



Rutland County Council

Catmose Oakham Rutland LE15 6HP.

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Minutes of the **MEETING of the ADULTS AND HEALTH SCRUTINY PANEL** held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on Thursday, 14th September, 2017 at 7.00 pm

PRESENT: Mrs L Stephenson (Chairman) Miss R Burkitt
Mr G Conde Mrs J Fox
Mr C Parsons Miss G Waller

APOLOGIES: Mr W Cross

OFFICERS PRESENT: Dr T O'Neill Director for People
Mr M Andrews Deputy Director for People
Ms K Kibblewhite Head of Commissioning
Mr J Morley Head of Adult Social Care
Mrs K Cross Corporate Support Officer

IN ATTENDANCE: Mr R Clifton Portfolio Holder for Adult Social Care and Health
Ms S Iveson CEO Healthwatch Rutland

256 RECORD OF MEETING

The minutes of the meeting of the People (Adults and Health) Scrutiny Panel held on the 29 June 2017, copies of which had been previously circulated, were confirmed and signed by the Chair.

257 DECLARATIONS OF INTEREST

Mr Conde declared an interest in item 10 as his daughter was a mental health nurse at a Peterborough Hospital.

Mr Parsons declared an interest in any item that related to carers payments.

258 PETITIONS, DEPUTATIONS AND QUESTIONS

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

259 QUESTIONS WITH NOTICE FROM MEMBERS

No questions were received from members.

260 NOTICES OF MOTION FROM MEMBERS

No notices of motion were received from members.

261 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.

262 QUARTER 1 PERFORMANCE MANAGEMENT REPORT 2017/2018

Report No. 141/2017 from the Chief Executive was received.

The purpose of the report was to provide Cabinet with strategic oversight of the Council's performance for the first quarter of 2017/18 in delivering its Corporate Plan Aims and Objectives.

The Chair invited Mr M Andrews, Deputy Director for People to give a brief overview on the Performance Report.

During discussion the following points were noted:

- a) Mr Andrews advised that in future the Panel would also receive a more detailed performance framework for Social Care, mirroring Children and Young People Scrutiny Panel alongside the quarterly report.

AGREED

That the Panel **NOTED** the report.

263 QUARTER 1 FINANCIAL MANAGEMENT REPORT

Report No. 147/2017 from the Director for Resources was received.

The purpose of the report was to inform Cabinet and all Members of the full year forecast position as at Quarter 1 for 2017/18 and to highlight issues that may impact on the Medium Term Financial Plan to enable them to maintain sound financial management of the Council's operations.

During discussion the following points were noted:

- a) Concerns were raised that there was still an overspend in the People Directorate and that taking the demand led and commissioning into account more could be done to predict the spend, specifically comparisons to other Local Authorities. Mr Clifton confirmed that work was currently being carried out around Domiciliary Care including comparison work with other Councils to check rates.
- b) An external consultant was used to check provision, re negotiate contracts and look at care needs. In Adult Social Care there were no immediate savings however, a saving was made when a placement increase was retracted.

AGREED

That the Panel **NOTED** the report.

264 PRIMARY CARE SURVEY REPORT

Report No. 176/2017 was received from the Chief Executive Officer (CEO) for Healthwatch Rutland. 750 people responded to the survey. That represented just over 2.0% of the Adult Rutland Population. The largest group of respondents was aged 66-75.

During discussion the following points were noted:

- a) The survey suggested there was not enough NHS dental provision in Rutland. Ms Iveson, CEO for Healthwatch Rutland confirmed there was a new contract starting in December 2017 that would provide more NHS dentistry places.
- b) The East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG)
The ELRCCG were aware of the issues raised in the report regarding the lack of public awareness of Urgent Care facilities.
- c) The Chief Operating Officer from the ELRCCG would be attending the next People (Adults and Health) Scrutiny Panel meeting to provide and update on the Sustainability and Transformation Plan (STP). Members requested that the presentation include addressing issues raised in the survey. Dr O'Neill would pass this information to the ELRCCG.
- d) Healthwatch Rutland had raised concerns from the survey regarding the provision of Mental Health services with commissioners and providers. They hoped to work together with them to address some of the issues raised in the survey.
- e) The concerns of Oakham residents regarding the provision of GP services in the town had been passed on to the ELRCCG to enable them to address this issue in their future planning.

AGREED

That the Panel **NOTED** the report.

265 MENTAL HEALTH - CARE IN RUTLAND

A presentation was received from Mr Andrews, Deputy Director for People.

The purpose of the presentation was to provide an understanding of who was involved with adults mental health and when.

During the discussion the following points were noted:

- a) Mental Health services are not a Rutland specific service.
- b) Mr Morley, Head of Adult Social Care confirmed that the assisted Police Mental Health Service to assist police officers with live cases, that covers Leicester, also covers Rutland.
- c) Concerns were raised that clarification of expectations had not been received from providers, and if we were doing enough at an early stage. Members suggested a combined Children's and Adults' Task and Finish Group looking into mental health (thresholds and early intervention / prevention). Mr Morley agreed this would be useful to the Council and Directorate. The Chair agreed to add this to the next Scrutiny Commission agenda.

AGREED

- I. That the Panel **NOTED** the content of the presentation.
- II. The Chair **AGREED** to take the suggestion of a combined children's and adult's task and finish group to the next scrutiny commission meeting.

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Ms Iveson left the meeting at 8.05 p.m.

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MENTAL HEALTH SERVICES PRESENTATION

266 HEALTHWATCH CONSULTATION

Report 174/2017 was received from the Director for People. The purpose of the report was to enable discussion on the future provision of Healthwatch services in Rutland and inform Cabinet's decision on the model of Healthwatch to be commission from 1 April 2018.

During the discussion the following points were noted:

- a) 390 responses across Leicester, Leicestershire and Rutland (LLR) – 71 % from Rutland residents about Rutland.
- b) Concerns were raised that residents of Rutland consume healthcare from outside LLR therefore having a LLR Healthwatch would not work.
- c) Members suggested an alternative option of a Rutland specific Healthwatch with a portion of the funding retained to commission specific investigations and consultations.

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Mr Parsons and Mr Morley left the meeting at 8.30 p.m. and did not return

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AGREED

That the panel **OFFERED** views on the future provision of Healthwatch in Rutland and;
RECOMMENDED points of consideration in Cabinet's decision of this matter.

267 SCRUTINY PROGRAMME 2017/18 & REVIEW OF FORWARD PLAN

The Panel reviewed the Forward Plan

268 ANY OTHER URGENT BUSINESS

There was no other urgent business.

269 DATE AND PREVIEW OF NEXT MEETING

Thursday, 30 November 2017 at 7pm

Agenda Items:

1. LLR Integrated Points of Access Programme

Gateway review report of the LLR IPOA Programme and to outline the anticipated next steps

Mark Dewick, Programme Manager for Leicester, Leicestershire and Rutland Integrated Health and Social Care Points of Access Project & Cheryl Davenport, Director of Health & Care Integration

2. Quarter 2 Performance Management Report

3. Quarter 2 Finance Management Report

4. People Directorate: Fees and Charges - ANNUAL REPORT

5. Sustainability and transformation Plan: Update – To receive an update from Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group

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The Chairman declared the meeting closed at 8.43 pm.

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Mental Health Services

For Rutland and Leicestershire

| Prevalence of Mental Health % of population | Rutland | England |
|--|----------------|----------------|
| • Depressive episodes age 16-74 in 2012 | 1.62% | 2.48% |
| • Obsessive compulsive disorders in 2012 | 0.53% | 1.10% |
| • Mixed anxiety and depressive disorder in 2012 | 5.27% | 8.92% |
| ∞ • Long-term mental health problems 2015/16 | 3.80% | 5.20% |
| • Severe mental illness 2015/16 | 0.68% | 0.90% |
| • Years of life lost due to suicide all persons 15-74 2012-14 (Potential years of life lost may be defined as the years of potential life lost due to premature deaths.) | 27.1 | 31.9 |

The first port of call usually is the GP –

- GPs are there to help people with any problem related to their mental health as well as physical health.
- People can go to them if they feel sad after a relative has passed away, if the pressures of life are making them unhappy and anxious, or if they feel angry or confused.
- The GP may treat with medication or other means such as talking therapies.
- The Mental Health Facilitator Service (Lets Talk) provided by Nottingham Health care works closely with the GP's. The Facilitator reviews progress and provides psychological assessment and treatment for what are known as **mild to moderate common mental health problems.**

Community Mental Health services (LPT) for clinically unwell people

Crisis Resolution
Team

(Hospital at Home)

The Crisis Resolution and Home Treatment Team

endeavours to provide a rapid assessment for those people who are experiencing a mental health crisis of such severity that without the intervention of the team, a hospital admission would be required.

Referral usually
from GP

But sometimes

Hospital A&E
Other Health professionals

Community
Mental Health
Team

The Adult Community Mental Health Teams (CMHT)

support people requiring ongoing treatment. Patients are seen in clinics or in their own homes by Psychiatrists and other supporting professionals.

Older Peoples
Community
Mental Health
Team

Specialist Health services (LPT) for very unwell people and those in the criminal justice system with MH.

11

PIER Team

18 – 35 Psychosis
Intervention for first
presentation

Assertive Outreach Team

*For people with severe
persistent mental illness*

Forensic Team

*For people who are a risk to
others*

Community Treatment

*orders
supervised
community
treatment when
discharged from
certain sections of
the Mental Health
Act.*

Inpatients

For people too unwell to be safely
treated in the Community. Often on
Mental Health Act Sections.

MOJ Inpatients

The criminal courts can use section 37
of the Mental Health Act if they think
you should be in hospital instead of
prison.

Our statutory duties under the Mental Health Act and Care Act?

- Gives us duties to assess people's needs for social care services when they are well and to help prevent them returning to hospital. We have social workers specialising in this area.
- Social Care also supports health professionals in specific non clinical areas such as facilitating inpatient discharge, Section 117 reviews and social circumstances reports for tribunals and MOJ patients in the community.
- We must provide Approved Mental Health Practitioners (AMHP) and their supporting infrastructure. This service assesses people at risk to themselves or others with a section 12 doctor and has powers to detain people in hospital.