

# Public Document Pack



## Rutland County Council

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**Meeting:** PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL

**Date and Time:** Thursday, 14 July 2016 at 7.00 pm

**Venue:** COUNCIL CHAMBER, CATMOSE, OAKHAM,  
RUTLAND, LE15 6HP

**Clerk to the Panel:** Corporate Support 01572 758311  
email: [corporatesupport@rutland.gov.uk](mailto:corporatesupport@rutland.gov.uk)

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**Helen Briggs**  
**Chief Executive**

### A G E N D A

#### APOLOGIES FOR ABSENCE

##### 1) RECORD OF MEETING

To confirm the record of the meeting of the People (Adults & Health) Scrutiny Panel held on 14 April 2016 (previously circulated).

##### 2) DECLARATIONS OF INTEREST

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

##### 3) PETITIONS, DEPUTATIONS AND QUESTIONS

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 217.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

**4) QUESTIONS WITH NOTICE FROM MEMBERS**

To consider any questions with notice from Members received in accordance with the provisions of Procedure Rule No 219 and No 219A.

**5) NOTICES OF MOTION FROM MEMBERS**

To consider any Notices of Motion from Members submitted in accordance with the provisions of Procedure Rule No 220.

**6) CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION**

To consider any matter referred to the Panel for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

**SCRUTINY**

Scrutiny provides the appropriate mechanism and forum for members to ask any questions which relate to this Scrutiny Panel's remit and items on this Agenda.

**7) CORPORATE PLAN INCLUDING STRATEGIC AIMS AND OBJECTIVES**

To receive Report No. 132/2016 from the Chief Executive  
(Pages 5 - 26)

**8) QUARTER 4 PERFORMANCE MANAGEMENT REPORT 2015-16**

To receive Report No. 104/2016 from the Chief Executive  
*(previously circulated under separate cover)*

**9) QUARTER 4 FINANCE REPORT**

To receive Report No. 109/2016 from the Director of Resources

*(previously circulated under separate cover)*

**10) HOME (DOMICILIARY) CARE**

To receive Report No. 131/2016 from Mark Andrews, Deputy Director for People  
(Pages 27 - 38)

**11) PROGRAMME OF MEETINGS AND TOPICS**

a) **SCRUTINY PROGRAMME 2015/16 & REVIEW OF FORWARD PLAN**

To consider Scrutiny issues to review.

Copies of the Forward Plan will be available at the meeting.

**12) ANY OTHER URGENT BUSINESS**

To receive any other items of urgent business which have been previously notified to the person presiding.

**13) DATE AND PREVIEW OF NEXT MEETING**

Thursday, 22 September 2016 at 7 pm

Proposed Agenda Items:

- 1. Home (Domiciliary) Care: provider and service user prospective**  
Feedback report from Mark Andrews, Deputy Director for People
- 2. Local Safeguarding Children's Board and Safeguarding Adults Board: ANNUAL REPORTS**  
Presentation of the finalised annual report for information and discussion from Mr Paul Burnett, Chair of the Leicestershire and Rutland Safeguarding Children and Adults Boards
- 3. BUDGET: Q1 Performance and Monitoring**  
Reports from the Chief Executive and the Director for Resources

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**TO: ELECTED MEMBERS OF THE PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL**

Mr G Conde (Chairman)

Mr N Begy

Mr W Cross

Mr A Mann

Miss R Burkitt

Mr R Gale

Mr C Parsons

Mrs L Stephenson  
Mr A Walters

Miss G Waller

## SCRUTINY PANEL

### CORPORATE PLAN

#### Report of the Chief Executive

|                                |  |  |
|--------------------------------|--|--|
| Strategic Aim:                 | All  |  |
| Exempt Information             | No   |  |
| Cabinet Member(s) Responsible: | Mr T C King, Leader and Portfolio Holder for Finance and Development |  |
| Contact Officer(s):            | Helen Briggs, Chief Executive  | 01572 758201<br>hbriggs@rutland.gov.uk |
| Ward Councillors               | N/A  |  |

#### DECISION RECOMMENDATIONS

That the Panel:

1. Notes the Draft Corporate Plan (Appendix A to the report); and
2. Provides feedback for Cabinet regarding any suggested changes.

#### 1 PURPOSE OF THE REPORT

- 1.1 This report provides the Scrutiny Panel with the opportunity to be consulted on the Corporate Plan and to feed back to Cabinet any comments as part of the consultation process.

#### 2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 A review of the Council's strategic aims and objectives is currently underway. The Corporate Plan is aligned with the strategic aims and objectives and they will be considered in a report to be presented to Cabinet on 16 August 2016 and Council on 12 September 2016.
- 2.2 As part of the consultation, the Scrutiny Panel is asked to review and provide feedback on the Corporate Plan attached as Appendix A to this report.
- 2.3 This report will be presented to Scrutiny Panels for consideration as follows:
  - People (Children) Scrutiny Panel – 30 June 2016
  - Places Scrutiny Panel – 7 July 2016

- People (Adults and Health) Scrutiny Panel – 14 July 2016
- Resources Scrutiny Panel – 11 August 2016

### **3 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 3.1 Feedback is requested as part of the consultation process in order to inform the final report which will be considered by Cabinet on 16 August 2016 and Council on 12 September 2016.

### **4 BACKGROUND PAPERS**

- 4.1 There are no additional background papers to this report.

### **5 APPENDICES**

- 5.1 Appendix A: Corporate Plan

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

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# Rutland County Council

Corporate Plan  
2016 to 2020



# Rutland County Council

Rutland is a great place to live, learn, work, play and visit

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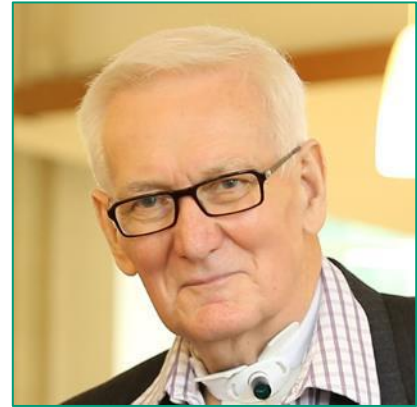


# Foreword

*A foreword by Council Leader Terry King*

Much has changed since our last Corporate Plan and in 2016 we are operating in a very different world, within a challenging economic climate. The global recession and its impact have been profound, both on the Nation and Local Government.

Rutland is not immune to this – our funding from Central Government has reduced against a backdrop of increasing demand for services. This has prompted a Council Tax rise in 2016/17 – the first such rise for six years. It has sharpened our already acute focus on delivering value for money and ensuring we achieve the most for every Rutland Pound spent.



The Council has and will continue to deliver cost savings while endeavouring to protect frontline services – albeit, this will be much more challenging over the next three to five years.

I am proud of our achievements and this document summarises just what we have accomplished as a Council from 2011 to 2015. However, I remain ambitious for the County, for individuals, families, Rutland businesses and communities.

Having a strong economy is a key part of our agenda. Not only does this help the well-being of everyone in our community but it reduces the pressures on families and those who have to support them through the difficulties created by unemployment.

Our Vision is clear and unaltered; *Rutland is a great place to live, learn, work, play and visit.*

Our overriding strategic aim is to make Rutland even better but in a sustainable way. One that builds on what we value most about our County and within the scope of our Medium Term Financial Plan.

I want our new Council Team to work together in the period from 2016 to 2020 and:

## People & Places

- Deliver [sustainable](#) growth in our County supported by appropriate housing, employment, learning opportunities and supporting infrastructure (including other Public Services)
- Safeguard the most vulnerable and support the health and well-being needs of our community
- Plan and support future population and economic growth in Rutland to allow our businesses, individuals, families and communities to reach their full potential

## Resources

- Ensure that our medium term financial plan is in balance and is based on delivering the best possible value for the Rutland pound



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# A profile of Rutland<sup>1</sup>

**Population:** 37,400, Males 18,900, Females 18,500 with a population density of 0.98 people per hectare

| Age Range | % of Population |
|-----------|-----------------|
| 0 – 19    | 25.16           |
| 19 - 65   | 58.18           |
| 65 plus   | 16.66           |

**Ethnicity:** White British 94.3% Other 5.7%

**Households:** 16,765 as at January 201

**Average House Prices:** £228,858 (National £186,325) as at November 2015

**Median gross weekly pay (Full Time & Residency based):**  
£558.70 (East Midlands £492.00)

**Indices of Deprivation:** Ranked 149/152 Upper tier local authorities

**Unemployment rate:** 0.5% (112) (JSA claimants for January 2016)

**Businesses<sup>2</sup>:**

| Size of Business no. of Employees | Rutland (Numbers) |
|-----------------------------------|-------------------|
| Less than 9                       | 1,655             |
| 10 - 49                           | 180               |
| 50 - 249                          | 35                |
| More than 250                     | 5                 |
| <b>Total</b>                      | <b>1,875</b>      |

<sup>1</sup> Based on 2011 Census unless otherwise stated

<sup>2</sup> UK Business Count 2015

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**As a unitary council, Rutland County Council provides a wide range of services that combine to make a real difference to residents' lives on a daily basis.**

- We maintain **352** miles of road, **202** miles of public rights of way and **93** bridges
- We operate **5**, Libraries and a Mobile Library Service, the County Museum and Oakham Castle
- Last year we processed **260** Births, **248** deaths and **371** marriages
- We support on average each year **228** Carers, **2,000** Vulnerable adults and **1,100** vulnerable children and Young People at any one time
- We act as parent to **33** Looked after Children
- We have supported the arrival of 2 Royal Anglian Regiment from Cyprus and 7<sup>th</sup> Logistic Regiment, 1 Military Working Dogs Regiment, 2 Medical Regiment from Germany
- We send out in the region of **16,000** Council Tax Bills and **1,400** business rates bills each year
- We deal with an average caseload of **1,400** Housing Benefit cases and **1,600** Local Council Tax support cases
- We pay approx. **16,000** invoices per annum totalling **£45m**
- We deal with an average of **360** Freedom on information requests each quarter and in Q4 2015/16 EVERY DAY we dealt with **300** telephone calls, and **84** visits to our Customer Service Centre
- We empty over a million bins each year
- The Rutland community helped us to collect **21,000** tonnes of waste in 2015/16 of which about **60%** was recycled

**and much, much more...**

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# National, regional and local context

Rutland values its independence and the opportunities this gives us to provide a responsive and more personalised service to our customers.

However, we also understand how important it is to operate within a wider context. National policy dictates in many instances the way we must deliver services and places a national framework upon us. In addition it is Central Government that allocates funding to Local Government through the Revenue Support Grant (RSG) and set capping levels for increases to Council Tax. However it is important to remember that that highest proportion of funding to support RCC expenditure is raised through Council tax and that RSG is due to reduce to zero over the life of this plan.

We have always worked in partnership with an eclectic mix of Local Government and Public Sector partners. Just some of these include:

| Partnership   | RCC Relationship / Involvement |
|---|--------------------------------|
| The Greater Cambridgeshire / Greater Peterborough Local Enterprise Partnership  | Full members                   |
| Better Care Together - a Leicester, Leicestershire & Rutland (LLR) wide Health and Social Care transformational project | Full members                   |
| LLR Resilience Forum – a multi-agency forum to support emergency planning   | Full members                   |
| Midlands Highway Alliance   | Full members                   |
| Safer Rutland Partnership (Community Safety Partnership)  | Full members                   |
| LLR Road Safety Partnership   | Full members                   |

| Partnership  | RCC Relationship / Involvement |
|--|--------------------------------|
| <b>Shared Services provided for us by others</b>                           |                                |
| Legal Services, Environmental Protection – Peterborough City Council (PCC) | Client role                    |
| Conservation Advice – South Kesteven DC                                    | Client role                    |
| Minerals and waste planning advice – Northamptonshire CC                   | Client role                    |
| Ecology and archaeology planning advice – Leicestershire CC                | Client role                    |
| Internal Audit - Welland Shared Service                                    | Host                           |
| Procurement – Welland Shared Service                                       | Client role                    |
| Bridges and structural engineering – Leicestershire CC                     | Client role                    |
| Traffic signal maintenance – Leicester City Council                        | Client role                    |

During the next three years we anticipate the Governments Devolution agenda will progress and RCC will need to review the options going forward. This will include:

- Evaluating devolution proposals in a Rutland context
- Consider joining a Combined Authority(s) where there are advantages for Rutland whilst preserving Rutland independence
- Work with our partners to protect public services provided within the County including Health (e.g. Rutland Memorial Hospital) and Blue Light Services (Police, Fire and Rescue and East Midlands Ambulance Service (EMAS))
- Continuing to explore and work within Partnership Arrangements within the Public, Private and Voluntary, Community and Faith Sectors (VCF) where this contributes to the achievement of our strategic objectives



# Key achievements

## 2011/2015

These are just some of our highlights in addition to providing the services that our residents rely on 365 days a year. We have not delivered these achievements on our own but through effective partnerships and working together with our residents:

- **0%** Council Tax increases throughout the life of the last Council
- Roll out of Fibre broadband to **95%** of the County by the end of 2016, supported by the highest take up of broadband services anywhere in the UK
- Increased recycling rates from **57%** to **61%**.
- The purchase and procurement of Oakham Enterprise Park
- Supported the successful transition from RAF to Army at Kendrew Barracks
- Completion of Catmose Campus, including Rutland's first Leisure Centre at Catmose Sport
- Supporting the expansion of Post 16 Learning within the County
- Securing **£2m** plus investment in Oakham Castle
- Supporting our schools to deliver improving educational outcomes
- Working with our communities to keep our Libraries open
- **36%** decreased in recorded crime and anti-social behaviour since 2011
- A **38%** decrease in the number of people hurt in road accidents (from the 2007 to 2011 average)
- A brand new bus station for Oakham
- Improved our financial health by increasing our General Fund balances from **£4.1m** in March 2011 to **c£10m** by March 2016, helping us meet the challenge of reduced Government funding
- Delivered savings of over **£7m** without impacting frontline service delivery, helping absorb uncontrollable increases in costs e.g. demand for social care
- Maintained Council tax collection rates of over **98.8%** during the last 5 years
- Supporting economic growth resulting an increase in Gross Rateable Value from **25.1m** in 2011 to **27.3m** in 2016
- Reduced the number of permanent admissions to residential care
- Reduced the number of delayed transfers of care from hospital
- Increased the success of reablement services in preventing people requiring further services
- Reduced the number of unplanned hospital admissions
- **75%** of children achieved the expected level or more at Early Years Foundation Stage Profile
- **67.2%** of pupils achieved 5 A\*-C at GCSE in Rutland, above the national average of **57.1%**.

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# The future vision for Rutland

Rutland is a great place to live, learn, work, play and visit - We want to make it even better and we will do this by:

## People & Places

- Delivering **sustainable growth** in our County supported by appropriate – housing, employment, learning opportunities & supporting infrastructure (including other Public Services)
- **Safeguarding** the most vulnerable and support the health & well-being needs of our community
- Plan and support future population and economic growth in Rutland to allow our businesses, individuals, families and communities in **reaching their full potential**

## Resources

- Ensuring we have **a balanced medium term financial plan** based on delivering the best possible value for the Rutland pound

## What will the Rutland of the Future look like?

- Our population will grow
- The Market towns of Oakham and Uppingham will expand and remain vibrant
- There will be sustainable growth in our villages
- Services and infrastructure will need to grow to support a growing population
- There will be economic growth creating new jobs and new businesses
- The way we deliver public services will be more targeted and will support those who need us the most
- We will safeguard the vulnerable
- We will be more proactive, intervene earlier with a focus on prevention where appropriate
- Rutland will remain as one of the most popular places to live in the Country with low crime rates, high life expectancy, high levels of academic achievement and attainment with an active and enriched community

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# What will we do?

## *Our Objectives*

### **Corporate**

- Sustain growth within the population of between 1,680 and 2,160 by 2020
- The creation of at least:
  - 175 new homes per annum - based on more recent growth 225 may be more likely
  - 40 more affordable homes per annum creating 160 over the life of this plan. This to include all forms of affordable housing
  - 300 jobs per annum accepting that some employment for residents will continue the trend of outward migration (employment out of County)
- Safeguarding the vulnerable within our community will be a key priority for our One Council
- A balanced Medium Term Financial Plan
- Complete the roll out of fibre broadband, developing and implementing a strategy for 2020 connectivity for the County
- Explore the right strategic partnerships to increase the Council's sustainability
- Continue to support our Armed Forces community in particular as Regiments move into the County

### **People**

- Support expanded provision in Primary Care
- Work with Health colleagues to create a sustainable future for Rutland Memorial Hospital as the Health and Social Care Hub for Rutland, providing enhanced medical facilities and services for the Community
- Ensure there are adequate school places supported by appropriate transport
- Improve performance across all Rutland Schools
- Narrow the performance gaps for Looked After Children, Children with Special Educational Needs and between boys and girls
- Raise skills levels throughout the adult population
- Decrease the impact of smoking, obesity and alcohol consumption on the health and well-being of our community
- Continue to support a vibrant Voluntary, Community and Faith Sector to support our communities through strategic commissioning

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## Places

- Continue to maintain our road network as cost effectively as possible
- Improve road safety by reducing the number of people injured on our roads
- Reduce on-going energy usage by making our street lighting as efficient as possible
- Make people feel safer by continuing to ensure low levels of crime and anti-social behaviour
- Continue to explore Localism and the opportunities for devolving services to our Parish and Town Councils
- Develop Phase 2 of Oakham Enterprise Park to create further employment and business growth opportunities
- Review the Council's property portfolio to ensure we are making best use of our assets – this will include our Libraries, Rutland County Museum, Catmose and all other properties
- Ensure the Market Towns are vibrant and attractive to both residents and visitors

## Resources

- Maximise collection and recovery rates
- Deliver improvements in Customer Services through the development of a new website and changes to the Council's Contact Centre
- Drive efficiencies in back office support through improved use of technology
- Support and develop our workforce

# Our financial plan

**Table 1** is our current Medium Term Financial Plan (MTFP) as approved by Council in February 2016. The MTFP sets out the forecast revenue (spend on day to day services) spending profile of the Council and estimates the level of resources it will have available over the next 5 years taking into account information available including local policy decisions and priorities, Government announcements, assumptions about inflation and risks facing the Council. The MTFP is not a static document and changes regularly.

Such an approach to financial planning provides the platform by which the Council can look to deliver public services in accordance with local priorities. Moreover, through ‘scanning the horizon’ and anticipating necessary change at the earliest opportunity, the Council can plan and take decisions to ensure that it can “live within your means” i.e. not spend more than the resources available.

For a full supporting explanation please follow this link:

[http://www.rutland.gov.uk/council\\_and\\_democracy/council\\_budgets\\_and\\_spending/budget\\_summary.aspx](http://www.rutland.gov.uk/council_and_democracy/council_budgets_and_spending/budget_summary.aspx)

## In summary:

- The MTFP shows that Government funding will be reducing substantially – the core Government grant (Revenue Support Grant) will reduce from just over £4m in 2015/16 to £0 in 2018/19. In addition, by 19/20 the Council will be asked to pay over £960k more to the Government in business rates.
- To compensate for its loss of Government funding, the Council has increased council tax in 2016/17 and unless the funding position changes, council tax increases of c4% are likely over the period of the plan.
- The Council has no plans to make major investments in day to day services (excluding schools and other infrastructure required to support housing development and growth) and expects its spending to increase in line with inflation. However, it will face cost pressures from the introduction of the National Minimum Wage, changes to the welfare system, increased demand for adult social care and variations to the tax system (national insurance).
- By 19/20 the Council estimates that if it does not make further savings or receive additional funding then it will have a financial gap of c£2.5m.

In these circumstances, the Council will be focusing on:

- Ensuring resources are focused on priority areas;
- Continuing to ensure that it focuses on achieving value for money/best value;
- Identifying and delivering savings and increase income through a detailed review of services starting with the Places Directorate and consideration of Invest to Save projects
- Lobbying Government for a fair share of funding and trying to secure external funding where possible



# Our workforce strategy

As at 1<sup>st</sup> January 2016 the Council has 466 employees which equates to 343 Full Time Equivalent employees (FTE). This is broken down as follows:

|                       | People | Places | Resources | Total |
|-----------------------|--------|--------|-----------|-------|
| <b>FTE</b>            | 156.3  | 109.4  | 77.5      | 343.2 |
| <b>Headcount:</b>     |        |        |           |       |
| <b>Male</b>           | 23     | 64     | 25        | 112   |
| <b>Female</b>         | 201    | 87     | 66        | 354   |
| <b>Full Time</b>      | 99     | 64     | 64        | 236   |
| <b>Part Time</b>      | 125    | 27     | 27        | 230   |
| <b>BME %</b>          | 1.29%  | 0.43%  | 1.07%     | 2.79% |
| <b>Disabilities %</b> | 1.93%  | 0.64%  | 1.29%     | 3.86% |

Our Workforce Development Strategy provides an essential framework to support the development of all our employees.

One of our objectives is to be an 'employer of choice' and ensure that we can attract and retain good quality staff. We know that we are competing in a challenging labour market both from the private and public sectors, it is really important for Rutland to keep pace and ensure we can resource the organisation to deliver our services and achieve strategic aims and objectives.

In particular, it is recognised that senior management roles in local government are complex and diverse functions in a highly politicised environment where often local and national pressures conflict.

The Council's ability to continue to attract and retain high calibre leaders capable of delivering this complex agenda, particularly during times of financial challenge is crucial.

Our pay policy can be found at:

<http://www.rutland.gov.uk/pdf/Pay%20Policy%20Statement%202016.pdf>

And our Workforce Development Strategy can be found at:

<http://rutlandcounty.moderngov.co.uk/documents/s4064/Report%20No.%20062016%20Workforce%20Development%20Strategy.pdf>

# Our key risks

The Council has in place a Risk Management Policy and Framework along with a comprehensive risk register. Both documents can be found at:

<http://rutlandcounty.moderngov.co.uk/documents/s5070/App%20A%20Risk%20Management%20Update.pdf>

The Council's main aims in relation to Risk Management are to:

- Ensure that appropriate systems are in place to help identify, evaluate and make a conscious choice about how to deal with the risks that it faces
- Ensure that mechanisms exist to track and report business risks on an ongoing basis
- Embed risk management into the culture of the organisation in terms of how it operates and makes decisions
- Adopt a systematic approach to risk management as an integral element of business planning and performance management
- Raise awareness of the need for risk management by all those connected with delivery of the Council's services (including partners and contractors)

Overall responsibility for ensuring that the Council has the appropriate systems in place to manage business risk at a strategic level lies with the Strategic Management Team (SMT) and the Director of Resources will champion the process on their behalf. At an operational level, individual Directors supported by Heads of Service will have responsibility for managing risks.

The Corporate Risk Register is reviewed and discussed by SMT and reported to the Audit and Risk Committee on a quarterly basis.

# Our supporting plans

This Corporate Plan sets a high level vision for the Council for the period 2016/2020. It is supported by a large number of supporting documents including some that are still in development. This includes the following:

| Document                         | Link  | Status                                   |
|----------------------------------|---|--|
| Medium Term Financial Plan       | <a href="http://www.rutland.gov.uk/council_and_democracy/council_budgets_and_spend/pending/budget_summary.aspx">http://www.rutland.gov.uk/council_and_democracy/council_budgets_and_spend/pending/budget_summary.aspx</a>                             | MTFP at Budget Setting is latest version |
| Joint Strategic Needs assessment | <a href="http://www.rutland.gov.uk/health_and_social_care/rutlands_joint_strategic_need.aspx">http://www.rutland.gov.uk/health_and_social_care/rutlands_joint_strategic_need.aspx</a>   | Under continuous review                  |
| Adult Social Care Strategy       | <a href="http://www.rutland.gov.uk/health_and_social_care/adult_social_care_strategy.aspx">http://www.rutland.gov.uk/health_and_social_care/adult_social_care_strategy.aspx</a>   | Out for Consultation                     |
| Workforce Development Strategy   | <a href="http://rutlandcounty.moderngov.co.uk/documents/s4064/Report%20No.%20062016%20Workforce%20Development%20Strategy.pdf">http://rutlandcounty.moderngov.co.uk/documents/s4064/Report%20No.%20062016%20Workforce%20Development%20Strategy.pdf</a> | Approved                                 |
| Local Plan                       | <a href="http://www.rutland.gov.uk/local_plan.aspx">http://www.rutland.gov.uk/local_plan.aspx</a>   | Statutory Plan in Place                  |
| Growth Strategy                  | <a href="http://www.rutland.gov.uk/pdf/FINAL%20Economic%20Growth%20Strategy%202014-2021_Final%20Version.pdf">http://www.rutland.gov.uk/pdf/FINAL%20Economic%20Growth%20Strategy%202014-2021_Final%20Version.pdf</a>                                   | Approved                                 |
| RCC Investment Strategy          | <a href="http://rutlandcounty.moderngov.co.uk/documents/s4676/Report%20No.%20072016%20Appendices.pdf">http://rutlandcounty.moderngov.co.uk/documents/s4676/Report%20No.%20072016%20Appendices.pdf</a>   | Approved                                 |
| Children & Young Peoples Plan    | Currently in consultation stage   | Consultation                             |
| Local Transport Plan             | <a href="http://www.rutland.gov.uk/pdf/LTP3%20Strategy%20Final%2021.03.11.pdf">http://www.rutland.gov.uk/pdf/LTP3%20Strategy%20Final%2021.03.11.pdf</a>   | Approved                                 |
| People First Report              | <a href="http://www.rutland.gov.uk/council_meetings/full_council/8_september_2014_full_council.aspx">http://www.rutland.gov.uk/council_meetings/full_council/8_september_2014_full_council.aspx</a>   | Approved                                 |
| Waste Management Strategy        | <a href="http://www.rutland.gov.uk/waste_and_recycling/waste_policy_strategy.aspx">http://www.rutland.gov.uk/waste_and_recycling/waste_policy_strategy.aspx</a>   | Approved                                 |
| Transport Asset Management Plan  | <a href="http://www.rutland.gov.uk/pdf/LTP3%20Strategy%20Final%2021.03.11.pdf">http://www.rutland.gov.uk/pdf/LTP3%20Strategy%20Final%2021.03.11.pdf</a>   | Approved                                 |
| Community Safety Strategy        | <a href="http://www.rutland.gov.uk/rutland_together/a_stronger_safer_community.aspx">http://www.rutland.gov.uk/rutland_together/a_stronger_safer_community.aspx</a>   | Approved                                 |



## Appendix 1 - Our Plan on a Page

|                             |   |  |   |  |
|-----------------------------|---|--|---|--|
| Our Vision                  | <b>Rutland is a great place to live, learn, work, play and visit</b>  |  |   |  |
| <b>The Future Rutland</b>   | <ul style="list-style-type: none"> <li>• Our population will grow and the Market towns of Oakham and Uppingham will expand and remain vibrant</li> <li>• There will be sustainable growth in our villages</li> <li>• Services and infrastructure will grow to support a growing population and there will be economic growth creating new jobs and new businesses</li> <li>• The way we deliver public services will be more targeted and will support most those who need us the most</li> <li>• We will safeguard the vulnerable and be more proactive, intervene earlier with a focus on prevention where appropriate</li> <li>• Rutland will remain as one of the most popular places to live in the Country with low crime rates, high life expectancy, high levels of academic achievement and attainment with an active an enriched community</li> </ul>   |  |   |  |
| <b>Strategic Aims</b>       | <b>Sustainable Growth</b>   | <b>Safeguarding</b>  | <b>Reaching our Full Potential</b>  | <b>Sound Financial and Workforce Planning</b>  |
| <b>Strategic Aims</b>       | Delivering <u>sustainable</u> growth in our County supported by appropriate – housing, employment, learning opportunities & supporting infrastructure (including other Public Services)   | Safeguard the most vulnerable and support the health & well-being needs of our community   | Plan and support future population and economic growth in Rutland to allow our businesses, individuals, families and communities to reach their full potential  | Ensure that our medium term financial plan is in balance and is based on delivering the best possible value for the Rutland pound  |
| <b>Strategic Objectives</b> | <p>Sustainable growth of a population increase of 1,520 by 2020</p> <p>Work with Health colleagues to create a sustainable future for Rutland Memorial Hospital as the Health and Social Care Hub for Rutland providing enhanced medical facilities and services for the Rutland Community</p> <p>Explore the right strategic partnerships to increase the sustainability of the Council</p> <p>Develop Phase 2 of Oakham Enterprise Park to create further employment and business growth opportunities</p> <p>Continue to maintain our road network as cost effectively as possible</p> <p>Reduce on-going energy usage by making our street lighting as efficient as possible</p> <p>Continue to explore Localism and the opportunities for devolving services to our Parish and Town Councils</p> <p>Ensure our Market Towns are vibrant and attractive to both residents and visitors</p> <p>Complete the roll out of fibre broadband, developing and implementing a strategy for 2020 connectivity for the County</p> | <p>Ensure that our procedures and practices support out duty to effectively safeguard vulnerable adults, children and young people</p> <p>Decreasing the impact of smoking, obesity and alcohol consumption on the health and well-being of our community</p> <p>Continuing to support a vibrant Voluntary, Community and Faith Sector to support our communities through strategic commissioning</p> <p>Improve road safety by reducing the number of people injured on our roads</p> <p>Make people feel safer by continuing to ensure low levels of crime and anti-social behaviour</p> | <p>Supporting expanded provision in Primary Care</p> <p>Ensuring there are adequate school places supported by appropriate transport</p> <p>Improving performance across all Rutland Schools</p> <p>Narrowing the performance gaps for Looked After Children, Children with Special Educational Needs and between boys and girls</p> <p>Raising skills levels throughout the adult population</p> <p>Continuing to reducing crime and anti-social behaviour</p> | <p><u>Finance</u></p> <p>A balanced MTFP</p> <p>Undertaking over the life of the Council a Zero Based Budget review of all expenditure and income</p> <p>Review the Council's property portfolio to ensure we are making best use of our assets – this will include our Libraries, Rutland County Museum, Catmose and all other properties</p> <p>Maximise collection and recovery rates</p> <p>Drive efficiencies in back office support through improved use of technology</p> <p>To transform customer access to services through the provision of multi-channel services</p> <p><u>Workforce</u></p> <p>To be an 'employer of choice' through the delivery of our workforce development strategy</p> <p>To support and develop our workforce</p> |



|  |   |  |  |  |
|--|---|--|--|--|
| <p><b>How will we measure success?</b></p> <p><b>Our Targets</b></p> | <p><u>A great place to live &amp; Work....</u></p> <p>The creation of:<br/>700 new homes<br/>160 Affordable homes<br/>375 jobs created</p> <p>Oakham Enterprise Park strategic plan to be completed by 30/09/2016</p> <p>A sustainable plan developed with key health partners for Rutland Memorial Hospital in place.</p> <p>Highway asset management plan to be updated to achieve a Department of Transport band 2 rating by 31/03/2018 and a band 3 rating by 31/03/2020</p> <p>Energy consumption of street lighting to be reduced by 50% by 31/03/2018 from 2015/16 baseline</p> <p>An Oakham Town Centre Improvement Scheme to be implemented by 30/09/2018</p> <p>Complete the roll out of improved broadband across the County</p> | <p><u>A great place to live, play and visit.....</u></p> <p>2% reduction in Emergency Admissions against forecast levels (equates to 68 fewer admissions in 2016-17)</p> <p>By 2020, a 20% reduction in annual delayed transfer of care (DTC) days, relative to the 2015-16 total (977 days)</p> <p>Fewer than 0.36% of the Rutland over 65 population entering residential care per year (equates to 33 people in 2016-17)</p> <p>By 2020, 90% of people receiving reablement per quarter still at home 3 months after discharge</p> <p>Reduce the number of people killed or seriously injured and all injury accidents on our roads by 16% by 31/12/20 from the 2011 to 2015 baseline</p> <p>Reduce the incidents of reported crime and antisocial behaviour by 5% by 31/03/2020 from the 2015/16 baseline.</p> <p>Robust safeguarding arrangements in place to support vulnerable adults, Children and Young people and delivery against the targets outlined in our Local Safeguarding Children's and Adults Plan</p> | <p><u>A great place to learn.....</u></p> <p>A Learning Strategy approved and in place by 31/12/16</p> <p>95% of all children seeking a primary school place are offered their first choice and 100% children are offered a school of their choice (1<sup>st</sup> -3<sup>rd</sup> choice)</p> <p>90% of children seeking a secondary school place are offered their first choice and 98% children are offered a school of their choice. (1<sup>st</sup> -3<sup>rd</sup> choice).</p> <p>Pupil and parent reviews of transport services indicate 90% "good"</p> <p>KS4 % achieving 5+ A*-C incl. English &amp; Maths: 2017: 73%<br/>2020: 80%</p> <p>Progress and attainment measures indicate Rutland: 2017 in top 15 counties; 2020 in top 5 counties</p> <p>KS1 &amp; 2: 2017: amongst the top 10 counties; 2020 among the top 3 counties in England</p> <p>Early Years Foundation Stage : 2017 among top 5 counties:<br/>2020 among top three counties</p> <p>Looked After Children: all children show progress at 10% rate above average progress scores (at KS2; KS4) 2017: 3%; 2020: 10%.</p> <p>Special Educational Needs: children show progress that is appropriate to them (incl. P scales)</p> <p>Boys/girls: KS4 % gap between achieving 5+ A*-C incl. English &amp; Maths: 2017: 9%; 2020: 5%. KS2: 2017 current gap APS to be reduced to better than national average; 2020; to be among the top 10 Counties.</p> <p><u>Adult Learning</u><br/>2017 increase the overall level of skills (NVQ) of Rutland residents to: 92% at Level One; 76% at Level Two; 60.5% at Level Three; 40.0% at Level Four.<br/>- 2020 increase the overall level of skills (NVQ) of Rutland residents to: 95% at Level One; 78% at Level Two; 63%% at Level Three; 41% at Level Four.</p> | <p><u>Sound financial and workforce planning.....</u></p> <p><u>Finance</u></p> <p>Agree a savings target programme of between £1.5m and £2m by 31 March 2017 that delivers a reduced financial gap by 2019/20.</p> <p>Deliver the annual savings programme, to be reported at the end of each financial year.</p> <p>Maintain reserve balances above minimum recommended level of £2m across the life of the MTFP</p> <p>Collect 98% of Council Tax and 97% of Business Rates</p> <p>Reduce back office costs by 5% by 2019/20</p> <p>Adopt a property asset management strategy by 31/12/2016</p> <p>Deliver a new website that increases on line transactional services year on year for the duration of the plan from a 2016 baseline</p> <p><u>Workforce</u></p> <p>Increase stability in our workforce through a sustained reduction in spend and headcount for temporary, interim &amp; agency staff based on a 2015/16 baseline</p> <p>Improve staff satisfaction scores based on our staff survey compared to the March 2015 baseline</p> <p>Deliver against the actions and targets identified within our workforce development strategy</p> |
|--|---|--|--|--|

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## SCRUTINY PANEL

14 July 2016

### HOME (DOMICILIARY) CARE

#### Report of the Director for People

|                                |   |              |                         |
|--------------------------------|---|--------------|-------------------------|
| Strategic Aim:                 | Meeting the health and wellbeing needs of the community         |              |                         |
| Exempt Information             | No  |              |                         |
| Cabinet Member(s) Responsible: | Mr R Clifton, Portfolio Holder for Health and Adult Social Care |              |                         |
| Contact Officer(s):            | John Morley Head of Adult Social Care                           | 01572 758442 | jnmorley@rutland.gov.uk |
|                                | Mark Andrews, Deputy Director for People                        | 01572 758339 | mandrews@rutland.gov.uk |
| Ward Councillors               | Affects all wards   |              |                         |

#### DECISION RECOMMENDATIONS

That the Panel:

1. Notes the complexity and diversity of the Home Care provision and the demography of the services Adult Social Care (ASC) commissions.
2. Notes the difficulties both Rutland County Council and providers face in offering services and plans for future delivery
3. Notes the systems ASC has in place to monitor and if necessary intervene if concerns are raised in regards the provider.

## 1 PURPOSE OF THE REPORT

- 1.1 The purpose of the report is to provide details of the extent to which we provide home care to eligible vulnerable adults in Rutland. The report will explain the drivers, funding streams and how adults have choice to be provided with commissioned care or to have a direct payment to commission their own care. The report will outline the complexity of matching service user need to available provider's specialities with the diversity of the client group and their respective needs. The report will also cover the difficulties both Rutland County Council and providers face in offering services in the future.

## 2 BACKGROUND

- 2.1 The home care industry mainly caters for the elderly but also for younger adults

with physical disabilities, learning disabilities and mental health. These are very different areas to cater for with their own respective specialist knowledge and practices as is often reflected in the make-up and mix of professional teams who commission home care services following assessment.

2.2 The home care industry has experienced strong growth recently due to the demographics of an aging population, advances in health technology that allow for greater survival rates for people with congenital birth defects and better management of long term conditions. Home care is also being seen as a much better route to meeting people’s outcomes by providing people with the assistance they need in the longer term. This helps them maintain some independence, improves their wellbeing and allows them to stay in their familiar surroundings.

### 3 CHANGING PRIORITIES

3.1 There has recently been an active drive to reduce residential admissions from central government to promote longer term wellbeing. With improvements in technology and monitoring equipment, skilled home care providers can both help an elderly client stay at home, which is usually their preference, and at the same time save costs to the wider economy particularly health care and the personal costs of premature institutionalisation.

3.2 The new structure in Rutland County Council’s Adult Social Care (ASC) has consistently demonstrated adherence to this principle using home care providers instead of residential care providers.

| Permanent admissions of older people (aged 65 and over) to residential and nursing care homes | 2013/14   |    |    |    | 2014/15   |    |    |    | 2015/16   |    |    |    |
|---|-----------|----|----|----|-----------|----|----|----|-----------|----|----|----|
|   | Q1        | Q2 | Q3 | Q4 | Q1        | Q2 | Q3 | Q4 | Q1        | Q2 | Q3 | Q4 |
| Number of Admissions  | 15        | 11 | 12 | 7  | 6         | 11 | 18 | 11 | 11        | 4  | 3  | 4  |
| <b>Total Number of Admissions</b>   | <b>45</b> |    |    |    | <b>46</b> |    |    |    | <b>22</b> |    |    |    |

3.3 We now have a multidisciplinary prevention and safeguarding team at the front door of the council providing rapid intervention when needed. We established this team as part of our response to the Care Act and its emphasis on prevention. We have empowered social workers and OT’s to commission short term home care to enable vulnerable people to be helped over a crisis. The practitioners in the team are supported by our Mental Health social worker and inclusion support as well as carer workers. An example could be a urinary tract infection that has led to fluctuating capacity that can be supported at home rather than admission to a hospital bed.

3.4 To complement our safeguarding and prevention team we have a long term and review team consisting also of social workers and OT’s. The role of this team being to support those people in need of care either in their own homes or other

commissioned service who have long term conditions fulfilling another Care Act requirement of promoting wellbeing. This is the team that takes over the care from our prevention and safeguarding team and hospital and reablement team when it is identified long-term involvement by adult social care services need to remain, enabling people to stay at home with our support. The practitioners in this team have a speciality in ongoing complex case management from older people's mental health through to the specialist area of learning disabilities. The practitioners are supported by reviewing officers to monitor care and our direct payments specialist to offer an alternative. The success of the team is a demonstration that with the right intervention and commissioning people can be managed well in their own homes for longer periods.

- 3.5 Our other short term involvement team is the hospital and reablement team which works very closely with the acute hospitals facilitating discharge with care packages. The team consists of social workers, nurses, physiotherapist and OT's who are able to work across the social care and health service cultures to secure the best outcome for the patient. A major portion of this team is our specialist reablement carers with their supporting therapists. This team has made a great difference enabling people to remain at home longer actively empowering vulnerable people and their families to make decisions other than institutionalisation.
- 3.6 Our Reablement care team has consistently exceeded the 83.3% national target to prevent readmission to hospital within 91 days of discharge from hospital this quarter achieving an 87% success rate. The success of our teams is evidenced in the non-elective admissions data that is consistently lower than the national target per 100,000 (table below).

| Table to show Rutland non elective admissions represented to per 100000 people for comparison |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|
|   | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 15/16 |
| Rutland   | 691      | 637      | 685      | 702      | 678      |
| per 100,000 general population  | 1868     | 1722     | 1852     | 1898     | 1828     |
| BCF Target per 100000   | 2125     | 1837     | 1917     | 1919     | 2066     |
| Difference  | -257     | -115     | -65      | -21      | -238     |
| Cumulative Diff.  | -257     | -372     | -437     | -458     | -696     |

## 4 TYPES OF CARE

- 4.1 The type of care needed determines the level of licensing and skill required of the caregiver. Although family members can be caregivers, there is a need for independent agencies to sometimes provide skilled and trained caregivers to fill the gap when family members need to work during the day or are unable to support. There are two main types of commissioned home care that are based upon the level of skilled care needed.
- 4.2 The first, social care or non-medical care can provide a wide range of services to ensure a person's continued quality of life. The personal care duties performed by a carer may include their bathing, washing and dressing, and assisting with their personal and oral hygiene, toileting, and maintenance of their appearance.
- 4.3 If the needs of the person cared for are further complicated with moving & handling issues, behavioural concerns or perhaps making accusations then two carers are required on each visit of which typically occur up to four times per day

for a minimum of 30 minutes per visit. Occasionally these care packages can be provided by a live in carer over 24 hours per day across the year.

- 4.4 The second is medical based care needs to be commissioned for people living with long-term medical conditions such as advanced dementia, cancer, Parkinson's disease or Multiple Sclerosis for example. Home carers with such specialist training work with the support of district nurses for example and can undertake more clinical tasks such as managing Percutaneous Endoscopic Gastrostomy feeds (PEG feeds), dressing wounds and managing catheters or stomas. These tasks can be clinically delegated by a healthcare professional to a suitably trained professional carer.
- 4.5 RCC is also signed up to the Health and Social Care protocol that seeks to enable delegated tasks between social care and health professionals to help remove duplication within the system. A carer for example can help with eye drops rather than a nurse making a special additional trip to administer the drops. It may be the visiting nurse could prepare food rather than a carer specifically doing the task. It is ultimately the service user who benefits by not having multiple people coming to their home with some thought, delegation and coordination.

## **5 CLIENT GROUPS**

- 5.1 The elderly is by far the biggest client group requiring care. Both types of care are often needed to enable the elderly to stay in their own home perhaps with advancing dementia who are prone to wandering or hitting out at carers. Inherent to all these cases is the need for basic personal care from prompting medication that can be lifesaving through to food preparation and support with feeding to ensure choking does not occur.
- 5.2 The adults between the ages of 18 and 65 tend to be the more complex acquired disabilities needing home care. In Rutland our commissioned carers support conditions such as Spinal Injury, Brain Injury, Stroke, Schizophrenia and Multiple Sclerosis to give a far from exhaustive example of the variety of conditions and therefore varying skills required. The rest of the group consists of learning disabilities.
- 5.3 Complex learning disabilities require a further set of specialised skills in home care which can be highlighted from the recent transforming care initiative following the Winterbourne View concordat. To enable people with complex learning disabilities to move out of longer term assessment centres back into the community requires very skilled home care workers. These workers have to manage often severe challenging behaviour while maintaining the dignity of the person and protecting others including the public if enabling the person to access the community. People with less complex learning disabilities need specialist support rather than care as do people being supported through mental health episodes not severe enough to require medical intervention. Support is about enabling and showing how, rather than doing to. All of these are specialist areas requiring a diverse workforce with specific skills in addition to the accepted home care model existing in the minds of most lay people.
- 5.4 The Care Act now puts a duty on local authorities to provide care for vulnerable prisoners in need in the confines of the prison. This is an area for carers who

are not intimidated by their environment and are not affected by closed in places. The same applies to other need groups such as hoarders or people who self-neglect that agree to accept our support.

- 5.5 Informal carers save the national economy billions of pounds per year and home care is a major factor in supporting them to continue in their role. A well-known consequence of caring for a loved one is the change in the relationship between the carer and the cared for. The relationship will change greatly as time passes, for example the case of a wife caring for her husband with dementia. She will experience feelings of grief and bereavement as the illness progresses, not just in the period after the person's death.
- 5.6 There are so many changes that occur along the way when caring for someone with dementia or other life changing disability that it can be difficult for carers to deal with their feelings. Other family members, especially children, may also be affected. Home care prevents the cross over from the personal relationship to the more formal caring role so enabling and preserving that all important and encompassing personal relationship. Furthermore it enables "me time".

## **6 FUNDING**

- 6.1 People over the national savings threshold of £23,250; differentiate between those who set up their own care and those who we set up care for. In the case of the self-funding person or those over the threshold the council has no influence except for a duty to intervene in the event of provider failure.
- 6.2 However, the council does cap the hourly rate charged for home care to £13.00 per hour, whereas the actual cost to the Council is £15.75 per hour. The council is therefore paying £2.75p per hour in subsidies for people who are eligible to pay for their care. The Council also limits the total amount that any person contributes to £422.00 per week even for those people who are above the national financial threshold of £23,250. The total cost of home care to the council 2015 – 2016 was £1,047,123.
- 6.3 For people who fall under the threshold of £23,250 they are entitled to a financial assessment under section 17 of the Care Act 2014 to see if they should make any contribution to their care. Section 14 of the Care Act 2014 gives councils a power to charge adult recipients of non-residential services. Where service users are asked to contribute to their care costs, a charge towards the cost of non-residential social services, this can raise additional income, which should be used to develop services.
- 6.4 The different types of non-residential care councils can charge for are:
- i. Meals at home, or in day care
  - ii. Day care
  - iii. Domestic help
  - iv. Personal home care
  - v. Other support from social services, e.g. transport, equipment and housing adaptations not provided through Disabled Facilities Grants.

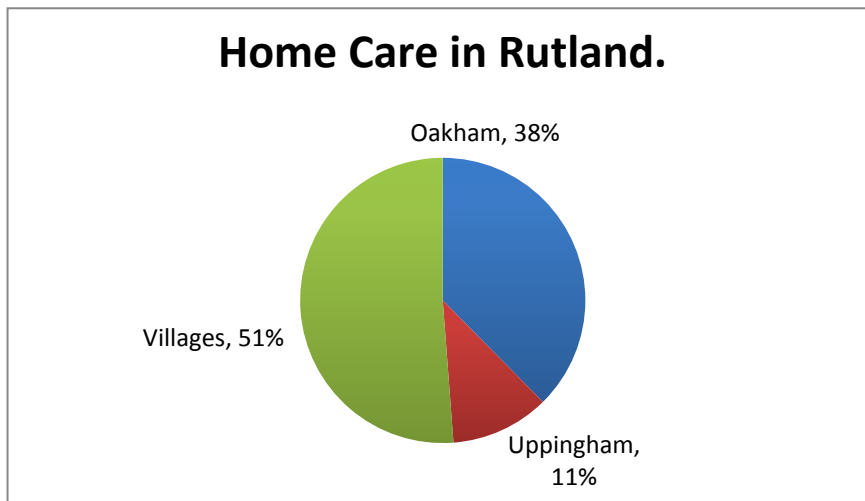
As a minimum, users' incomes should not be reduced by charges below "basic" levels of Income Support, as defined in the fairer charging guidance, or the Guarantee Credit element of Pension Credit, plus a buffer of not less than 25%.

- 6.5 An alternative to home care is direct payments though the take up of these has been very low. In this case the service user has a payment in lieu of carers to arrange their own care with a company of their choice or indeed a person of their choice. The council has no say in their choices but does review the provision of the direct payment to ensure it is being correctly utilised and adequately meeting the person's needs. Direct payments also are subject to a financial assessment under section 17 of the Care Act 2014.
- 6.6 The funding between the two main types of care, social care and health care can be complex as often funding is joint between the council and health known as Continuing Health Care Funding (CHC). Such cases need our social workers to attend the CHC panel and discuss with health professionals the primary need of the service user/patient. A further complication is that social care provision is means tested (as described above) whereas health provision is free at the point of contact. These cases tend to be the large care packages we provide as a council and are open to changes in the funding responsibility as the needs of the person change.
- 6.7 The National Health Service Act 2006 (which replaced the partnership provisions in the National Health Service Act 1999) did not alter the local authority powers to charge in the event of a partnership arrangement. In agreeing partnership arrangements, agencies have to consider how best to manage charging (where local councils charge for services) and how to clarify the difference between charged-for and non-charged for services. In entering into an arrangement, the partners need to agree on the approach to be taken on charging and in Rutland the council recharges the CCG through Continuing Health Care for the health care provision of a package.

## **7 THE RUTLAND PICTURE**

- 7.1 Unlike in a densely populated area, where there is little need for excessive travel between service users, Rutland is very rural in nature often having just one, two or three service users in a village. This is an added expense to the provider in both time and money.
- 7.2 Commissioners and providers also have to consider the primary need of the assessed person. It may be one of the service users in the aforementioned village is an older person with dementia while another is a younger adult with acquired brain injury needing very complex care then another needing inclusion support for accessing the community due to mental health problems. This may mean different sets of carers attending the same village further lessening the available carer pool.
- 7.3 The chart below represents the percentages of the service spread throughout the county. In Oakham there are 47 commissioned services being provided, in Uppingham there are 14 leaving 64 in the surrounding villages. The total home care provision to Rutland residents in need of social care support at the time of writing is 125.



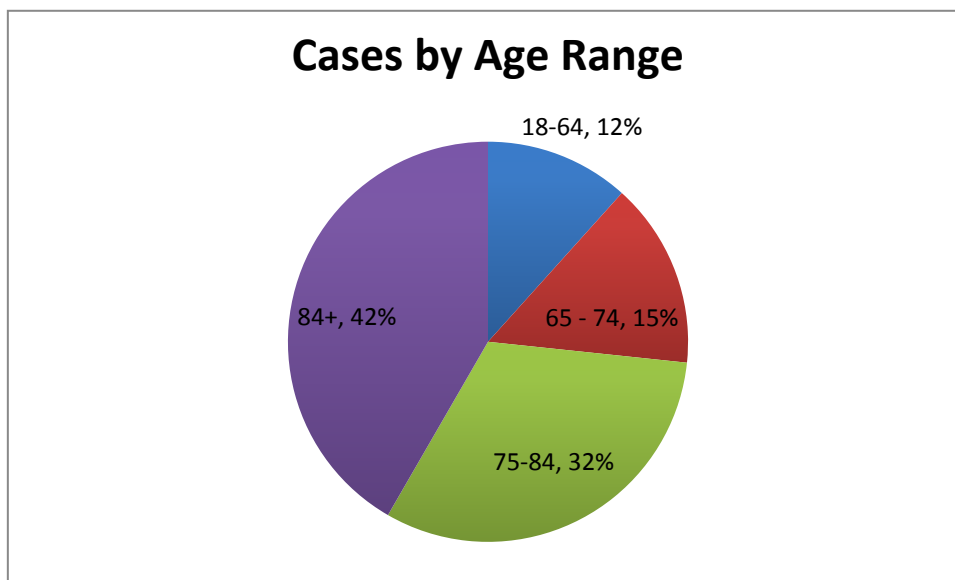


Of the 125 people we commission home care for the hours are very broadly made up as follows: older people, people with learning disabilities, younger adults, mental health and carers.

7.4 The table below gives a breakdown of how the hours are made up for social care funded packages for both service users and their carers.

| Social inclusion | Care Hours | Carers Hours | Sitting Service |
|------------------|------------|--------------|-----------------|
| 84               | 852.3      | 174.5        | 104             |

Of the 125 people we commission homecare for the vast majority are those above the age of 65.



Of these 15 packages include day care and 23 packages are provided through direct payments.

7.5 The number of hours received is outlined below, the majority of cases with the larger packages of homecare are aged 18-64.

| Hours of home care per week | Numbers |
|-----------------------------|---------|
| Up to 14 hours              | 74      |
| 14 hours to 20 hours        | 29      |
| 21 hours to 34 hours        | 15      |
| 35 hours or more            | 7       |

- 7.6 Broadly the packages contain one or more of the following services: personal care, night support, assistive technology (falls detector, GPS tracker), day care, laundry allowance, respite, direct payment, equipment, food preparation and medication prompting. Some care requires more than one carer, although the numbers of these are low, accounting for just 9 of the packages of home care.
- 7.7 In terms of health funding 1 package is 100% CHC (over 65), 1 package 75% CHC (under 65 age group) and 4 packages 50% with CHC (3 under 65, 1 over).
- 7.8 There are currently five people with a learning disability who have a home care element to their package of care enabling them to live meaningful lives in the Rutland community including to access work.

## 8 QUALITY MONITORING

- 8.1 The home care providers we commission are all registered with the Care Quality Commission (CQC). The council monitors the quality of care through contract visits to ensure a number of quality elements such as staff vetting that agreed training is taking place, that care plans are effective or monitoring the number of complaints. If concerns are found officers will draw up an action plan with the provider to assist them and work with them to bring the establishment or practice up to the expected practice standards.
- 8.2 The Council also monitors the registered providers through the reviews of individuals that the council funds. Health does the same for people they fund. These reviews provide feedback on the providers' practice, especially as many providers offer services to multiple council funded individuals.
- 8.3 Every two weeks our Council Officers come together to discuss care providers to collate intelligence into a risk matrix. This collated intelligence enables Council Officers to identify patterns that are indicators for more serious problems, as well as forming the basis to their visits.
- 8.4 Overall, however, the statutory responsibilities for ensuring standards are maintained by registered providers are with the CQC. Officers share both soft intelligence and report actual concerns about a provider with CQC. It is CQC's duty to ensure "compliance" and looks specifically at the list below:
- a) *Safe*: people are protected from abuse and avoidable harm.
  - b) *Effective*: people's care, treatment and support achieve good outcomes, help to maintain quality of life and are based on the best available evidence.

c) *Caring*: staff involve and treat people with compassion, kindness, dignity and respect.

d) *Responsive*: services are organised so that they meet people's needs.

e) *Well-led*: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around the individual's needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

8.5 Against these CQC publish ratings for each provider, as well as an overall rating. The ratings are Outstanding, Good, Requires Improvement and Inadequate. The ratings for all home care companies the council commissions either from the framework or by spot purchase are available on the CQC web site.

<http://www.cqc.org.uk/content/services-your-home>

8.6 If a provider does not meet a good rating but the impact on quality is not significant or there are no widespread concerns, then this will be rated as requires improvement. If the impact on quality is significant or there are widespread concerns, then this will be rated as inadequate. It should be noted that CQC may recommend areas for improvement, even though a regulation has not been breached, to help a provider move to a higher rating.

8.7 Where a provider is not meeting a legal requirement or struggles to do so consistently, but people using the service are not at immediate risk of harm, CQC may use their power to require a report from the provider. The report must explain the action the provider is taking or proposes to take to meet the relevant legal requirement(s). The Local Authority's Contracts Monitoring Officers will work with CQC at this point. CQC will return to the registered provider to ensure the action plan is being worked to and that standards are coming back to compliance.

8.8 Beyond this CQC may work with the various bodies to 'enforce' the standards. Depending on the service and the circumstances, they can work with local authorities, regulatory bodies and even the police to ensure that actions are taken.

## **9 SAFEGUARDING**

9.1 If CQC have a safeguarding concern, where 'abuse' is suspected (beyond compliance) to have happened, they inform the Local Authority. It is the Council who have the statutory duty for safeguarding vulnerable adults. Reports of suspected abuse come to a SPOC (single point of access) to which all of the above professionals and members of the public have a duty to report into if they suspect 'abuse' is occurring. If CQC believe a registered body has gone beyond compliance infringement and has entered the thresholds for safeguarding, then CQC will directly inform officers at the local authority through the SPOC who will at this point take over if officers agree it is a safeguarding matter. This is the decision of the local authority not CQC.

## **10 SUSTAINABLE HOME CARE - FUTURE COMMISSIONING**

- 10.1 The current contracts are in place to May 2018 and have been running for 5 years. They were set up as a Framework arrangement, allowing a number of providers to be contracted to provide care. New packages of care are offered to all providers on the Framework, providers who are able to pick up the package then respond and the service user is allocated to them. There are currently 6 providers on the Framework.
- 10.2 Since the Framework was established, there have been a number of additional providers who have approached the Council to provide home care in Rutland. As those providers on the Framework do not always have capacity to pick up packages of care, additional providers have been taken on following a due diligence and interview process, these are known as second tier providers and are able to have packages commissioned from them if no Framework provider is able to undertake the care. This in itself makes the processes of commissioning packages more complex, but as the current contracts are structured is necessary.
- 10.3 In addition, and as noted in Section 7, there are a number of issues which impact on providers and their ability to deliver quality services in Rutland, including:
- 10.3.1 **Workforce** - there is a very limited workforce locally and the majority of home care staff come from outside the county. Providers note that recruitment is often difficult and this impacts on their capacity.
- 10.3.2 **Travel** - due to the rural nature of the county, travel time and costs are higher for providers working in Rutland. This in turn impacts on the number of packages they are able to undertake due to the time it takes to get from one service user to another - for example, a carer can only do a few morning calls to bathe and dress a service user as more time is spent travelling than in their caring capacity .
- 10.3.3 **Volume of work** – The level of care packages available to commission from providers in Rutland is relatively small, consequently providers usually have a limited number of carers employed to cover Rutland and this in turn leads to them being unable to undertake packages of care because they do not have sufficient staff, which leads to lower volumes of work per provider.
- 10.4 Cabinet have approved plans to undertake the re-commissioning of home care over the next two years, with new contracts to start from May 2018. There is clearly a need to undertake much more detailed and wider consultation with providers, other stakeholders and with service users to understand in detail the issues and to develop possible models to address.
- 10.5 The models developed will need to address the issues identified above, as well as take into account the aging population in Rutland and the priority across health and social care to help people maintain the independence of service users for longer. A number of local providers have already engaged in discussions with officers and are willing to share ideas and models they work to in other areas to look at whether they might work for Rutland.
- 10.6 The re-commissioning will start from September this year in three phases:
- 1) Consultation with providers, service users and stakeholders on the current services in Rutland and detailed data analysis including trends of homecare use and projections for future need.

- 2) Development of possible models and soft market testing, to see whether the models developed are feasible for providers and would receive tenders during procurement.
- 3) Procurement of the agreed model of service to be undertaken during 2017, allowing sufficient time to work with service users to allay any concerns about changes to providers and to allow implementation of new service models from May 2018.

## **11      THERE ARE NO APPENDICES**

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