern will have two-monthly meetings and close scrutiny and monitoring of performance
- We will support and contribute to a Rutland Teaching Schools Alliance
- We are keen to explore the opportunities for schools, colleges and academies to contribute more to the needs identified within our communities – e.g. building on the offer outside the curriculum to support children, young people and families

PROPOSAL (7.9) Adult Learning

- We will review charges for all Adult Learning classes and review our community learning offer

Chapter 14 – Citizen’s Charter

Views from the Consultation

Table 16: Views from the consultation – question A3

| Ref. | Question | Yes | No | Don’t Know | No Comment |
|------|--|-----|----|------------|------------|
| A3 | Do you support plans for a Citizens’ Charter outlining what the local community expects of the council and what the council expects in return? | 100 | 27 | 23 | 22 |

Summary of Comments

Table 17: Summary of comments

| |
|---|
| <p>Support for the idea in principle and many wanted to see it expanded to:- Cover all Council Services Include the Private and Voluntary and Community Sector Strong feeling that it must focus on Rutland and Rutland only Concern that it would be costly and bureaucratic</p> |
|---|

On what evidence base have we drawn our conclusions?

- Views expressed during the consultation and engagement
- Looking at previous experience at other Councils and public sector bodies
- A view evidenced in the consultation responses for clarity on what the Council will provide

PROPOSALS (8.1 – 8.5)

- A Citizens' Charter is developed for Rutland that will:
 - Cover all Council activity
 - Be clear about what Rutland Citizens can expect from us as a Council and what we expect from our Citizens
- Work with other Public Sectors agencies to expand the Charter to include all Public Services within Rutland
- Open a dialogue with the Private sector through the Rutland Together Infrastructure Group about the application of a Charter for Rutland within the Private Sector
- Work with the Voluntary and Community Sector Compact to assess the viability of including the Voluntary, Community and Faith Sector in the development of the Charter
- The Citizens;' Charter development will be led by RCC and a task and finish Group to be Chaired by Cllr Stephenson will be established to progress the Charter for launch on 1st April 2015

Chapter 15 – The Voluntary, Community and Faith Sector

Views from the Consultation

Table 18: Views from the consultation – question A4 (part)

| Ref. | Question | Yes | No | Don't Know | No Comment |
|------|--|-----|----|------------|------------|
| A4 | The council already works with partners (other councils, health, voluntary sector) to deliver services. Do you support co-locating services using joint funding wherever possible? | 124 | 20 | 6 | 22 |

Summary of Comments

Table 19: Summary of comments

| |
|--|
| <p>Consensus that a vibrant and strong Voluntary and Community Sector is vital in Rutland</p> <p>Strong views that the sector needs to be adequately resourced and supported in particular for Disclosure and Barring Service (DBS) checks and training</p> <p>Concern about gaps in provision from the sector in particular for Young People</p> <p>More should be done to encourage a more diverse pool of volunteers to support a wider range of Voluntary and Community Sector (VCS) organisations</p> <p>Signposting and advice about where to go for support from the sector is needed</p> <p>Concern that we didn't know where the gaps in provision from the sector are e.g. Diabetic Support Group</p> <p>A consensus that the Voluntary and Community Sector could bridge some of the gaps e.g. Youth Centres and activity but needed to be supported to do so</p> <p>Don't forget that the Churches and their communities are very active too</p> |
|--|

On what evidence base have we drawn our conclusions?

- A review of our contracts and the associated outcomes with the Voluntary and Community Sector
- Meetings both individually and collectively with Voluntary, Community and Faith Sector representatives
- The responses from our consultation and engagement and in particular the 'Stakeholder' event

Whilst it is important that the Council supports the Voluntary, Community and Faith Sector, we acknowledge that the sector is diverse and each organisation is autonomous in its own right.

We are also aware of the enormous contribution made by the Faith sector in our communities and in future we would be keen to embrace this very important sector of the Voluntary, Community and Faith Sector.

We hope that the clarity that this report will provide and the on-going discussions will prompt the sector to be proactive in engaging in a dialogue about the future. It is not for the Council to suggest how the sector might organise itself but we will in future be much clearer about what we can offer the sector and what our expectations of the sector will be.

PROPOSALS (9.1 – 9.11)

- We want to commission more from the sector, putting in place contracts that are supported by a clear commissioning strategy and specifications; RCC will over the next two years review all contracts, Service Level Agreements (SLA's) and Grant Funding to Voluntary, Community and Faith Sector Organisations
- We believe there are services currently undertaken by the Council that in future we will not be able to fund. We want to work with the Voluntary, Community and Faith Sector to see if they can support where it is not viable or appropriate for us to do so.
- RCC will discuss with Voluntary Action Rutland (VAR) a refresh of the Public Sector Compact – the Compact is a written agreement between the Voluntary, Community and Faith Sector and the statutory sector designed to build better partnerships and to ensure better and closer collaborative working in delivering services to the communities they aim to serve
- We are proposing as an outcome of this review to stop doing some things currently undertaken by the Voluntary, Community and Faith Sector. This is because we want to commission different services to reflect the changing needs of our residents
- We want to encourage the Sector to attract additional funding to the County for use in the County for our residents

- “For Rutland In Rutland” – the concept is one that has been widely referred to in our consultation process and we are watching with interest to see how the scheme develops
- We are keen to encourage the development of Social Enterprise – in particular to support the Health and Social Care services
- The Voluntary, Community and Faith Sector will be key consultees on the development of the proposals contained in this report but specifically the :-
Information Service
Community agents
- We will look at the infrastructure needs of the Voluntary, Community and Faith Sector and provide support to enable them to continue to thrive and grow in order to respond to our changing resident’s needs.
- We will look at the most effective way of providing this ongoing support which may involve commissioning an external organisation
- We will look at options for maintaining and increasing our volunteering capacity including developing an infrastructure that can support this growth (including training and support needs)

Chapter 16 – Commissioning – A New Way of Working

In order to support the vision for the future of the Directorate and the actions outlined in this report the Directorate will be redefining its way of working. The Council and the People Directorate will move away from the traditional style of procurement to commission and purchase services within an overarching council wide commissioning, procurement and contract management strategy.

Commissioning

“Commissioning is the process of specifying, securing and monitoring services to meet people’s needs at a strategic level. This applies to all services, whether they are provided by the local authority, NHS, other public agencies, or by the private and voluntary sectors.”

On what evidence base have we drawn our conclusions?

- A review of our contracts and the associated outcomes
- The responses from our consultation and engagement and in particular the ‘Stakeholder’ event
- Advice from the Welland Procurement Service
- Feedback from local businesses

We want to ensure we adopt a robust implementation of the commissioning cycle so we can evidence improved or better outcomes and value for money from our investment.

PROPOSAL (10.1)

- **Publish an approved Framework for Commissioning, Procurement and Contract Management** – The Framework will provide the foundation to support all areas of the Council in adopting a consistent, comprehensive, legislative and robust approach to Commissioning/ Decommissioning, Procurement and Contract Management

There are a number of key documents that will support this including:

- **Contract Procedure Rules (CPRs)** – These rules form part of the Constitution and are intended to promote good purchasing practice, ensuring the Council secures the best possible Value for Money, promotes public accountability and deters corruption. The Council is likely to review the CPRs and other relevant supporting documentation to reflect any changes as a result of the new procurement legislation, which is due to be adopted this year
- **Our Commissioning Intentions** – This document sets out the Commissioning Intentions for The People Directorate services for Rutland for the next three years, 2014 – 2017. The purpose of these Commissioning Intentions is to provide an indication to our current and potential new providers of the changes

we are going through

- People Commissioning Programme – A Programme that outlines the key outcomes, measures and targets to be achieved, and details all the Commissioning Plans that need to be completed, by when and by whom
- Commissioning Toolkit – This document provides a Strategic Commissioning Toolkit ('Aiming for Success') for the People Directorate. It aims to support staff with commissioning services cost effectively, and to encourage managers and staff to think about what will be achieved through each service contract within the People Directorate.
- Short Form Specification – This is a step-by-step specification template to assist with compiling quotations and tender packs
- Procurement in Rutland for Small and Medium Sizes Enterprises (SME) – This guidance sets out actions that RCC will take to make their Contracts more accessible to SMEs
- Individual Placement Policy – This policy sets out processes that must be followed when placing individuals with social care services in order to exempt the procurement from the Contract Procedure Rules
- Contracts Register – The register is updated on a regular basis to reflect current, live contracts and includes information on their total values, what they are for and who is responsible and accountable for managing each contract.

Chapter 17 – Financial Implications

The financial challenge facing the Council is one of the key drivers for the review. The size of the challenge is articulated on page 17. Against this backdrop, the financial objective of the review was to reduce 'net cost' by c£1.5m - £2m.

The report has set out a number of conclusions and areas for further work. This work will generate detailed costed proposals for consultation, in line with statutory and regulatory requirements where necessary. The delivery of any reductions in net cost will therefore depend on various factors:

- proposals put forward by officers;
- the willingness, capability and capacity of partners and others to contribute to delivering services across organisational boundaries;
- the results of any consultation undertaken;
- decisions taken by elected members.

Whilst the Council is not at the stage where it can give an itemised list of where savings will be made, it has generated sufficient evidence through its baseline review of services, discussions with partners and initial consultation to indicate that a substantial reduction in 'net cost' can be made in line with the original £1.5m target.

The table below gives an indicative view of areas where savings may be made and the underlying rationale.

Table 20: View of areas where savings may be made and the underlying rationale

| Area and rationale | Indicative £ |
|---|---------------------|
| <p><i>Staffing</i></p> <p>The Council spends £6.4m on staff costs. The Council has already approved a change in the senior manager structure which will save c£75k. Through a combination of efficiencies, merger of services internally or externally and some element of service reduction, further savings are likely to be made through attrition, not filling existing vacancies or through redundancies.</p> | <p>£400 - £500k</p> |
| <p><i>Making better use of Public Health funding</i></p> <p>The Council is responsible for public health and receives a ring fenced grant of c£1m to meet its duties. The Council believes that it can make better use of this funding. Some existing initiatives funded via this route are likely be reduced and other initiatives (currently funded through the Council's core funding) will be funded through Public Health funding. This will give a 'saving' to the Council.</p> | <p>£200 - £300k</p> |

| Area and rationale | Indicative £ |
|--|---------------|
| <p><i>Sustaining services through the Better Care Fund</i></p> <p>The Council has traditionally funded lots of services (e.g. reablement services) which have a benefit to the Health Sector through its core funding and some contribution from Health. From 2015/16 the Council will hold a pooled budget of c£2m for the Better Care Fund. On the basis that the Council can demonstrate that its services continue to provide benefits to health e.g. reduce hospital admissions then it will be able to use the BCF monies to protect these services.</p> | £300 - £500k |
| <p><i>Transport review</i></p> <p>Transport costs account for about £2.6M (8%) of total Council expenditure. The costs associated with statutory services are provisional; however, it is likely that about 40% of the overall budget relates to discretionary services.</p> <p>Through reviewing service levels, better procurement, merger of transport management, there is significant potential to reduce cost.</p> | £100 - £300k |
| <p><i>Service redesign, review and reconfiguration</i></p> <p>In a number of areas (foster carers, youth services, community care, residential and domiciliary care etc.), the intelligence gathered through baselines including comparisons with other authorities, unit cost analysis, customer feedback indicate that there is scope to make efficiencies, generate additional income or deliver services in a more joined up way with health/Voluntary, Community & Faith Sector.</p> | £300 - £500k |
| Total | £1.3m - £2.1m |

The figures above are illustrative and may change as detailed proposals are developed. Moreover, proposals may generate additional costs:

- investment – some proposals may require up-front investment. The Council has an Invest to Save reserve and General Fund balances which would allow for proportionate investment;
- redundancies – the Council’s policy is to achieve staff reductions through attrition and redeployment where possible. However, where this cannot be achieved there may be redundancy costs which will be funded through Invest to Save or General Fund balances.

Chapter 18 – Legal Implications

There are a number of proposals within the paper, each of which will have differing implications in the specific requirements of each and the varying impacts that may or may not result.

In taking these matters forward the Council will have due regard to a number of factors in how these proposals balance against one another. Each function being discussed will also be subject to its own legislative provisions that will need to be considered as the proposals are developed for further consideration, decision-making and brought to fruition. Key amongst these will be where the Council has a statutory duty to provide a service or go about providing or changing how a service might, or might not, be delivered in the future.

In generic terms, however, the factors to be considered will fall under the following headings.

General statutory duties

The Council is subject to a number of duties as part of its corporate governance and these will be considered at the varying stages through the decision making process. For example, it is a requirement that the decisions when made are only done so after having due regard to the Council's public sector equality duties, which is discussed further in the section on the Equality Impact Assessment.

Consultation

Further consultation may be required in respect of certain proposals. This may arise because of a statutory requirement or as a requirement of the legitimate expectation of those benefiting from or involved in current service provision.

As has been the case in the consultation thus far, consultation follows four essential rules. These are that:

1. consultation must be at a time when proposals are still at a formative stage;
2. the proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response;
3. adequate time must be given for consideration and response;
4. the product of consultation must be conscientiously taken into account in finalising any proposals.

Contracts, Procurement and Commissioning Agreements

The projects may have a knock-on effect on existing contracts and commissioned services that may require a process of variation to bring the proposals into effect.

New procurement may also be necessary as a result of the proposals and these will need to go through the usual processes under the Councils Standing Orders to comply with current competition law.

It may be that certain proposals can be best delivered through shared services or separate legal entities. These options might range from local authority joint governance arrangements, separately owned companies, partnerships to mutually owned entities. Each will require specific legal input successfully establish the new arrangement and to deliver their objectives for the Council.

Employment

The changes will inevitably have a direct or indirect impact on employment. These are considered further below in the section on Human Resources.

Chapter 19 – Human Resources Implications

Delivery of services to the community requires staff with the right skills at the right time, with the drive and motivation to do the best for our community. The People Directorate is our largest directorate comprising 256 staff with the profile as outlined (as at 01/07/14) in table 21 below.

Table 21: Profile of the People Directorate staff

| | |
|--|-----|
| Grade – Scale 1 to Scale 6 (Salary range £12,435 to £23,945) | 118 |
| Grade – Scale S01 and above (£24,892) | 82 |
| Grade – Other (FENJC, JNC, Soulbury & Spire) | 56 |
| Male | 32 |
| Female | 224 |
| Age up to 40 | 58 |
| Age 40+ | 198 |

The change required by this review will have a huge impact on staff, but importantly it is the change that staff deliver that will enable the success of People services. The Council will provide the time and resources to get this right. In particular, the outcome of the review will influence:

1. Organisational structure

Whilst we do not want to be constrained by boundaries and hierarchies, the Directorate will have a structure and framework that clarifies accountabilities and responsibilities, whilst enabling and supporting flexibility and resilience.

Where structural change is inevitable, the Council will use its robust Restructure Policy to ensure a fair, open and transparent process is followed with its staff and trade unions. The necessary timeframes and opportunities for meaningful consultation will support the delivery of such changes during a period that may be unsettling and de-stabilising whilst new ways of working are being designed and implemented. The Council will use its partial amend process where applicable to reduce the impact i.e. where posts are a least 50% the same and at the same grade and there is no reduction in staffing levels for that post. The Council will also put in place further support mechanisms where staff may be displaced e.g. career counselling and outplacement support – these are in addition to our existing counselling service through Care First.

2. Workforce Development

It is vital that we identify the skills, experiences and competencies that we require to deliver our services going forward – we already have a huge wealth of experience in our staff but we need to reflect on needs for the future. The Council will use national standards and competency frameworks together with our Personal Development Review scheme as frameworks to help us plan ahead. In addition we will:

- (a) Recruit the right skills and experience – this may require defining new and different ways of attracting and retaining staff
- (b) Develop clear training plans and career pathways that mean we can meet the demands for services now and in the future; adapting skills sets within our resources will provide continuity of service and offer a wide range of career development opportunities within the organisation.
- (c) Be mindful of the risks relating to the potential loss of organisational memory through staff turnover, this will have a significant impact on such a small county.

Some changes to service delivery may require us to engage and contract staff in different ways – in such cases, we will develop new ways of working and consult with staff and trade unions where necessary.

Chapter 20 – Equality Impact Assessment (EIA)

Rutland County Council recognises the importance of EIAs as a tool for evidence-based policy making. An EIA assists organisations in fully understanding the relevance and effect of policies and in identifying the most proportionate and effective responses.

Whilst formulating the initial proposals for consultation it was deemed necessary that an Equality Impact Assessment be undertaken as part of the process of developing the recommendations for the final report.

The consultation process has allowed us to better understand the impact that some proposals might have on certain groups. An EIA has been completed as part of developing the final conclusions in this report (See **Appendix L**); this assessment recognises the need for further EIAs where services are due to cease or change considerably and it will be necessary to undertake further consultation where specific groups are adversely affected, in such circumstances we will look to mitigate any negative impact.

Chapter 21 – Freedoms and Flexibilities

During the review and in particular in our discussions at the consultation stage it is clear that there are a number of factors apparently beyond our control that influence the way we do things. It is important that we highlight these when they arise and in particular where they put barriers in place to accessing services.

In relation to the proposals contained in this report as they arise we will flag them and highlight them to the relevant agencies or government departments.

Examples of this identified in the review include:-

Blue Badge scheme – inflexibilities in charging structures making full cost recovery impossible

Family Information Service – the service is too narrowly focussed requiring a separate system and not the most effective solution

Transport – subsidised transport not targeted at real need but a universal subsidy

Thresholds – complicated and in many cases difficult to apply in any way other than subjectively

Chapter 22 – Further Consultation

It has been clear from the outset of the review that there were specific proposals that if supported would require further consultation in many cases within the requirements of a statutory framework.

Where this is the case we will follow all statutory process and ensure that the work done today to engage and consult is built upon.

It is likely that the following specific consultation exercises will be undertaken:

1. Where there is an intention to introduce a charge to a specific service in relation to Youth Services
2. Where there is an intention to introduce a charge to a specific service in relation to Children's Centres
3. During the countywide Review of Transport
4. When reviewing the offer for Aiming High
5. When reviewing the offer for Carers Services
6. To consult individuals affected by legislation set out in the Care Act
7. To support current users of a service to access alternative services where the service is due to cease for example, Meals on Wheels and Day Care
8. When reviewing the support for Foster Carers
9. When reviewing the options to impose a cap on Community Care Packages
10. To consult staff on any associated restructuring internally
11. When reviewing charges for Adult Learning Classes

Chapter 23 – Next Steps

This report will be made public on the RCC Web Site and copies will be placed in RCC Libraries and Public Offices.

A summary of the report will be produced and made widely available.

Those who requested copies throughout the consultation process will also be provided copies.

This report will be presented for comment to:

- The Health and Wellbeing Board
- A Joint Adults and Scrutiny Children's Panel
- The Local Safeguarding Children's Board
- The Local Safeguarding Adults Board
- Safer Rutland Partnership
- Rutland Together the Local Strategic Partnership
- The Voluntary, Community and Faith Sector through its forum
- Our key partners and stakeholders

Following consolidation of comments the report will be presented to the Rutland County Council cabinet for consideration of the recommendations.

Work will continue to progress actions already commenced.

The Transformational Team already created will undertake to develop the implementation plan once this final report has been considered. This will include the detailed plan for implementation including:

- Description of the activity
- Desired outcome / output / input
- Links to other plans
- Timescales
- Responsibility
- Targets
- Financial implications
- Consultation proposals
- Risk analysis

Progress on the plan will be reported quarterly to Cabinet.

Appendix A – Summary of proposals / action recommended in the review

| Proposa Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|---|---|--------|-------------|--|------------------------------------|
| CHAPTER 6 The People Directorate – a vision for the future | | | | | |
| 1.1 | Directly provided services – the majority of these services are statutory and we will continue to provide them. However, we will review on a case by case basis: | | | | |
| 1.1a | The most appropriate and cost effective support | P | Ongoing | All Head of Services | Care Act |
| 1.1b | Whether a charge / contribution is appropriate | M | Dec 2015 | Revenue and Benefits Manager Charging Workstream | Care Act SEND reforms |
| 1.1c | Identify where services are being provided in excess of statutory requirements and / or need | P | April 2015 | All People Directorate Head of Services | |
| 1.2 | Funded Services – the majority of these services are statutory and we will continue to provide them. | | | | |
| 1.2a | <p>We will review on a case by case basis the comparable cost of supporting through Direct Payments (DPs) and the alternatives in accordance with the Care Act, including:</p> <p>i. Investigate the feasibility and, if feasible, establish a normal limits policy/procedure to restrict the amount of the Personal Budget issued to people choosing to remain in the community rather than within residential care to the upper limit of a residential care package</p> <p>ii. Work with the staff team to ensure that DPs are offered to service users before a commissioned service is considered</p> | M | April 2015 | Deputy Director Health and Wellbeing, Programme Manager Care Act | Care Act |

| Proposa I Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|----------------------|--|--------|---------------|---|------------------------------------|
| | iii. Procure a “managed account” service from a 3 rd party to encourage the take up of DPs through removing the burden of managing HR, payroll and insurance from the DP recipient iv. Procure a web based / remote / virtual bank for the monitoring of DPs which would allow for no money to need to pass hands and would allow the Council to view unspent balances and support the DP recipient to manage their account, without the burden for the individual | | | | |
| 1.2b | Explore the potential of Telecare and Assistive technology | A | April 2015 | Programme Manager Better Care Fund | Better Care Fund |
| 1.2c | Work to develop the market in the private and voluntary, community & faith sectors to introduce competition in the provision of services | P | Dec 2015 | Head of Commissioning | Commissioning Programme |
| 1.2d | Explore the creation of social enterprises to create supply in an under provided for market | P | Dec 2015 | Head of Commissioning | Commissioning Programme |
| 1.3 | Universal Services (services open to all) – These services tend to be more discretionary. <i>Approach:</i> <ul style="list-style-type: none"> • <i>if there is insufficient demand to make a service viable then the service may be withdrawn</i> • <i>the Councils role in the delivery of universal services should increasingly become to develop capacity and not direct provision</i> | | | | |
| 1.3a | We will consider charging where there is a demand for the service and a willingness and ability to pay | M | Dec 2015 | Revenue and Benefits Manager Charging Workstream | Care Act SEND reforms |

| Proposa l Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|-------------------------------|---|---------------|---------------------|--|---|
| 1.3b | We will review the introduction of a charge for universal youth activities | M | April 2015 | Head of Service Family Support Early Intervention | |
| 1.3c | We will develop activities (including youth activities) that either target groups that need extra support e.g. Young Carers or support the Voluntary, Community and Faith Sector to develop and offer | M | April 2015 | Head of Service Family Support Early Intervention | |
| 1.4 | Services provided by others but funded by the Council – <i>Approach: seek to eliminate duplication and base Council funded services on pathways that deliver the appropriate outcomes</i> | | | | |
| 1.4a | We will review the demand for services and how support can be provided in a different way, including for example Meals on Wheels and Day Care centres for the elderly | M | April 2015 | Head of Service Commissioning | Commissioning Programme |
| 1.4b | We will assess the need for on-going service provision on a contract by contract basis | M | Ongoing | Head of Service Commissioning | Commissioning Programme |
| 1.4c | We will develop a new relationship with the Voluntary, Community and Faith Sector. This is outlined in Chapter 15 | A | Ongoing | Head of Service Commissioning | Commissioning Programme |
| 1.5 | For those services provided entirely by others <i>Approach: The council will work with the VCS to support an increase of such services where it is based on an analysis of need</i> | A | ongoing | Head of Service Commissioning | Commissioning Programme |
| 1.6 | Rutland Information Service <i>Approach: The Council will work with partners to develop a fully integrated information service for the residents of Rutland</i> | | | | |
| 1.6a | Undertake research to identify best practice examples of a one 'stop shop' integrated information service. | A | July 2014 | Chief Executive, Health and Social Care Integration Project Manager | Care Act Better Care Fund |

| Proposa I Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|---|--|---------------|---------------------|---|---|
| 1.6b | Scope the requirements for a corporate integrated information service | A | August 2014 | Chief Executive, Health and Social Care Integration Project Manager | |
| 1.6c | Agree a specification for a new information service | M | Sep 2014 | Council | |
| 1.6d | Implement the new service | M | April 2015 | Chief Executive, Health and Social Care Integration Project Manager | |
| 1.6e | Develop an accurate picture of non-council activity and identify any unmet needs, and support the VCS to respond to identified unmet needs | P | Dec 2014 | Head of Commissioning | |
| ELECTED MEMBERS – CHAPTER 8 | | | | | |
| <i>Approach: The political structure will be changed to align with the new organisational structure.</i> | | | | | |
| 2.1 | A council report will be required outlining actions necessary to formalise the changes in arrangement of the following 3 Portfolios: <ul style="list-style-type: none"> • Health and Wellbeing • Families Support • Learning & Skills | M | April 2015 | Director of Resources | |
| 2.2 | A council report will be required outlining actions necessary to formalise the changes to the scrutiny panels: <ul style="list-style-type: none"> • Families Support & Learning and Skills • Health and Wellbeing¹⁶ | M | April 2015 | Director of Resources | |

¹⁶ Note the work of the statutory committee 'Health and Wellbeing Board' has a much narrower focus than the Health & Wellbeing Scrutiny Panel would have.

| Proposal Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|--------------------------------------|--|--------|----------|---|------------------------------|
| | <ul style="list-style-type: none"> Scrutiny of Community Safety proposed to be over to the Places Panel¹⁷ | | | | |
| PUBLIC HEALTH – CHAPTER 9 | | | | | |
| 3.1 | <i>Approach: Work across One Council to identify opportunities in all aspects of our work to drive improved public health outcomes in line with our Joint Strategic needs assessments and associated actions</i> | A | ongoing | Director of Public Health and Director for People | Commissioning Programme |
| 3.2 | Review all Public Health spend to ensure that resources are directed at the appropriate interventions and outcomes for Rutland | P | Dec 2014 | Director of Public Health and Director for People | Commissioning Programme |
| TRANSPORT – CHAPTER 10 | | | | | |
| 4.1 | Undertake a County wide review of transport | A | May 2016 | Director for Places | |
| FAMILIES SUPPORT – CHAPTER 11 | | | | | |
| 5.1 | Create a Families support team within the People Directorate that will provide support across a range of interventions from the very earliest interventions to targeted and intensive support | P | Nov 2014 | Director for People | |
| 5.2 | Review our structure to eliminate duplication and where appropriate merge teams and create a single point of access | M | Nov 2014 | Director for People | |
| 5.4 | Review all pathways to understand how children and families access family support services | P | Nov 2014 | Director for People Head of Service – Family Support Early Intervention | |

¹⁷ Note this is a statutory requirement

| Proposa I Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|----------------------|---|--------|-------------|---|------------------------------------|
| | | | | Head of Service – Family Support Social Care | |
| 5.5 | Review all thresholds for children and families | P | Nov 2014 | Director for People | |
| 5.6 | Review on a case by case basis all care and support packages for children and young people with additional needs | P | Nov 2014 | Head of Services Health and Wellbeing | |
| 5.7 | <i>Approach: Ensure that the SEN reforms are entirely reflected in our plans to fully comply with our statutory obligations</i> | A | Sep 2014 | Head of Services Health and Wellbeing | |
| 5.8 | <i>Approach: We will work with the Voluntary, Community and Faith Sector to build capacity to support families within Rutland</i> | A | ongoing | Head of Commissioning | |
| 5.9 | We will explore on a service by service basis charging for universal services taking into account 'ability to pay' | M | Dec 2015 | Revenue and Benefits Manager Charging Workstream | Care Act SEND reforms |
| FOSTER CARERS | | | | | |
| 5.10 | Proceed with a review of support to Foster Carers that will build on the comments made through the initial consultation process | M | Dec 2014 | Head of Service Family Support Social Care | |
| 5.11 | <i>Approach: The review will focus on the whole package of support and not just the financial elements</i> | M | Dec 2014 | Head of Service Family Support Social Care | |
| AIMING HIGH | | | | | |
| 5.12 | We will review the 'offer' for those who qualify for support | M | Dec | Head of Service | |

| Proposa I Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|---------------------------|---|--------|-------------|---|------------------------------------|
| | through the Aiming High initiative. <i>Approach: The objective will be to target support at those who need it the most and to reduce or withdraw support where on a case by case basis it is not considered to be effective, value for money or meeting an identified need</i> | | 2014 | Family Support Early Intervention | |
| CHILDREN'S CENTRES | | | | | |
| 5.13 | The Services currently delivered at Casterton Children's Centre will be reviewed and other delivery options will be introduced | M | Dec 2014 | Head of Service Family Support Early Intervention | |
| 5.14 | <i>Approach: We will review the appropriateness of charging for all services provided at Children's Centres. (This may mean that services currently provided free of charge will either cease or a charge will be levied)</i> | M | Dec 2014 | Head of Service Family Support Early Intervention | |
| 5.15 | We will review the services for early years and ensure the 'offer' meets statutory guidance | A | Mar 2015 | Head of Service Family Support Early Intervention and Head of Learning & Skills | |
| YOUTH SERVICE | | | | | |
| 5.16 | We will explore the development of alternative youth provision where there is sufficient demand | A | Dec 2014 | Head of Service Family Support Early Intervention | |
| 5.17 | <i>Approach: We will work with the Young People and the Voluntary, Community and Faith Sector to build capacity to support Young People within Rutland</i> | P | | | |

| Proposa I Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|--|--|--------|---------------|--|------------------------------------|
| HEALTH AND WELLBEING – CHAPTER 12 | | | | | |
| GENERAL | | | | | |
| 6.1 | Through a new structure we will create a Health and Wellbeing team within the People Directorate that will provide support across a range of interventions from the very earliest interventions to very targeted and intensive support for adults including the vulnerable and those who need our support the most | M | Nov 2014 | Chief Executive and Director for People | |
| 6.2 | <i>Approach: We will support our population to 'Age Well' through a range of interventions across One Council under the prevention and public health umbrella</i> | A | Ongoing | Director of Public Health | |
| 6.3 | We will review our structure to eliminate duplication and where appropriate merge teams and rationalise points of access to services | M | Ongoing | Chief Executive and Director for People | |
| 6.4 | We will review all pathways for health and social care services | P | March 2015 | Director for People Deputy Director for People | |
| 6.5 | We will review all thresholds for health and social care services | M | March 2015 | Director for People Deputy Director for People | |
| 6.6 | Review on a case by case all care and support packages | A | Ongoing | Head of Service Health and Wellbeing x2 | |
| 6.7 | Undertake a gap analysis of where support within our communities is inadequate or fails to appropriately meet identified standards | P | March 2015 | Head of Service Commissioning | |
| 6.8 | Work towards closer integration of our services with the Health sector. This will include:- | A | Dec 2015 | Director for People Deputy Director for | Better Care Fund |

| Proposa I Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|-------------------------------|---|---------------|---------------------|--|---|
| | <ul style="list-style-type: none"> • Shared posts within the RCC staff team with ELRCCG • Better integration of Public Health within One Council • Co-located services • Multidisciplinary Teams | | | People | |
| 6.9 | Exploring the opportunities that RMH provides for a health and Social Care Hub to support new ways of working in Rutland | A | April 2015 | Programme Manager Better Care Fund | Better Care Fund |
| 6.10 | Explore on a service by service basis charging for universal services taking into account 'ability to pay' | M | Dec 2015 | Revenue and Benefits Manager Charging Workstream | Care Act SEND reforms |
| 6.11 | Ensure that we achieve the vision and targets outlined in our BCF submission – “By 2018, there will be an integrated social and health care service that has significantly reduced the demand for hospital services and puts prevention at its heart”. | A | March 2018 | Director for People Deputy Director for People | Better Care Fund |
| COMMUNITY AGENTS | | | | | |
| 6.12 | We will introduce a new service to Rutland that we will specify, commission / procure from the Private / Voluntary, Community & Faith Sector. It will build on our experience from the RCC funded Community Spirit and First Contact schemes and lessons learnt from similar projects across the UK | M | 1 April 2015 | Programme Manager Better Care Fund | Better Care Fund |
| 6.13 | We will evaluate the integrated care model and develop the model based on the outcome of evaluation | P | Jan 2015 | Programme Manager Better | Better Care Fund |

| Proposa I Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|--------------------------------|---|---------------|---------------------|--|---|
| | | | | Care Fund | |
| 6.14 | We will develop and expand our use of Telecare | P | April 2015 | Programme Manager Better Care Fund | Better Care Fund |
| 6.15 | Develop a joint commissioning strategy for prevention services | P | Dec 2015 | Head of Commissioning and Director of Public Health | Commissioning Programme |
| 6.16 | We will review our services to enable people to live in their own homes rather than institutional settings | A | Ongoing | Deputy Director for People | Better Care Fund Care Act |
| 6.17 | We will introduce an integrated health and social care unscheduled care hub / crisis response service | A | April 2015 | Programme Manager Better Care Fund | Better Care Fund |
| 6.18 | We will increase support for those with long term conditions. Specifically – dementia, autism and learning disabilities and people with mental health problems | P | April 2016 | Programme Manager Better Care Fund | Better Care Fund |
| 6.19 | We will develop a 7 day service to support hospital discharges | P | March 2016 | Programme Manager Better Care Fund | Better Care Fund |
| CARERS | | | | | |
| 6.20 | We will review the overall package for carers and carer capacity using the BCF and the new Community Agents scheme and working with the Voluntary, Community and Faith sector to explore ways of enhancing support for Carers | M | April 2016 | Programme Manager Care Act | Care Act |
| COMMUNITY CARE PACKAGES | | | | | |
| 6.21 | We will review the options for imposing a cap on | M | April | Programme | Care Act |

| Proposa I Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|-------------------------------|--|---------------|---------------------|---|---|
| | Community Care packages linked to a residential care package threshold | | 2016 | Manager Care Act | |
| 6.22 | We will review on a case by case basis contributions where the threshold is exceeded | | Ongoing | Head of Service Health and Wellbeing | |
| INDEPENDENT LIVING | | | | | |
| 6.23 | We will structure services and work on multi agency integration of services to support independent living including offenders, the homeless, young people leaving care, the elderly and those with special needs or disabilities, | A | Dec 2015 | Head of Service Family Support Early Intervention Head of Service Health and Wellbeing | Commissioning Programme Better Care Fund |
| 6.24 | We will review and devise a strategy for the next 20 years for capacity within Rutland to support residential care, supported living and retirement accommodation for those that will need access to this provision. Our objective will be to increase overall provision and in particular specialist provision to support those with dementia or similar conditions | P | Sep 2015 | Head of Service Commissioning | Commissioning Programme |
| DAY CARE | | | | | |
| 6.25 | We will consider the need for day care services and replace provision that does not match the needs of service users or provide value for money | M | Dec 2014 | Head of Service Commissioning | Commissioning Programme |
| MEALS ON WHEELS | | | | | |
| 6.26 | The current Meals on Wheels service will no longer be offered to new users and alternative options will be | M | Dec 2014 | Head of Service Commissioning | Commissioning Programme |

| Proposa l Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|---|--|---------------|---------------------|--|---|
| | introduced | | | | |
| 6.27 | <i>Existing service users (22) and prospective new users will be supported to use the alternative options</i> | | April 2015 | Head of Service Commissioning | Commissioning Programme |
| LEARNING AND SKILLS – CHAPTER 13 | | | | | |
| 7.1 | We will create a Learning and Skills team within the People Directorate that will deliver against a comprehensive learning and skills strategy for Rutland | A | Nov 2014 | Head of Service Learning & Skills | |
| 7.2 | Develop and deliver a new Learning and Skills strategy for Rutland. | A | Sep 2014 | Head of Service Learning & Skills | |
| 7.3 | Additional resources will be put in place to support and challenge schools and colleges through a Learning and Skills performance board against an education performance dashboard | A | Sep 2014 | Head of Learning & Skills, Finance Manager | |
| 7.4 | Specific additional capacity will be put in place to support Primary schools where there is a 'requires improvement' or 'Special Measures' and all secondary / Post 16 schools | A | Sep 2014 | Head of Learning & Skills | |
| 7.5 | Schools will receive an annual visit and reports on schools progress will be presented to cabinet and scrutiny | A | Ongoing | Head of Learning & Skills | |
| 7.6 | Schools causing concern will have two-monthly meetings and close scrutiny and monitoring of performance | A | Sep 2014 | Head of Learning & Skills | |
| 7.7 | We will support and contribute to a Rutland Teaching Schools Alliance | A | Sep 2014 | Head of Learning & Skills | |
| 7.8 | <i>Approach: We are keen to explore the opportunities for schools, colleges and academies to contribute more to the needs identified within our communities – e.g. building on the offer outside the curriculum to support children, young people and families</i> | | | Head of Learning & Skills | |

| Proposa l Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|---|--|---------------|---------------------|--|---|
| 7.9 | We will review charges for all Adult Learning classes and review our community learning offer | M | March 2015 | Head of Learning & Skills | |
| CITIZENS' CHARTER – CHAPTER 14 | | | | | |
| 8.1 | We will develop a Citizen's Charter for Rutland | M | April 2015 | Director for People and Lead Member | |
| 8.2 | We will work with other Public Sector agencies to expand the Charter to include all Public Services within Rutland | M | Dec 2015 | Chief Executive and Lead Member | |
| 8.3 | We will have open a dialogue with the Private sector (through the Rutland Together Infrastructure Group) about the application of a Charter for Rutland within the Private Sector | M | Dec 2015 | Director for Places and Lead Member | |
| 8.4 | Work with the VCS compact to assess the viability of including the Voluntary, Community and Faith sector in the development of the Charter | M | | Chief Executive, Director for People and Lead Member | |
| 8.5 | The Citizens' Charter development will be led by RCC and a task and finish Group to be Chaired by Cllr Stephenson will be established to progress the Charter for launch on 1 st April 2015 | M | April 2015 | Lead Member | |
| THE VOLUNTARY, COMMUNITY AND FAITH SECTOR – CHAPTER 15 | | | | | |
| 9.1 | We will review our existing contracts and SLAs to develop new commissioning options and capacity from within the Voluntary, Community and Faith Sector | M | April 2016 | Chief Executive and Head of Service Commissioning | |
| 9.2 | <i>Approach: We believe there are services currently undertaken by the Council that in future we will not be</i> | | | | |

| Proposa I Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|----------------------|---|--------|----------------|----------------------------------|------------------------------------|
| | <i>able to fund. We want to work with the Voluntary, Community & Faith Sector to see if they can support where it is not viable or appropriate for us to do so.</i> | | | | |
| 9.3 | We will discuss with VAR a refresh of the Public Sector Compact – the Compact is a written agreement between the voluntary, community and faith sector and the statutory sector designed to build better partnerships and to ensure better and closer collaborative working in delivering services to the communities they aim to serve | M | | Chief Executive Leader of RCC | |
| 9.4 | <i>Approach: As a result of this review we will stop doing some activity currently undertaken by the Voluntary, Community and Faith Sector. This will allow us to commission different services to reflect the changing needs of our residents</i> | | | | |
| 9.5 | We will encourage the Sector to attract additional funding to the County for use in the County for our residents | P | April 2015 | Director for Places | |
| 9.6 | <i>Approach: "For Rutland In Rutland" – this concept is one that has been widely referred to in our consultation process and we are watching with interest to see how this concept develops</i> | | | | |
| 9.7 | We will encourage the development of Social Enterprises – in particular to support Health and Social Care services | P | April 2015 | Director for Places | |
| 9.8 | <i>Approach: The Voluntary, Community & Faith Sector will be key consultees on the development of the proposals contained in this report but specifically the :- Information Service Community agents</i> | | August 2014 | Chief Executive | Better Care Fund |
| 9.9 | We will look at the infrastructure needs of the Voluntary, | P | Sep | Head of Service | |

| Proposa I Ref. | What? | Status | By When? | Led By Whom? | Linkages to other programmes |
|-----------------------------------|---|---------------|---------------------|---|---|
| | Community and Faith Sector and provide support to enable them to continue to thrive and grow in order to respond to our changing resident's needs. | | 2016 | Commissioning | |
| 9.10 | We will look at the most effective way of providing this ongoing support which may involve commissioning an external organisation | P | Sep 2016 | Head of Service Commissioning | |
| 9.11 | We will look at options for maintaining and increasing our volunteering capacity including developing an infrastructure that can support this growth (including training and support needs) | P | Sep 2016 | Head of Service Commissioning | |
| COMMISSIONING – CHAPTER 16 | | | | | |
| 10.1 | We will publish an approved strategy and framework for commissioning, procurement and contract management | A | Sep 2014 | Contracts and Procurement Manager | |

Status Key:**M = Decision required****A = Action already commenced****P = Decision not required but action pending**

Appendix B – Summary of proposals / actions recommended in the review which have already commenced

- A new senior management structure – approved by Council in June 2014 and will be in place by 1st October 2014
- The appointment of a new Director Dr Tim O Neill (Chief Officers Appointment Panel 13th June 2014) who will take up post in September 2014
- Transfer of Housing and Community Safety to the Places Directorate – effective from 1st September 2014
- Transfer of Contracts and Procurement to Resources – effective from 1st September 2014
- The commencement of an extensive mapping of ‘pathways’ into and through services
- Creation of a transformation team to drive progress on the essential changes required to meet the expectations of the Care Act, Better Care Fund and the LLR 5 Year Strategy
- A Council wide review of transport has been commissioned and a scoping report will be completed by 31st July 2014
- The decision has been taken to consolidate all spend on transport within the Places Directorate including SEN transport

Appendix C – Cross reference of the questions asked during the consultation process to the relevant chapters

| Questionnaire reference | Chapter Reference |
|--|--------------------------|
| Section A General Questions 1, 2 and 4 Part Section E – Vision for the People Directorate | Chapter 6 |
| Section D Specialist Transport Question 1 | Chapter 10 |
| Section B Family Support Questions 1 – 5 | Chapter 11 |
| Section C Health and Wellbeing Questions 1 – 5 | Chapter 12 |
| Section D Learning and Skills Questions 2 & 3 | Chapter 13 |
| Section A Citizens' Charter Question 3 | Chapter 14 |
| Section A Voluntary, Community and Faith Sector Question 4 (Part) | Chapter 15 |

Appendix D – Rutland County Council strategic aims and objectives

| Our Vision | Rutland is a great place to live, learn, work, play and visit | | | | | |
|--------------------------------|---|--|---|--|--|---|
| Strategic Aims | Creating a safer community for all | Creating an active and enriched community | Creating a sustained environment | Building our Infrastructure | Meeting the health & wellbeing needs of the community | Creating a brighter future for all |
| Strategic Objectives | <p>Anti Social Behaviour Managing Perceptions</p> <p>Tackling low level Anti Social Behaviour</p> <p>Community Safety Improved Road Safety</p> | <p>Tourism/Market Towns Working with partners to encourage sustainable employment</p> <p>Night-time economy - managing development</p> <p>Linking our Towns and Rutland Water</p> <p>Active Rutland Adequate and affordable health and fitness opportunities including the supporting infrastructure</p> <p>Improved access to our countryside through cycling and walking</p> | <p>Waste A continued focus on reducing waste going to landfill</p> <p>Development Improved design linked to affordability, sustainability and the character of the County</p> <p>Ensuring the impact of development is managed</p> <p>Landscape and Heritage Respecting the County's landscape and heritage</p> | <p>Employment Supporting growth in particular with Small and Medium Enterprises</p> <p>Development Retail and Leisure - more choice, capacity, affordability</p> <p>Housing - more affordable, greater choice of tenure in mixed sustainable communities</p> <p>Oakham regeneration</p> <p>Transport Improved transport supporting employment</p> <p>Affordable, adequate provision, which is accessible and practical</p> | <p>Health Encouraging people to stay healthy</p> <p>Supporting accessible, local healthcare</p> <p>Wellbeing Supporting our growing older population</p> <p>Supporting those within our community with complex needs</p> <p>Providing support to those at risk of being homeless</p> <p>Housing and facilities for those with specific needs</p> <p>Responding to changes in the benefits system</p> | <p>Families Supporting families with problems</p> <p>Learning & Schools Ensuring adequate school places</p> <p>Support Local Authority funded schools</p> <p>Learning linked to employment Raise the profile, availability and take up of vocational training and apprenticeships</p> |
| Corporate & Council Priorities | <p>Delivering Council Services within our Medium Term Financial Plan</p> <p>Encouraging business growth and employment Protecting vulnerable people within our community Supporting affordable living</p> <p>Embracing our Armed Forces community Understanding and responding to our demographic growth Championing a positive image for young people</p> <p>Expanding and developing the reach of volunteering and community involvement using the Localism Bill as a mechanism</p> | | | | | |

Appendix E – Definition of Vulnerable

A Definition of Vulnerability

A vulnerable adult is someone aged 18 or over:

- Who is, or may be, in need of community services due to age, illness or a mental or physical disability
- Who is, or may be, unable to take care of himself/ herself, or unable to protect himself/herself against significant harm or exploitation

A vulnerable child or young person is someone aged 0 – 19 other than for children with a disability or a special educational need or looked after children when it is 25 where they are:

- unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development;
- development is likely to be significantly impaired, or further impaired; or,
- are a Disabled Child

A child or young person is vulnerable where they are categorised in law as in need. These categories include:

- **Significant Harm¹⁸:** Children who have suffered Significant Harm
- **Disabled Children¹⁹:** Children with physical disabilities, sensory disabilities, learning disabilities or emotional and behavioural disabilities
- **Parental Illness/Disability:** Alcohol or drug misusing parents, Acutely ill parents (short term), Chronically disabled parents, Chronically mentally ill parents, Children assuming responsibility for chronically ill, addicted, or disabled parents
- **Family in Acute Stress:** Homeless family, unsupported single parent, Death of carer
- **Family Dysfunction:** Domestic violence, Inconsistent parenting, Family breakdown

¹⁸ http://trixresources.proceduresonline.com/nat_key/keywords/significant_harm.html

¹⁹ http://trixresources.proceduresonline.com/nat_key/keywords/disabled_child.html

- **Socially Unacceptable Behaviour:** Disorderly behaviour, Offending, Truancy, Unsafe sexual behaviour
- **Low Income:** Asylum seeking families, Non habitually resident status, Independent young people
- **Absent Parenting²⁰:** Parents died, Unaccompanied child asylum seekers, Children Privately Fostered
- **Other:** Step-parent adoptions, Inter country adoptions, Court Reports, Subject access to files, Historical allegations/complaints

Safeguarding

Safeguarding children, young people and vulnerable adults – the action we take to promote the welfare of children and vulnerable adults – is everyone’s responsibility.

Everyone who comes into contact with children, families and vulnerable adults has a role to play.

- protecting from maltreatment;
- preventing impairment of health or development;
- ensuring circumstances consistent with the provision of safe and effective care; and
- taking action to enable all to have the best outcomes.

²⁰ http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/private_fostering.html

Appendix F – Report 10/2014 Future Direction for Services to People – Scoping Report

REPORT NO: 10/2014

COUNCIL

6th January 2014

FUTURE DIRECTION FOR SERVICES TO PEOPLE – SCOPING REPORT

Report of the Chief Executive

| | | | |
|----------------------|--|---|--------------------------|
| STRATEGIC AIM | CREATING A SAFER COMMUNITY FOR ALL MEETING THE HEALTH and WELLBEING NEEDS OF THE COMMUNITY CREATING A BRIGHTER FUTURE FOR ALL | | |
| KEY DECISION | No | DATE ITEM FIRST APPEARED ON FORWARD PLAN | NOVEMBER 2013 |

1. PURPOSE OF THE REPORT

- 1.1 To advise Council in relation to the proposed review of Services to People and seek agreement to a funding allocation from the Invest to Save Reserve to support the project.

| | |
|-----------|--|
| 2. | RECOMMENDATIONS |
| 2.1 | To note the objectives and scope of the review |
| 2.2 | Note the draft consultation proposals in relation to the Scrutiny Function |
| 2.3 | Approve the use of £50,000 from the Invest to Save Reserve to support the project |
| 2.4 | Note the indicative timetable |
| 2.5 | Note the indicative financial savings target of £1.5 - £2M |
| 2.6 | Note the membership and terms of reference of the review board |

| | |
|-----------|---|
| 3. | REASONS FOR THE RECOMMENDATIONS |
| 3.1 | To ensure that Members are aware of the scope, objectives, process, including consultation and timetable for the review of Services to People. In addition to seek support for the use of £50K from the Invest to Save Reserve to support the review. |

4. INTRODUCTION AND OVERVIEW

- 4.1 Now is an ideal time to review the structure of the Directorate, this will be a fundamental review including the overall philosophy of service delivery and how this might look in the future. This will of course lead ultimately to a review of the overall structure.
- 4.2 The People Directorate accounts for 47% of total service expenditure. It contains our most volatile budgets linked to demand driven services supporting some of the most vulnerable in our community. The Directorate delivers a combination of targeted and universal services many of which are statutory.
- 4.3 Balancing our MTFP when such a significant proportion of our expenditure is related to Services to People is an imperative. Our MTFP currently projects expenditure exceeding income for some time into the future. Our levels of balances have been increased to support this in the short term but in the medium to long term it is essential that we have devised and implemented plans to deliver significant savings from within the People Directorate Budget. We cannot rely on the current or future governments funding the Council at a level that will support the current imbalance of funding and expenditure. Service review and transformation must deliver savings in the required timescales whilst balancing projected increases in demand for some services.
- 4.4 In addition to the financial imperative the world around us is changing. We need services that are flexible and adaptable and can respond to changing policy and demand pressures. There are numerous factors that we must take into account in relation to the services provided by the People Directorate including (not intended to be an exhaustive list):-

Health and Adult Social Care

The imperative for Health and Social Care to integrate and to commission jointly

We need robust plans in place to deliver against the Integration Transformation Fund (ITF) during 2014 and into 2015/16

Clinical Commissioning Groups (CCG's) – the new model

A focus on health and wellbeing which all partners lead together

The increasing pressure on acute services

Demand pressures from an ageing demographic

The need to build community capacity

The new role for Council's in relation to Public Health
 Balancing prevention vs intervention
 Dilnot review and the financial implications
 Effective re-ablement

Education

The role of the LA to monitor standards in schools including academies
 Increasing number of Academies
 Emerging Free Schools
 Changing Ofsted regime
 School Place Planning
 Capital programme
 Impact of MOD changes
 RALs

Safeguarding

Increased volume of referrals – adults and children and young people
 Changes to assessment mechanisms/referrals/thresholds
 More rigorous inspection regime
 Increasing costs
 Workforce issues

5.

- 5.1 This report is intended to set the scope for a review of the Directorate that will:-
- a. Examine the One Council – People, Places, Resources structure – Is it still fit for Purpose?
 - b. Depending on (a) review the functions in the People Directorate. Are there functions that we do not have to provide and could be ceased? Are they in the right place within the structure or could they be absorbed more effectively within Places / Resources?
 - c. Examine the cost base – undertake a comprehensive cost benchmarking exercise
 - d. Undertake a comprehensive review of all existing processes
 - e. Based on (a – d) review the existing structure within the People Directorate – is it fit for purpose? Targeted/Universal/Health/Could we flatten the structure? What are the alternative options for service delivery?
 - f. Building on (a – e) review the future options available for the residual services within the People Directorate
 - g. Based on (a – e) recommend a future vision, commissioning strategy

and structure for the Directorate.

h. Develop a proposed budget/MTFP for the People Directorate

i. Propose a timetable and process for implementation

6. OBJECTIVES

6.1 The Objectives of the review are as follows:-

- a. Put in place a vision for the future of service delivery for the Directorate within the over-arching One Council Vision
- b. Propose a commissioning strategy to support the vision
- c. Recommend a structure to support the commissioning strategy
- d. Undertake the appropriate consultation
- e. To deliver on-going savings on the cost base of the People Directorate

7. TIMING AND PROCESS

It is anticipated that the review will be concluded by 31st July 2014 with a report to be presented to Council at its meeting in September 2014. A more detailed timetable identifying key stages for the review is attached at **Appendix A**.

8. The Review Project will be managed by a Review Board chaired by the Chief Executive consisting of the following membership:-

Chief Executive
 Portfolio Holders covering the People Directorate Services
 Director for People
 Business Manager
 People Directorate Assistant Directors
 Senior Manager: Health and Wellbeing
 Assistant Director Finance
 Head of Legal (or their representative)
 Strategic Communications Advisor
 PA to the Chief Executive (Minutes)

9. Draft Terms of Reference for the Project Board are attached at **Appendix B**.

10. CONSULTATION

10.1 In view of the far reaching scope of the proposed review the widest possible consultation is required. Drafts of the review document will be circulated at key stages to a range of stakeholders with a mechanism for comments on proposals to be obtained. It is essential that the widest possible definition of stakeholders is applied which will include the following (with suggested consultation mechanism):-

- a) The two Scrutiny Panels which cover the People Directorate – it is proposed that joint meetings of the panels are convened to facilitate their opportunity to contribute to the review
- b) People Directorate Senior Managers – workshops
- c) Schools – Presentation to the Head and Chairs Forum
- d) People Directorate Staff – Directorate Management Team and Team Briefings, all Directorate presentation and drop in sessions
- e) All Council Staff – advised through One Council Staff Briefings and Newsletter
- f) Service Users – appropriate consultation targeted to user groups
- g) The Rutland Community – On-line consultation, Drop in sessions and a public display

10.2 Consultation will be undertaken in two stages:

Stage 1 – to seek views on the current services and alternatives

Stage 2 – Consultation on the recommended way forward

11. FINANCIAL IMPLICATIONS

- 11.1 It is anticipated that the review will result in a solution going forward that will make a significant contribution to balancing the Council's MTFP. An indicative target of £1.5 - £2m is reasonable over the period 2015/2016 – 2016/2017
- 11.2 The majority of the work to undertake the review will be done utilising existing staff resources.
- 11.3 In addition a grant of £8,000 has been provided by the LGA under their Expert Productivity Programme. This has been supplemented to support a project that is already well underway to cover the Adult Social Care functions and will be completed in January 2014. This work will provide an opportunity to trial the approach in advance of the whole Directorate and will include:-
 - A review of current service provision, plans and organisation
 - Understanding the detailed numbers of current and future provision, along with projections and comparisons to demonstrate the relative value for money
 - A review of the commissioning strategy and the methodology in line with the above
 - Understanding the demographics, along with the associated income and expenditure of the services

- Testing and proposing additional initiatives in support of your plans and aspirations
- Review and evaluation of the current customer journey, with a focus on pathways, process transitions and bottlenecks
- Identifying opportunities to increase the focus of the overall service in favour of a prevention approach
- Identifying the statutory and non-statutory provision, highlighting opportunities to work more closely with partners in certain areas of provision moving forward
- Establishing investment requirements and savings opportunities available now and in the mid term
- Bringing evidence and exemplars from the sector and how this might be applied within RCC

11.4 In order to ensure the review is undertaken within the required timetable and to support the extensive consultation exercise required and to support the use of external consultants to augment the in-house resources it is proposed that a project budget of £50,000 is utilised from the Invest to Save Reserve. This expenditure will fund:-

Consultation – documentation. Materials, venues etc. £10k

External Consultants – to expand the work identified in paragraph 11.3 to the Children’s and Young Peoples Services and other functions within the People Directorate £40k

12. RISK MANAGEMENT

| RISK | IMPACT | COMMENTS |
|---------------------------------|---------------|---|
| Time | M | The conduct of the review needs to adhere to the proposed timetable to ensure the outcomes are delivered in a reasonable timeframe. |
| Viability | M | The review process and timetable are reasonable. |
| Finance | M | The report sets out the financial imperative and the proposed funding for the review. |
| Profile | H | The services covered by the review are high profile and the review is likely to attract significant interest |
| Equality & Diversity | L | At this stage there are no highlighted issues. An Equalities Impact Assessment will be a fundamental part of the review. |

Background Papers

Background File Ref: None

Report Author

Helen Briggs

Telephone Number: 01572 758203

Email: hbriggs@rutland.gov.uk

Appendix A of Report No: 10/2014 Future Direction for Services to People – Scoping Report

Proposed Review Timetable

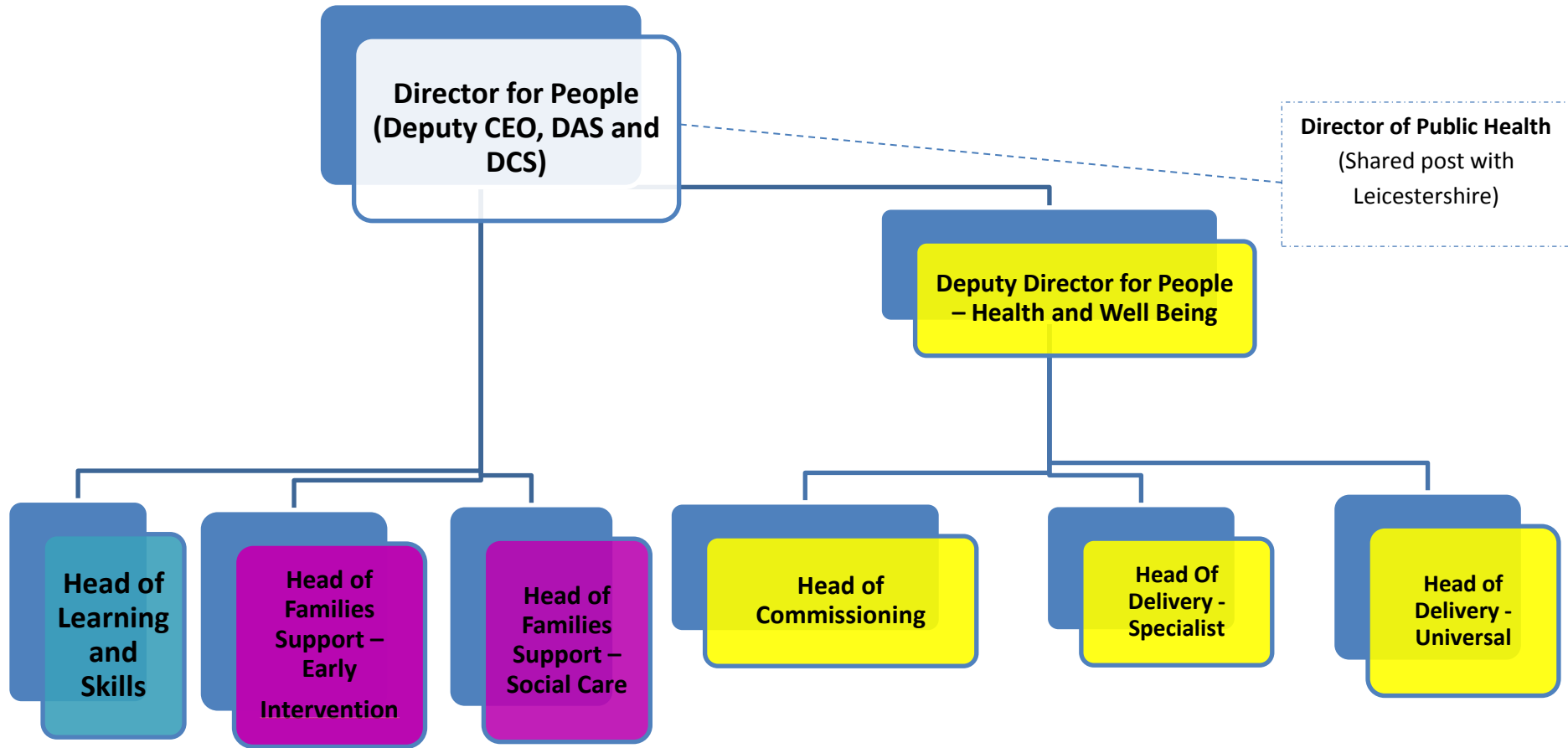
| Date | Activity |
|------------------------------|---|
| 6 th January 2014 | Scoping report presented to Full Council |
| January 2014 | Review of current structure – One Council Review of current functions Cost and process benchmarking |
| February 2014 | Consultation to develop future options Joint Scrutiny Panel |
| March 2014 | Development of proposal Progress report to Cabinet |
| April / May 2014 | Consultation on proposals Joint Scrutiny Panel |
| June / July 2014 | Final report drafted |
| August 2014 | Joint Scrutiny Panel |
| August 2014 | Report presented to Cabinet |
| September 2014 | Report presented to Council |

Appendix B of Report No: 10/2014 Future Direction for Services to People – Scoping Report

Review Board Terms of Reference

1. To manage the review project covering the People Directorate based on the objectives proposed in Report (insert report reference number).
2. To ensure the project is completed within the project deadline – Report to June Council
3. To ensure that appropriate and effective consultation is undertaken
4. To manage the project budget – allocated £50,000 from Invest to save Reserve (Proposed) plus LGA funding
5. To sign off the progress, interim and final project reports

Appendix G – People Directorate Senior Management Structure Chart



Appendix H – Analysis of Consultation Questionnaire Responses

| Ref. | Question | Yes | %age | No | %age | Don't Know | %age | No Comment | %age | Total Responses | Total %age |
|------|---|-----|------|----|--------|------------|--------|------------|--------|-----------------|------------|
| A1 | Do you agree that it's important for the Council to review services with a view to protecting some of the most important for the future | 149 | 87% | 2 | 1.16% | 2 | 1.16% | 19 | 11.05% | 172 | 100% |
| A2 | Should the Council prioritise services for the most vulnerable members of our community, even if it means reductions elsewhere | 98 | 57% | 30 | 17.44% | 21 | 12.21% | 23 | 13.37% | 172 | 100% |
| A3 | Do you support plans for a Citizens' Charter outlining what the local community expects of the council and what the council expects in return? | 100 | 58% | 27 | 15.70% | 23 | 13.37% | 22 | 12.79% | 172 | 100% |
| A4 | Do you support reduced levels of service (e.g. reduced opening hours, slower response times) to redistribute money to other areas | 77 | 45% | 58 | 33.72% | 15 | 8.72% | 22 | 12.79% | 172 | 100% |
| A4a | Do you accept reduced eligibility to access some services so only the most vulnerable are supported in the first instance | 92 | 53% | 46 | 26.74% | 10 | 5.81% | 24 | 13.95% | 172 | 100% |
| A4b | Are you prepared to travel further (still within Rutland) to access services? | 86 | 50% | 56 | 32.56% | 9 | 5.23% | 21 | 12.21% | 172 | 100% |
| A4c | Would you be willing to pay to receive some services if it was the only way they survived? | 95 | 55% | 25 | 14.53% | 29 | 16.86% | 23 | 13.37% | 172 | 100% |
| A4d | The council already works with partners (other council's, health, voluntary sector) to deliver services. Do you support co-locating services using joint funding wherever possible? | 124 | 72% | 20 | 11.63% | 6 | 3.49% | 22 | 12.79% | 172 | 100% |

| Ref. | Question | Yes | %age | No | %age | Don't Know | %age | No Comment | %age | Total Responses | Total %age |
|------|--|-----|------|----|--------|------------|--------|------------|--------|-----------------|------------|
| A4e | Do you agree with the council investing additional time and resource into contract re-negotiations to secure the best value arrangements? | 114 | 66% | 17 | 9.88% | 18 | 10.47% | 23 | 13.37% | 172 | 100% |
| B1 | Do you agree that the council should review the levels of support made to Foster Carers to ensure these are comparable with elsewhere | 117 | 68% | 15 | 8.72% | 19 | 11.05% | 21 | 12.21% | 172 | 100% |
| B2 | The council provides short breaks and leisure activities for young people with complex disabilities and their families. In future, we will review whether support (number of hours) should be prioritised for those with the highest needs. Do you agree? | 108 | 63% | 29 | 16.86% | 13 | 7.56% | 22 | 12.79% | 172 | 100% |
| B3 | Do you agree with our plan to transfer services delivered at the Children's Centre at Casterton to our other sites? This is part of a wider piece of work that will also introduce charges for sessions that are available for parents with children aged under one. | 85 | 49% | 41 | 23.84% | 23 | 13.37% | 23 | 13.37% | 172 | 100% |
| B4 | We currently provide information for families through a standalone team. Do you agree with our plans to join up with other information services within the council and link more closely with partners including health and voluntary sectors? | 133 | 77% | 7 | 4.07% | 10 | 5.81% | 22 | 12.79% | 172 | 100% |
| B5 | The council plans to reduce the level of offer provided by the youth service and this will see the number of supported youth clubs reduce from 8 to 3. Should the council encourage the Voluntary and Community Sector to take on these services? | 84 | 49% | 40 | 23.26% | 26 | 15.12% | 22 | 12.79% | 172 | 100% |

| Ref. | Question | Yes | %age | No | %age | Don't Know | %age | No Comment | %age | Total Responses | Total %age |
|------|---|-----|------|----|--------|------------|-------|------------|--------|-----------------|------------|
| C1 | Do you agree that carers in Rutland should receive similar levels of support to those living in neighbouring council areas? | 117 | 68% | 38 | 22.09% | 13 | 7.56% | 4 | 2.33% | 172 | 100% |
| C2 | Rutland County Council spends a considerable amount of money on Community Care Packages; this includes Direct Payments. Do you agree with setting an upper limit for packages and reviewing these annually? | 107 | 62% | 30 | 17.44% | 17 | 9.88% | 18 | 10.47% | 172 | 100% |
| C3 | Do you support council plans to deliver more services in the home to encourage and support people to live independently as long as possible? | 135 | 78% | 11 | 6.40% | 7 | 4.07% | 19 | 11.05% | 172 | 100% |
| C4 | As less older people are choosing to use day care services/day centres, do you agree that we should look at different ways of supporting older people? | 124 | 72% | 38 | 22.09% | 8 | 4.65% | 2 | 1.16% | 172 | 100% |
| C5 | Less older people are choosing to have a hot meal delivered to their home. Do you agree that the council should explore alternative ways of delivering the 'Meals on Wheels' service? | 122 | 71% | 14 | 8.14% | 15 | 8.72% | 21 | 12.21% | 172 | 100% |

| Ref. | Question | Yes | %age | No | %age | Don't Know | %age | No Comment | %age | Total Responses | Total %age |
|------|--|-----|------|----|--------|------------|--------|------------|--------|-----------------|------------|
| D1 | The council has a responsibility to provide specialist transport to certain groups of vulnerable people and want to know if you agree with the following principles? – Not everyone will receive specialist transport free of charge - Arrangements may change i.e. different vehicle, change of times - We could provide you with money to arrange your own transport - If you currently travel alone, you may have to share with others | 106 | 62% | 18 | 10.47% | 26 | 15.12% | 22 | 12.79% | 172 | 100% |
| D2 | Do you think the council should review charges for Adult Learning to make sure they are in line with other providers? | 121 | 70% | 11 | 6.40% | 20 | 11.63% | 20 | 11.63% | 172 | 100% |
| D3 | Should the council continue to provide support and challenge to those schools that drop to a level that causes concern or are not reaching their full potential? | 107 | 62% | 28 | 16.28% | 18 | 10.47% | 19 | 11.05% | 172 | 100% |
| E | Rutland County Council has set out a vision for the future. Do you agree with this vision? | 105 | 61% | 17 | 9.88% | 22 | 12.79% | 28 | 16.28% | 172 | 100% |

Appendix I –Analysis of Consultation Questionnaire Respondents

| Postcode | No. | Percentage |
|--------------|------------|-------------|
| LE15 | 99 | 77% |
| PE9 | 10 | 8% |
| PE10 | 1 | 1% |
| LE13 | 1 | 1% |
| No comment | 18 | 14% |
| Total | 129 | 100% |

| Sex | No. | Percentage |
|--------------|------------|-------------|
| Female | 91 | 71% |
| Male | 34 | 26% |
| No comment | 4 | 3% |
| Total | 129 | 100% |

| Age | No. | % |
|--------------|------------|-------------|
| 16-25 | 13 | 10% |
| 26-39 | 16 | 12% |
| 40-64 | 58 | 45% |
| 65-80 | 22 | 17% |
| 80+ | 13 | 10% |
| No comment | 7 | 5% |
| Total | 129 | 100% |

| Illness/disability | No. | Percentage |
|--------------------|------------|-------------|
| Yes | 27 | 21% |
| No | 93 | 72% |
| No comment | 9 | 7% |
| Total | 129 | 100% |

| Ethnicity | No. | Percentage |
|--------------|------------|-------------|
| White | 115 | 89% |
| Mixed | 3 | 2% |
| Black | 1 | 1% |
| Other | 1 | 1% |
| No Comments | 9 | 7% |
| Total | 129 | 100% |

Appendix J – Detailed Description of the People First Review Process

Stage 1: Project Approval

During autumn 2013 Rutland County Council commissioned PeopleToo consultants to undertake an initial analysis of adult services and children's services within the People Directorate.

The Chief Executive took Report 10/2014 to Council on 6th January 2014 seeking approval for a more extensive review of the Directorate to go ahead.

The Project Board approved the initial management documents including:

- Project Initiation Document
- Project Timeline
- Draft template of the baseline questionnaire
- Draft Communications Plan
- People First Brand was approved

Stage 2: Internal baseline exercise (January/February)

People First was Launched at the People Directorate Managers Forum: 23rd January 2014

All managers across the People Directorate were invited to attend a two hour event. This was a face to face opportunity for the Chief Executive to brief staff on the review, including:

- Project overview, objectives and key deliverables
- Governance
- Timetable and Process
- The baseline exercise

Drop-in sessions were set up across February for managers to come and ask questions and/or seek assistance with the questionnaire from the Project Manager and Chief Executive.

Managers were also given the opportunity to book 1:1 sessions with the Project Manager to go through the baseline, take-up of these sessions was significant. The Chief Executive agreed to hold a follow up session with managers following the baseline review.

All baselines were received by 28th February.

The Assurance Panel considered the following information:

1. Project Objectives
2. Project Initiation Document (PID) and appendices
3. Communications Strategy
4. Project Plan

5. Update regarding processes followed to date including progress against the Baseline Exercise

The role of the panel is to give assurance that the processes being followed is appropriate by providing independent challenge and scrutiny to the review team.

Stage 3: Screening information received in the baseline exercise

The process for sifting all of the information gathered during stage 2 was as follows:

1. 2 review panels were set up consisting of Helen Briggs (Chief Executive), Sav Della Rocca (Assistant Director Resources), Wendy Poynton (Assistant Director for People) and Mark Naylor (Assistant Director for People). Katy Lynch (Project Manager) and Natasha Brown (Corporate Support Team) supported the process.
2. Hard copies of all submissions were made available for all review panel members from 4th March, with 2 spare copies made available for the Project Board and Assurance Panel members.
3. Services being reviewed were split equally between the two panels to reduce the number of baselines that each panel had to consider. The Chief Executive had an oversight of all baselines having read them all.
4. Both panels had 3 full days set aside to thoroughly consider all of the baseline information
5. The objectives of this stage were to:
 - Evaluate the information provided and consider if there was sufficient information to form a view of each service
 - Challenge conclusions
 - Be in a position to complete the a summary for each service/baseline
6. Clear instruction was given to each panel:
 - Read through each baseline submission
 - Discuss each submission
 - Agree content of the template for each service
 - Be consistent
 - Challenge constructively

The Project Board received a presentation from the Chief Executive outlining the key messages coming out of the baseline exercise, there was some discussion regarding these initial conclusions.

The original timeline set for consultation was April/May; the Board agreed to shift the consultation timescales back by one month to ensure there was enough time for planning consultation.

The next steps which were outlined as follows:

- Two workshops planned before consultation to map costed pathways for:-
 - a) Family Support
 - b) Health and Social Care Integration
- Some options for a senior management structure

- Develop an action plan
- Put some figures against the proposals – income and expenditure

Stage 4: Planning for consultation (March/April)

Mapping workshops took place with relevant staff; information gained from this session has been fed into developing some initial building blocks for the People Directorate Structure (Family Support, Learning & Skills and Health and Wellbeing).

Mapping processes across the directorate will continue to take place to inform the development of a structure that sits beneath the Senior Management Team of the Directorate.

PeopleToo consultants were invited back to assist with planning for consultation and facilitating staff and stakeholder workshops.

Pre-engagement work with key stakeholders took place during March and April in preparation for full public and staff consultation in May, engagement work officially recorded includes:

- Presentation to the Voluntary & Community sector at Voluntary Action Rutland 7th March
- Local Joint Council (Trade Unions) briefed 27th March
- Local Strategic Partnership Executive Board 26th March
- An online forum opened was open to staff from 31st March
- Health and Wellbeing Board 1 April
- Adults Scrutiny Panel 10th April
- Cabinet update 15th April
- Safer Rutland Partnership 25th April
- Senior Managers Forum 29th April

The Assurance Panel reviewed:

- Progress update since the last meeting in February
- Headline messages coming out of the Baseline Exercise
- Consultation Plans

Amendments were made to consultation plans as a result of suggestions coming forward from the panel, particularly around stakeholder engagement.

The Project Board reviewed:

- A revised PID
- A highlight report on progress against plans
- Draft plans for a 7 week consultation including an invitation list to the stakeholder event and draft calendar of events; as a consequence of this discussion amendments were made to plans.

The draft consultation brochure and survey was shared with the Project Board, Cabinet members, legal, finance and senior managers from across the council. Strict deadlines were set to ensure these individuals had an opportunity to feedback any concerns or amendments following publication, there was a significant response to the original material which resulted in a number of alterations to get to the final version. The Leader and Chief Executive gave the formal go ahead for the material to be published on 6th May which was a delay of one week.

Stage 5: Consultation on options

See **Chapter 6** for a full description of the consultation and engagement stage.

Stage 6: Analyse and evaluate findings from consultation

The review team analysed all consultation responses during July.

Stage 7: Develop detailed proposals for future service delivery

A report was drafted by the Chief Executive during July for discussion at the Project Board meeting on 30th July.

The report was considered by the Assurance Panel meeting on 7th August.

Stage 8: Final proposals submitted through democratic processes

A second Joint Scrutiny Panel 28th August – the aim of this meeting is to present a final report of detailed proposals for the future direction of services.

Following the outcome of Scrutiny the report will go to Cabinet and/or Council in September.

Appendix K – Consultation / engagement events held as part of the people first consultation process

| Date | External Consultation |
|------------------------|--|
| 28 th April | Parish Council Forum |
| 30 th April | Better Care Fund workshop |
| 1 st May | Executive group of the Health and Wellbeing Board |
| 14 th May | Healthwatch Rutland Meeting |
| 16 th May | Key Stakeholder Event |
| 28 th May | Public Drop-in Session Oakham Library |
| 4 th June | Session with older people Public Meeting Catmose |
| 5 th June | Joint Scrutiny Panel open to the public to observe |
| 6 th June | Public Drop-in Session Uppingham Library Presentation to Health and Social Care Forum |
| 9 th June | Parents Forum at Oakham Visions |
| 10 th June | Session with Foster Carers |
| 11 th June | Rutland Youth Council |
| 12 th June | Drop in session (Stand) at Tesco, Oakham |
| 13 th June | Rutland Rotaract – Rutland Parent Carer Voice Public Drop-in Session Ketton Library |

| Consultation Mechanism | Level of attendance or feedback |
|--------------------------------------|--|
| Questionnaires | 172 questionnaires were submitted. Many of which included significant levels of comments. |
| Staff engagement | 140 staff attended People First workshops |
| Drop in session Oakham Library | 50 |
| Drop in session Ketton Library | 3 attended |
| Stakeholder event | 35 Partner organisations represented |
| Web site | 1,270 page views (estimated at over 200 people) |
| Older Persons Session | 30 attended |
| Drop in session Uppingham Library | 25 Surveys handed out |
| Parents Forum | 6 attended |
| Foster Carers | 9 attended |
| Youth Council | 18 attended |
| Tesco Oakham - drop in session | 80 surveys handed out |
| Parent Carer Voice | 6 attended |
| Public Meeting | 15 attended |
| Brightways (staff) | 15 attended |

Appendix L – Equality Impact Assessment

| | |
|--|--|
| Name of policy/ proposal/ service being assessed: | People First – A review of the People Directorate January to July 2014 |
| Directorate and Section: | People Directorate |
| Name of lead officer and others completing this assessment: | Dave Brown Katy Lynch |
| Contact telephone numbers: | 01572 720920 |
| Date EIA assessment completed: | 8 th July 2014 |

Step 1: Defining the policy/ procedure/ function/ service

Using the information gathered within the Equality Questionnaire, you should begin this full EIA by defining and outlining its scope. The EIA should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in the Equality and Diversity Policy of Rutland County Council.

| |
|---|
| <p>What are the main aims, purpose and objectives of the policy/ procedure/ function/ service? How will they be achieved?</p> |
| <p>People First project objectives are as follows:-</p> <ol style="list-style-type: none"> a. To put in place a clear vision for the future of service delivery mechanisms for the directorate within the over-arching One Council Vision b. Propose a commissioning strategy to support the vision c. Recommend a structure to support the commissioning strategy d. To undertake appropriate consultation e. To deliver on-going savings on the net cost base of the People Directorate (these will be built into the base budget going forward) <p>These objectives will be achieved through:</p> <ol style="list-style-type: none"> i. Undertaking a baseline review of existing services ii. Analysing information provided in the baseline exercise iii. Developing proposals for future delivery of services iv. Undertaking consultation on initial proposals v. Analysing consultation responses vi. Finalising People First Report outlining how future services will be delivered |
| <p>What are the main activities relating to this policy/ procedure/ function/ service and distinguish who is likely to benefit from these activities.</p> |

Following the completion of activities i-v listed in the previous section, the main activities which will be affected by the review and translated into activities in the People First report are as follows:

| Key activities | Who is likely to benefit? |
|--|--|
| Children's Social Services | Looked After Children Children in Foster Care Children and young people with special needs Families in Need |
| Adult Social Services | People in Residential Care People in supported living People with Mental Health Issues People with Learning Disabilities People with Physical Disabilities |
| Universal Services e.g. some children's centres and youth services | Children and Young People Parents Families |
| Aiming High | Children and Young People with disabilities, parents of children and young people with disabilities |
| Learning and Skills | Children and Young People Schools and colleges |
| Structure | Council tax payers – internal restructuring will identify savings |
| Elected Members Structure | Portfolios will align to the new structure making it as clear as possible for both members, staff and residents |
| Public health | All residents in Rutland |
| Transport | All residents in Rutland |
| Voluntary and Community Sector funded services e.g. meals on wheels, housing floating support, day services | All residents in Rutland, but primarily vulnerable people |
| Carers service | Carers Vulnerable people being cared for |
| Community Care Packages | Vulnerable people |
| What outcomes are expected? | |
| <p>The proposals in the report support the new vision for the Directorate which is:</p> <p><i>The reason we are here is to serve our children, families, vulnerable adults and communities to the best of our ability. The culture that we will develop is one where we will regularly ask ourselves "Would this be good enough for my child, my parent or me?"</i></p> <p>Undertaking the key recommendations in the report will result in the following outcomes:</p> <ul style="list-style-type: none"> • Working as One directorate within One Council • Meeting our statutory obligations | |

- Supporting individuals and families within our community to achieve their full potential and be safe from harm
- Targeting services in particular at the most vulnerable and those who need us the most
- Integrating services more closely with the Health and Voluntary & Community Sectors based care pathways that support 'ageing well' and independent living
- Being clear about what individuals, families and our community can expect captured in a Citizens' Charter for Rutland²¹
- Focussing on finding different ways to do things rather than reduce or remove services
- Adopt an early intervention and prevention approach, intervening as soon as possible to address the root causes of problems

Step 2: Potential Impact

Use the following table to specify if any service users or staff who identify with any of the nine 'protected characteristics', or other areas referred to below, will be affected by the policy/ procedure/ service you are proposing. Indicate all that apply and describe why and what barriers these individuals, groups or other areas may face.

| Who is affected and what barriers may these individuals or groups face? | |
|---|---|
| Age | <p>Older people will be affected by proposals specifically those accessing Voluntary and Community Sector provided services e.g. meals on wheels, day care services or community care packages. They may face a barrier to consultation; during initial consultation a specific focus group was set up to consult older people to ensure their views were heard. Those affected by changes to services will be engaged and supported to ensure alternative provision is in place to meet their needs if some services were to cease.</p> <p>There may be issues for those that are less ICT literate and/or have reduced home internet access as they may not be able to access the same amount of information as the general population.</p> <p>Young people will be affected by proposals particularly in relation to the youth service, children's centres and</p> |

²¹ See Chapter 11

| | |
|---|---|
| | Aiming High. Young people might feel inhibited from contributing to designing provision that meets the requirements of young people if there is no resource identified to support this process. |
| Disability | <p>Aiming High – some disabled children may no longer be entitled to the Aiming High offer leading to isolation and no break for parents.</p> <p>Transport – people with disabilities such as children with special educational needs might be affected by the review</p> <p>People with a disability are some of the main users of social care support. They face societal barriers such as discrimination, barriers to communication, and physical barriers to access facilities and may have a reduced income.</p> |
| Gender Reassignment | No impact specifically identified for this protected characteristic |
| Marriage and Civil Partnership | No impact specifically identified for this protected characteristic |
| Pregnancy and Maternity | Any changes to children's centre provision might appear to impact on pregnant mothers or parents on maternity or paternity leave making people feel less supported. |
| Race | No impact specifically identified for this protected characteristic |
| Religion or Belief | The People First review looks to strengthen links with the faith sector to help facilitate the development of some services moving forward, for example community agents. |
| Sex | Parents accessing universal services provided by the children's centres; the majority of service users are mothers. |
| Sexual Orientation | No impact specifically identified for this protected characteristic |
| Please specify any other areas that may be affected and what barriers the individuals, groups or Community may face (examples are shown below) | |
| Other groups e.g. rural isolation, deprivation, health inequality | Rural isolation – the Transport review could have an adverse impact on some users of services. Any transport proposals coming forward as a result of the review will be subject to a separate EIA. |
| Community Cohesion e.g. engaging young people, anti-social behaviour, new arrivals, social justice and tension. | |

Step 3: Data Collection & Evidence

In relation to your related findings in 'Step Two' are your presumptions on these barriers based on any existing research, data evidence or other information?

What evidence, research, data and other information do you have which will be relevant to this EIA?

What does this information / data tell you about each of the diverse groups?

Baseline reviews were completed on all services prior to any proposals coming forward, this gave management a good understanding of the need and demand for services. This information was then pulled together into an initial consultation document which was consulted on widely; this gave stakeholders an opportunity to advise the council on the impacts of implementing any proposal.

The Joint Strategic Needs Assessment (JSNA) 2012 provides information regarding the needs of the whole population.

Since the JSNA was written there have been further increases in terms of the numbers of over 65's and over 80's, as well as changes to the Armed Forces Picture. The People Directorate needs to review its services to ensure there is capacity to meet the demands of an ageing population and the pressure this puts on services.

Data from the Office of National Statistics:

The survey respondents are largely representative of the population of Rutland according to 2011 census data publish in appendix C Report 125/2013 at the following link :

http://www.rutland.gov.uk/council_meetings/cabinet/18_june_2013_cabinet.aspx

- The ethnicity of Rutland residents is made up as follows: 97% White, 1% Mixed/multiple ethnic group, 1% Asian/Asian British, 1% of Black/African/Caribbean/Black British and other ethnic groups.
- Diversity is also reflected by the religions of Rutland residents, there are 25,481 Christians, 131 Muslims, 100 Buddhists, 75 Hindus, 54 Jews, 31 Sikhs and the remainder are of other religions, no religion or their religion was not stated.
- The population of Rutland is made up of 18,915 males and 18,454 females, the charts below show the population of males and females split into five year age groups. The most noticeable difference between the age groups is that of the over 80 year olds where 62% of the age group are females. The largest age group is 15 to 19 year olds and the smallest is 75 to 79 year olds.

What further research, data or evidence may be required to fill any gaps in your understanding of the potential or known effects of the policy?

Have you considered carrying out new data or research?

A data analyst has been recruited to better understand local data in particular qualitative data to support the development of the corporate commissioning plans as a result of the review. This post will also be working closely with Public Health to update the JSNA

Step 4: Consultation and Involvement

When considering how to consult and involve people as part of the proposed policy/ procedure/ function/ service, it is important to think about the service users and staff who may be affected as part of the proposal.

Have you consulted on this policy/ procedure/ function or service?

Outline any consultation and the outcomes of the consultation in relation to this EIA.

Initial consultation has taken place as a result of the people first review which has informed the overall vision, remit and way of working for the People Directorate. This has allowed the council to better understand what the impact of undertaking changes to services might have on specific groups.

Proposals included the concept of introducing charging where possible, reviewing services including reducing and ceasing service provision in some cases, internal restructuring, the concept of helping individuals to help themselves, changing relationships with the Voluntary and Community Sector, and integrating health and social care.

Proposals have been tweaked to reflect consultation and the final report will set the context for further reviews and more specific service changes which will be subject to further consultation and EIA.

During the consultation process on the high level proposals we sought to collect equality information regarding who was completing the questionnaires, out of the total number of people captured the consultation reached the following proportion of people with protected characteristics:

Sex:

Female 71%

Male 26%

No comment 3%

Age:

16-25 10%

26-39 12%

40-64 45%

65-80 17%

80+ 10%

No comment 5%

Illness/disability:

Yes 21%

No 72%

No comment 7%

Ethnicity:

White 89%

Mixed 2%

Black 1%

Other 1%

No comment 7%

This information demonstrates that a diverse range of individuals completed the consultation questionnaire.

Do any of the barriers you identified *actually* exist based on this consultation?

Are there any other considerations which will be impacted?

Consultation through the media, website and events does not catch all vulnerable people. Vulnerable service users will need to be directly engaged in any process which involves a review of the services they receive moving forward.

Step 5: Mitigating and assessing the impact

In relation to any research, data, consultation and information you have reviewed and/or carried out as part of this EIA, it is now essential to assess the impact of the policy/ procedure/ function/ service and distinguish whether a particular group could be affected differently in either a negative or positive way?

Do you consider that there is an adverse impact or discrimination, or the potential for either, please outline below and state whether it is justifiable or legitimate and give your reasons for this.

There appear to be no specific adverse impacts relating to protected characteristics if assessments of need take place should a service change and alternative provision is provided if there is a need for this. Assessments of individual service users would take place to determine if there were any risk factors. The aim of changing services is to try and maximize the independence of people and provide choice of provision – if money is tied up in set contracts it makes the provision of alternatives difficult – and does not facilitate choice.

Any charges made to individuals would be following an assessment of their income and these would be based on what each citizen can afford to pay. In addition, any new service would signpost people to relevant benefits agencies in order to supplement their income to meet their cost of living. Furthermore the charges need to be reviewed within the context of the Better Care Fund and the Care Act which aim to increase prevention, intervention and advice strategies in order to reduce the number of people who require more intensive social care services offering more choice to service users. Without any changes being made there will be a risk across all groups with protected characteristics as the council would be unable to provide services due to lack of financial resource.

N.B.

a) If you have identified adverse impact or discrimination that is illegal, you are required to take action to remedy this immediately.

b) If you have identified adverse impact or discrimination that is justifiable or legitimate, you will need to consider what actions can be taken to mitigate its effect on those groups of people.

What can be done to change the policy/ procedure/ function/ service to

mitigate any adverse impact?

Consider what barriers you can remove, whether reasonable adjustments may be necessary and how any unmet needs that you have identified can be addressed.

Step 6: Making a decision

Summarise your findings and give an overview of whether the policy will meet Rutland County Council's responsibilities in relation to equality, diversity and human rights.

When individual services are reviewed and before firm proposals are brought forward it will be necessary to complete an EIA on each individual service area, as well as further engagement with anyone adversely affected.

Step 7: Monitoring, evaluation and review of your policy/ procedure/service change

How will you monitor the impact and effectiveness of the new policy/ procedure/ service change and what monitoring systems will you put in place to monitor this and to promote equality of opportunity and make positive improvements?

Progress reports will be taken to Cabinet on a quarterly basis.

Please see further action as outlined in step 6 and the action plan.

How will the recommendations of this assessment be built into wider planning and review processes?

e.g. policy reviews, annual plans and use of performance management systems.

The Transformation Programme will include detailed plans on how changes to services will be implemented, including sufficient timescales for consultation with individuals affected. Progress will be reported to senior management and cabinet on a quarterly basis.

Equality Improvement Plan

Please list all the equality objectives, actions and targets that result from the Equality Impact Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service area for mainstreaming and performance management purposes.

| Equality Objective | Action | Target | Officer Responsible | By when |
|---|--|---|---|---|
| Have due regard for future equality and diversity | Individual EIAs to be completed for each service that is likely to have an adverse | The impact of any equality issues will be mitigated | Leads identified through the People First implementation plan | There will be individual timescales set according to the implementation |

| | | | | |
|---|---|--|--|---|
| <p>issues as a result of People First</p> | <p>impact on at least one of the protected characteristics. Services at this stage known to require an individual EIA will be those requiring further consultation as outlined in chapter 23.</p> | | | <p>plan to change specific services</p> |
| <p>Participation and engagement</p> | <p>Ensure those affected by specific proposals are engaged before any service ceases.</p> | <p>Service users will be kept informed and engaged regarding any decision that might affect the level of provision they receive in the future.</p> | <p>Leads identified through the People First implementation plan</p> | <p>There will be individual timescales set according to the implementation plan to change specific services</p> |

1st Authorised Signature (EIA Lead):
Date:

2nd Authorised Signature (Member of DMT):
Date:

Once completed and authorised, please save a copy of this form in the Equality and Diversity folder on the Shared drive. The steering group will review all EIA's quarterly.

Glossary of Terms

| Terminology | Description |
|---|--|
| Aiming High | Aiming High in Rutland is an early intervention service and provides short breaks for children and young people (up to age 25) with disabilities and wider support for their families |
| Assistive Technology | A device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed ²² |
| Better Care Fund (BCF) | Formally known as the Integration Transformation Fund, the BCF is a single pooled budget to support health and social care services to work more closely together in local areas ²³ |
| Better Care Together | An unprecedented project to reform health and social care across Leicester, Leicestershire and Rutland ²⁴ |
| Brightways | Facility providing care and support for adults with complex learning disabilities |
| Care Act | A Bill to reform the law relating to care and support for adults |
| Clinical Commissioning Group (CCG) | Clinical Commissioning Groups are groups of General Practices that work together to plan and design local health services in England. |
| Commissioning | The process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services, whether they are provided by the local authority, NHS, other public agencies, or by the private and voluntary sectors |
| Consultation | Formally discussing a concept. Consultation in RCC terms is about engaging stakeholders before decisions are made |
| Direct Payments | Direct payments from social services are payments made to you or the person you're looking after so that you can buy care services for yourself ²⁵ |
| Equality Impact Assessment (EIA) | A process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people |
| Health and Wellbeing | A forum where key leaders from the health and care |

²² Royal Commission on Long Term Care, 1999

²³ NHS England

²⁴ <http://www.bettercareleicester.nhs.uk/>

²⁵ <http://www.nhs.uk/CarersDirect/guide/practicalsupport/Pages/Directpayments.aspx>

| Terminology | Description |
|---|---|
| Board | system work together to improve the health and wellbeing of their local population and reduce health inequalities |
| Healthwatch Rutland | Organisation to ensure Rutland Citizens' views on health and social care are heard |
| Housing Options | Housing advice service which includes advice for anyone that feels they might be at risk of homelessness. |
| Joint Health and Wellbeing Strategy (JHWS) | Strategy to meet local population's health and wellbeing needs identified in Joint Strategic Needs Assessments (JSNAs). |
| Joint Strategic Needs Assessment (JSNA) | Outlines health and wellbeing needs of the population |
| Local Safeguarding Board | key mechanisms for organisations to come together to agree on how they will cooperate with one another to safeguard and promote the welfare of children and adults ²⁶ |
| Local Strategic Partnership | Partnership that brings together representatives from the local statutory, voluntary, community, faith and private sectors to address local problems and encourage joint working and community involvement |
| Looked After Children (LAC) | <p>Those children and young people looked after by the state. Including those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care.</p> <p>The term is also used to describe 'accommodated' children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents. We refer to these children as "children in care"²⁷</p> |
| Medium Term Financial Plan (MTFP) | The Medium Term Financial Plan (MTFP) sets out the Council's strategic approach to the management of its finances and presents indicative budgets and Council Tax levels for the medium term, usually 5 years |
| Oakham Visions | Children's Centre based at Catmose Campus in Oakham |
| One Council | The core principle of Rutland County Council |
| Project Initiation Document (PID) | Project Management Tool setting out overall project plan |
| Public Health | Public health refers to all organised measures |

²⁶ <http://lrsb.org.uk/>

²⁷ NSPCC

| Terminology | Description |
|--|---|
| | (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. ²⁸ |
| Reablement | Reablement is a range of services focused on helping a person maximise their independence by learning or re-learning the skills necessary for daily living and the confidence to live at home |
| Rutland Together | The Local Strategic Partnership for Rutland |
| Safer Rutland Partnership | Rutland's Community Safety Partnership, a statutory partnership for every Local Authority. |
| Shorelink | Bus service operating in Rutland for passengers at Rutland Water, Oakham and Uppingham |
| SME | Small and Medium Enterprises |
| Special Educational Needs (SEN) | <p>Some children have needs or disabilities that affect their ability to learn. These special educational needs (SEN) can include a child's:</p> <ul style="list-style-type: none"> • behaviour or ability to socialise, eg not being able to make friends • reading and writing, e.g. they have dyslexia • ability to understand things • concentration levels, eg they have Attention Deficit Hyperactivity Disorder • physical needs or impairments |
| Telecare | Telecare is support and assistance provided at a distance using information and communication technology |
| Voluntary, Community & Faith Sector Compact | A written agreement between the Voluntary, Community & Faith Sector and the statutory sector designed to build better partnerships and to ensure better and closer collaborative working in delivering services to the communities they aim to serve |
| Welland Procurement | Welland Procurement Unit is a shared procurement service supporting a number of local councils including Rutland |

²⁸ World Health Organisation (WHO)

