



# Rutland County Council

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Minutes of the **MEETING of the PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL** held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on Thursday, 6th April, 2017 at 7.00 pm

**PRESENT:** Mr G Conde Miss R Burkitt  
Mr W Cross Mr A Mann  
Mrs L Stephenson

**ABSENT:** Mr N Begy Mr R Gale  
Mr C Parsons Miss G Waller

**OFFICERS PRESENT:** Mr M Andrews Deputy Director for People  
Mr C Howarth Quality Assurance Officer  
Ms K Kibblewhite Head of Commissioning  
Ms S Newton Commissioning Officer  
Mrs S Ramsay Corporate Support Officer  
Mr M Sandys Director of Public Health

**IN ATTENDANCE:** Mr R Clifton Portfolio Holder for Adult Social Care and Health

## 706 RECORD OF MEETING

The minutes of the meeting of the People (Adults and Health) Scrutiny Panel held on 2 February 2017, copies of which had been previously circulated, were confirmed and signed by the Chair.

## 707 DECLARATIONS OF INTEREST

No Declarations of Interest were received.

## 708 PETITIONS, DEPUTATIONS AND QUESTIONS

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

## 709 QUESTIONS WITH NOTICE FROM MEMBERS

No questions were received from members.

## 710 NOTICES OF MOTION FROM MEMBERS

No notices of motion were received from members.

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

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

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The Chair advised members that items 7 and 8 on the agenda would be taken together. Mr Conde advised that Mr Andrews would provide members with an end of year update on both Financial and performance management as this was now more relevant than the Quarter 3 figures.

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**712 QUARTER 3 FINANCIAL MANAGEMENT REPORT**

Report No. 37/2017 was received.

Mr Andrews advised members that the end of year Finance position showed Adult Social Care as being under budget, this was due in part to an increase in income in Quarter 4. There had been an in-year increase in public health funding which had lessened the burden on the authority's contributions. There had been an increase in 100% care funding toward the end of 2016/17 which, if continued may increase the spend for 2017/18 in this area, he advised members that ending the financial year under budget put the authority in a strong position for the coming year.

**RESOLVED**

That the contents of the report and update be **NOTED**.

**713 QUARTER 3 PERFORMANCE MANAGEMENT REPORT**

Report No. 36/2017 from the Chief Executive was received.

Mr Andrews advised members that all but one of the performance indicators were on track at the end of year. There had been an issue with delayed transfers to care at the beginning of 2016/17 but the last two quarters had shown improvement with the Council being ranked 5<sup>th</sup> in the country toward the end of the previous year.

**RESOLVED**

That the contents of the report and update be **NOTED**.

**714 DIRECTOR OF PUBLIC HEALTH: ANNUAL REPORT 2016**

Report No. 76/2017 was received from the Director of Public Health.

The Chair invited Mr Mike Sandys, Director of Public Health to give an overview of the Annual Report 2016.

During discussion the following points were noted:

- a) Type 2 diabetes had recently been in the news with a top doctor likening it to a "walking deficiency disorder", members asked Mr Sandys if steps were being

- taken in Rutland to combat this. Mr Sandys advised that there were plenty of activities organised by Active Rutland but that there was scope for more to be done.
- b) The Health and Wellbeing Board had made a bid to Sport England for funding to promote more physical activity from a sport based model in to something that would encourage more activity.
  - c) Being overweight was often linked to emotional issues, could help in this area be incorporate through a counselling provision. Mr Sandys advised that although psychological report was general linked to those with eating disorders this was a good suggestion to take forward.
  - d) It was felt that the costs associated with activities provide by Active Rutland and travel costs incurred to attend may be a bar for those in poverty or just managing and would discourage attendance. Was there anything the Council could do to assist? Mr Clifton advised that the Transport Review was looking into better use of community vehicles provided by Voluntary Action Rutland, currently this was seen as alternative hospital transport only, promotion of the service for other uses was being considered and one such use could be attending activity sessions at a low cost. The service needed to be booked in advance but thought to be a viable option.
  - e) It was felt that discounts for activity sessions would be preferable to free sessions, the charging policy would need to generate revenue for this to continue. It was also noted that free sessions offered in other authorities had been perceived to be of no value to the public, sessions were valued more if a public contribution to the running had been made.
  - f) Members also noted that being “time rich” was a further consideration in regard to being active, for example single parent families may find time constraints and added pressure on being able to partake in organised activities. Mr Sandys advised that Sport England was working with the council on ideas and activities that could be incorporated into a working day. The next phase in this would be to roll out a programme to NHS employers to encourage workplace activity with a view to offering support and ideas to the private sector in the future.
  - g) The recommendation to refresh work on obesity was not due to an increase in people being overweight or obese in the county, in fact levels of childhood obesity had decreased or stabilised, with regard to adult obesity the figures across the East Midlands were similar, there was no evidence to suggest a marked increase in cases in Rutland.
  - h) The Health Profile at table 1 of the report showed cases of Recorded diabetes to be higher than the average for England. Mr Sandys advised that this was about scale, all incidences were important but smaller scale in Rutland meaning that even a small number of recorded cases would be significant. Mr Andrews advised that there had not been a big shift between the 2014 and 2016 indicators. Mr Conde further noted that the recorded cases included all types of diabetes, there was no definition between type 1 and type 2.

## **715 EXTERNAL PROVIDER QUALITY ASSURANCE**

Report No. 74/2017 was received from the Director for People.

Introducing the report Mr Clifton directed members to the chart at appendix A to the report. This showed the progression made by the council through the way it had been working with care homes and providers, he also asked members to note the reduction in amber ratings in the report.

During discussion the following points were noted:

- a) Mr Howarth, the Quality Assurance Officer, advised members that since commencing employment in May 2016 he had been working pro-actively with care homes and providers; this was evidenced by an improvement in Care Quality Commission (CQC) reports.
- b) CQC reports are automatically notified to the Council, this allows the Quality Assurance Officer to act immediately in regard to identified issues. A follow up visit by the CQC is not carried out for a further six months following a “requires improvement” report. In reality any issues raised may have been resolved within the first month following the initial report. This improvement would not be reflected by the CQC until the subsequent report was published.
- c) The Quality Assurance process included regular feedback from families, clients and other care professionals, if any concerns were evident an action plan would be produced to address these and work towards a solution.
- d) Mr Howarth was working closely with providers to ensure clear policies were in place, for example complaints policies, health & safety etc. Was there an up to date care plan for each user? Were staff happy, sufficient personalisation, good home cooked food? Where service users remained in their own homes were they offered a choice for fresh home cooked food or a ready prepared meal?
- e) Fire awareness was being reviewed with a view to a pro-active approach in conjunction with the local fire authority. Recent news has highlighted an issue with some emollient creams being found to be flammable. The authority was thought to be the first and only authority offering such fire awareness sessions.
- f) Work was being undertaken with a professor from DeMontfort University to provide care workers from both external providers and internal Adult Social Care staff with sessions on dementia awareness.
- g) Mr Howarth had, through interaction with staff, identified a requirement for career progression in the Care sector. He gave an example of one home where he had facilitated care staff being able to shadow nurses to gain an understanding of the role with a view to studying nursing in future, another success had been filling spare in-house training spaces for one care provider by them agreeing to offer to other providers, this proved to be cost effective for both parties.
- h) Members were pleased to note the improvements made since Mr Howarth commenced work as Quality Assurance Officer and were optimistic for continued improvement through his hard work and enthusiasm.

## **RESOLVED**

That the contents of the report be **NOTED**.

## **716 HOMECARE RECOMMISSIONING**

Report No. 75/2017 from the Director for People was received.

Mr Clifton introduced the report stating that it was being brought back to the panel for further input from members before going out for market testing. Members had previously asked for bold suggestions in relation to commissioning and he believed the report now had these.

During discussion the following points were noted:

- a) Mr Andrews advised members that a specific option choice was not being sought at this stage. Members should consider all options put forward and give officers an understanding of why any particular option may be preferred.
- b) Officers noted that Option 2 at Appendix A to the report was the model that people felt strongest about, members also voiced support for this option. There were concerns regarding extending this model to include some healthcare tasks as per Option 3 at Appendix A demonstrated. If carers were able to carry out a range of tasks then the number of people involved in a patient's care could be reduced.
- c) Nursing care was expensive in comparison to other healthcare roles and recruiting nurses was difficult, even for hospitals. Nurses often carry out tasks such as medicine reminders for patients at home which could be undertaken by other professionals if trained to do so and this has an impact on their capacity, it was hard to define tasks between medical and personal care. One benefit of more highly trained staff carrying out personal care could be early recognition of deterioration in patients, potentially lowering the cases of those in health crisis.
- d) Rutland was in a position due to funding from the Better Care Fund to run a pilot scheme for homecare around complex cases. If Rutland could improve the service for end of life care whilst delivering savings for the Clinical Commissioning Group (CCG) there may be more funding available. This could lead also to Rutland becoming a pilot area for more trials due to its small size.
- e) The next stage in the process was soft market testing, a document detailing the proposed options would be sent to all providers, not just those currently used. This would ask for feedback and allow providers to outline any flaws or adjustments they feel would make it work better. The results would enable the Council to identify if any of the options will work and, if appropriate, make amendments. This may result in a hybrid of the proposed options, work will be carried out over the summer to finalise a contract to be put out for tender. The proposal document could also be supplied to GP surgeries in addition to providers.
- f) Any trial would involve a small number of complex cases. Those chosen would test changes to their care to check the viability of the option, this would take place alongside the soft market testing.

## **RESOLVED**

That the contents of the report be **NOTED**.

## **717 POVERTY IN RUTLAND - UPDATE**

Report No. 91/2017 was received from the Community Commission.

Mr Conde introduced the report, he advised that the Green Paper was now published and invited members to put forward recommendations through successive scrutiny panels for the White Paper. The last panel to consider the Green Paper would be held on 4 May 2017. Following this meeting the Scrutiny Chairs would consider all recommendations received by this time with a view to incorporating these into the White Paper to be considered by Full Council.

## **RESOLVED**

That the Panel **ENDORSED** the green paper.

**718 SCRUTINY PROGRAMME 2016/17 & REVIEW OF FORWARD PLAN**

Mr Conde advised members that Scrutiny would be considering another project for upcoming municipal year. He invited members to put topics forward for consideration.

**719 ANY OTHER URGENT BUSINESS**

There was no other urgent business.

**720 DATE AND PREVIEW OF NEXT MEETING**

The date of the next meeting will be advised following Annual Council in May 2017.

Items to consider: Adult Peer Review  
Homecare Commissioning  
Sustainability and Transformation Plan update.

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**The Chairman declared the meeting closed at 8.30 pm.**

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