



Rutland County Council

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Oakham

Meeting: **ADULTS AND HEALTH SCRUTINY PANEL**

Date and Time: **Thursday, 28 June 2018 at 7.00 pm**

Venue: **COUNCIL CHAMBER, CATMOSE**

Governance Officer to contact: **Joanna Morley 01572 758271**
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Helen Briggs
Chief Executive

A G E N D A

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NOMINATION OF CHAIR

Nominations were invited for a Member to Chair the meeting until Mrs Stephenson arrived. Mrs Fox nominated Miss Waller and this was seconded by Mr Cross. As no further nominations were received, Ms Waller took the Chair.

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95. APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr G Conde and Mr C Parsons. Mr O Bird attended as a substitute for Mr C Parsons.

96. RECORD OF MEETING

The minutes of the meeting of the Adults and Health Scrutiny Panel held on 5 April 2018 and the minutes of the special meeting held on 21 April 2018, copies of which had been previously circulated, were confirmed as correct records and were signed by the Chairman.

97. DECLARATIONS OF INTEREST

No declarations of interest were received.

98. PETITIONS, DEPUTATIONS AND QUESTIONS

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

99. QUESTIONS WITH NOTICE FROM MEMBERS

No questions were received from Members.

100. NOTICES OF MOTION FROM MEMBERS

No notices of motion were received from Members.

101. 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 a call-in of a decision in accordance with Procedure Rule 206.

102. HEALTHWATCH UPDATE

A presentation (appended to the minutes) was received from Ms Kate Holt, CEO of Connected Together, a community interest company and the new provider of Healthwatch Rutland.

During the presentation the following points were made:

- Connected Together Community Interest Company (CTCIC) had taken over the new contract for Healthwatch Rutland on 1st April 2018.
- Although both were managed by CTCIC, Healthwatch Rutland was independent from Healthwatch Northamptonshire. Healthwatch Rutland benefited from joint backroom resources run by CTCIC.
- A new board for Healthwatch Rutland had been recruited with Professor Will Pope acting as interim Chair until a new permanent Chair was elected.
- Although volunteers were used, Healthwatch Rutland was not a voluntary organisation but an organisation that had a statutory role.
- The presence of Healthwatch at meetings should not be seen as a 'tickbox exercise' and the public would still need to be consulted on issues.
- CTCIC had set up Young Healthwatch in Northamptonshire which had been the only organisation in Northamptonshire to receive the Investing In Children award. It was hoped that a similar Young Healthwatch could be set up in Rutland with an officer seconded to Rutland for two days a week to set up this youth work. Young Healthwatch operated largely on social media, using Facebook, Twitter, Snapchat and Instagram to gain views and

gather information.

- Healthwatch Rutland would now provide a 9-5pm service which would extend their accessibility to the public.
- Social media would be employed to conduct realtime snapshot polls to get residents' views on, for example, how easy it was to get a dentist appointment.
- All information gathered by Healthwatch Rutland would be saved on a database that fed into Healthwatch England so that a national picture could be built up.

During discussion with Members the following points were noted:

- Some of the areas of work for 2018/19 included:
 1. The Sustainable Transformation Plan – Better Care Together
 2. Enter and View in Care Homes
 3. Oral Health
 4. Urgent Care
 5. Non-emergency transport issues
- Funding for Healthwatch services came originally from central government and was now funded by Rutland County Council.
- Previously the Healthwatch Rutland service had been funded by a grant. Following a tender process to move to a contract, CTCIC had been awarded a three year contract.
- Healthwatch Rutland were not just expecting residents to come to them with their issues but would go out into the community and actively gather information by visiting places their targeted group would visit eg. playgroups if they were looking to do a survey on pregnancy services, school PHSE classes if looking at eating disorders. iPads as well as paper surveys were used to gather information.
- Recently, Healthwatch Northamptonshire had worked with a graphic artist, Lemonpop, who engaged with pupils, who had behavioural issues, to draw what they said. Teachers commented that being creative in this way had engaged these pupils for the first time.
- If there was a particular survey to conduct, Healthwatch would research the demographics and then go out to the most suitable places and events to engage with these residents.

AGREED:

1. The Panel **NOTED** the presentation and the introduction to CTCIC, the new providers of the Healthwatch Rutland service.

At the end of this item, at 7.35pm, the Chair reverted to Mrs L Stephenson who expressed her thanks to Miss G Waller for acting as Chair until she arrived.

103. SUSTAINABILITY AND TRANSFORMATION PLAN: UPDATE

Report No. 116/2018 was received from Mr Toby Sanders, the Sustainability and Transformation Partnership (STP) Lead for Leicester, Leicestershire and Rutland and the Managing Director of West Leicestershire Clinical Commissioning Group.

The purpose of the report was to provide an update on the STP for Leicester, Leicestershire and Rutland and the work being undertaken by partners to improve the health and wellbeing of people locally. The programme was known locally as Better Care Together (BCT).

During discussion the following points were noted:

- Two years ago partners had started talking about STP plans in order to improve health outcomes, improve the patient experience and address the issue of resources. Draft proposals received a very varied mix of feedback so the view was taken to move forward with the items that residents wanted progressed such as the 111 service and the non-emergency transport service.
- Before changes were made to the large pieces of work there needed to be an understanding of what the service changes would be. The East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) had been looking at commissioning services and the intention had been to publish a final plan but the closer they got to doing that the more obvious it was that the NHS was not performing within budgets. Because of the budget situation it was felt that it was not the time to produce new blueprints and instead the case should be made for additional NHS funding. The STP would wait until the autumn to see what difference the new £20 billion of funding that had been announced would make.
- The focus had therefore been moved from producing a grand plan to focusing on what could be improved practicably and in particular this meant looking at community work.
- In tandem however, work had been progressing, with some success, to gain additional capital funding for acute hospitals.
- Last summer £40 million had been secured to invest in a mix of critical services and children and young people's eating disorders.
- Over the last 15 months there had not been enough communication about the situation but this would be improved with the publication of a next steps document.
- One of the Panel members commented that they felt that the NHS was overly bureaucratic and management structures should be reviewed before any additional monies were spent. Officers responded that organization and management was needed in order to free up clinicians time and in comparison to healthcare systems internationally, the NHS was not over managed. There was however, always work that could be done to be more efficient.
- A recent positive for Rutland had been the Better Care Fund (a joint social care and health fund) which had the best outcomes for patients in the country of any Council.
- The word 'plan' was used too frequently and instead STP partners should talk about giving information.

- It was generally felt that most people would be happy if services that were already out there worked, if they could get through on the phone and if they could access services locally. By building on these basics and doing the simple things in the right way then larger joint project work could be developed.
- Members felt that the district nurse service was too fragmented and that there needed to be much more proactive working between the GP surgeries, community nurses and social services. Problems occurred as GP's did not have any way of contacting the community nurses and additionally the nurses when they arrived at the patient's home, often did not know what they specifically needed to do. It was demoralizing for the nurse if they were ill-equipped and under trained to perform the duties that the patients required.
- Although Members knew about, and were impressed, with the clinical changes that were happening behind the scenes with the 111 service, there needed to be better promotion of what the service covered and what to expect from it. Members' personal experience was that they were kept waiting for too long, that operators did not know the local area and referred them too far away and that on reflection it was just easier to go straight to Accidents and Emergency (A & E).
- Officers agreed that the 111 service had not got off to a flying start but its recent drop off rate had indicated that it was improving. They recognised that it needed to be a consistent service so that people would learn to trust it.
- Healthwatch Rutland had conducted a poll on the 111 service in January of this year and would revisit this data and take another snapshot poll if needed.
- The Capital prioritisation process run by the NHS meant that the CCG did not get monies directly but had to bid into a national process. Before formal consultation could start the CCG had to be sure that funding was available so that public expectations were not raised unnecessarily. With regard to maternity services at Melton, work had taken place at the engagement stage and there would be formal consultation when the funding was secured.
- Capital submissions would continue to be progressed.
- Members asked why when such a large part of the NHS budget was spent on preventative measures, the UK was currently only 17th in the world for bowel cancer survival rates and obesity levels were rising.
- The NHS was world class in many areas but did lag behind in cancer survival rates. Early detection was the key and new tests for eg. rectal cancer were being introduced. GPs also needed to be upskilled.
- The PRISM IT system was a central repository of information that supported GPs, enabling them to look up any issues and check referral pathways.
- GPs had to do 50 hours of update work each year to keep their knowledge current.
- The overall NHS budget had been rising at 0.1% per annum, but as health inflation ran closer to 6%, the difference needed to be found through local efficiency drives within the NHS.
- The budget for prevention work had been cut year on year so at a time when prevention was critical its budget was being cut significantly.

- In light of this situation it was important that every contact with patients was maximised; 'making every contact count'. CCGs worked with GPs using their intelligence to drive commissioning. Frailty was the current preventative focus and GPs needed to promote active ageing.
- Patients could provide feedback on their experiences within the NHS by using the NHS Choices service. This service, although unknown to Panel Members, had been around for 10 years and was closely looked at by the CCG.

AGREED

1. The Panel **NOTED** the update and work of the Better Care Together partners.
2. The Panel **AGREED** that their Member, Mrs June Fox, would send the details of her resident's experience with the district nurse service directly to the Chief Operating Officer of ELR CCG for investigation.
3. The Panel **AGREED** that Healthwatch Rutland should assess residents' knowledge and usage of the 111 service by examining the data already collected, taking further information if needed, and reporting back to the Panel.

104. IMPROVING ACCESS TO PRIMARY CARE

Report No. 112/2018 was received from Mr Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group.

The purpose of the report was to provide information about East Leicestershire and Rutland Clinical Commissioning Group's (ELR CCG) plans to improve access to primary care and urgent care services for patients out of hours (evenings and weekends) and the associated procurement of a combined service for out of hours and urgent care, currently delivered as two separate services by two providers.

During discussion the following points were noted:

- Patients were confused about what type of out of hours and urgent services were available and at what times.
- The following changes to the service were being proposed:
 - That out of hours services would start at 6.30pm when GP surgery hours finished so that there was not an overlap as there was presently.
 - That a mobile GP for the Rutland and Melton area which would provide a 24/7 Urgent Care Visiting Service and which could be accessed via 111, would be available.
 - That there would be three points of access for a combined GP and nurse service. These would be; walk in at weekends and evenings, via 111 service or the GP practice could book you in.
- National funding (the GP 5 year Forward View) would be used to ensure that there was a greater level of access between 8am and 6.30pm.
- Clinicians were supportive of the proposals as they felt they were the most pragmatic and integrated way of offering services.

- Every patient who attended Oakham practice was coded and currently there were more people attending Oakham than going on to A & E.
- 30% of the ELR patients attending Leicester Royal could have been seen in a primary care setting.

AGREED:

1. The Panel **NOTED** the plans for improved access to primary care and public engagement activity.

105. ADULT SERVICES KEY PERFORMANCE INDICATORS

Report No. 114/2018 from the Director for People was received.

Mr M Andrews, Deputy Director for People, introduced the report the purpose of which was to provide an overview of performance against the 18 key performance indicators (KPIs) for adult services. The KPIs were agreed at the Adults and Health Scrutiny Panel on 8 February 2018. The report provided a narrative summary to accompany the data provided in Appendix A.

During discussion the following points were noted:

- By providing KPI's at each Scrutiny Panel meeting, members would get to see adult services performance as quickly as possible.
- Performance against targets was in the main very positive.
- The target for Delayed Transfers of Care (DTC) had only been narrowly missed and in truth the statistics were a misrepresentation of actual performance, as the direction of travel showed a 44% reduction from the previous year.
- The integrated team needed to be congratulated as 89% of people discharged from hospital were still at home after 90 days. Getting the right rehabilitation and reablement support was the key to reducing readmissions.
- Members felt that the Adult Services should be congratulated and their work more widely publicised.
- Members also requested that the data was shown over a longer reporting period and compared against statistical neighbours and national averages.

AGREED:

1. The Panel **NOTED** the performance for the Key Performance Indicators for Adult Services for Quarter 4, 2017/18.
2. The Panel **AGREED** that the Chair of the Panel, in consultation with the Council's press office would write a press release and a letter to the local media congratulating officers on their achievements in reducing DTCs and readmissions to hospital.
3. The Panel **AGREED** that KPI data would be shown over a longer reporting period and compared against statistical neighbours and national average.

106. ANNUAL SUMMARY OF ADMISSIONS TO RESIDENTIAL CARE

Report No. 115/2018 was received from the Director for People.

Mr Mark Andrews introduced the report, the purpose of which was to provide a summary of the admissions to nursing or residential care in Rutland for the period April 2017 to March 2018. Rutland Adult Services had prioritised work to support older people to live independent lives and to limit the number of permanent admissions to residential care, however there were circumstances in which residential care was the only viable option for someone. The report described the current picture for Rutland as at March 2018.

During discussion the following points were noted:

- A growing problem with admissions to residential care was when individuals who had originally chosen to go into a residential care home of their own volition and had been self-funding, then ran out of funds. The Local Authority had a duty to take over the funding of their care which, because of the area's population profile, meant Rutland County Council could be disproportionately affected.
- Members asked whether anything could be done from a planning perspective to halt the many residential care developments that were being built in Rutland. Unfortunately the planning policy would not change because regardless of the lack of real demand in Rutland there was a national need for places. The situation was also disappointing for the Council as the developments did not have to pay Community Infrastructure Levy (CIL) if they had any form of care provision.
- The increase in residential homes also created an associated cost and pressure on GP services.
- Members were concerned that this current arrangement was unsustainable for Rutland and therefore the issues surrounding residential care developments should be addressed in the Local Plan.

AGREED:

1. The Panel **NOTED** the report.
2. The Panel **AGREED** that the Chair would present a scrutiny Panel report to Cabinet outlining the issue of residential care developments and the funding for care, specifically for those who had originally self-funded, in order to determine whether a Task and Finish Group should be set up to investigate the situation in more depth.
- 3.

107. HOMECARE RECOMMISSIONING

A verbal update on Homecare re-commissioning was received from Ms Karen Kibblewhite, Head of Commissioning: Health and Wellbeing.

During discussion the following comments were noted:

- Financial viability was still being undertaken for the MiCare service
- The procurement of the homecare contracts would go live on Monday, 2 July 2018.

AGREED:

1. That the Panel **NOTED** the update.

108. QUARTER 4 FINANCIAL MANAGEMENT REPORT - REVENUE AND OUTTURN 2017/18

Report No. 83/2018 was received from the Director for Resources, for information only.

The Panel **NOTED** the report.

109. SCRUTINY PROGRAMME 2018 - 2019 AND REVIEW OF FORWARD PLAN

- Mrs Stephenson discussed with Members her wish to invite the East Midlands Clinical Senate to the Adults and Health Scrutiny Panel meeting. The Clinical Senate was an independent body which was called in by authorities and stakeholders to offer impartial clinical advice about health care and any major changes to a provision or service.
- It was proposed that the Many Years Project which organized for young children to mix with residents in care homes and promoted the positive benefits of intergenerational connection, be invited to a scrutiny meeting to report on their work.
- As a result of the Healthwatch presentation and subsequent reports in the meeting that referenced their work, Members suggested that the Panel should consider how issues that arose and which needed resident feedback, could be fed in to Healthwatch.

AGREED:

1. The Panel **AGREED** that the East Midlands Clinical Senate would be invited to a future meeting of the Adults and Health Scrutiny Panel to discuss their work so that Members could learn more about their function.
2. The Panel **AGREED** that the Many Years Project would be invited to the September meeting of the Adults and Scrutiny Panel meeting.

110. ANY OTHER URGENT BUSINESS

In consultation with the Chair, Report No. 125/2018 was received as an additional item for the Panel to consider under any other urgent business. The

purpose of the report was to ask the Panel to support the involvement of Rutland County Council in the developing STOP Suicide Campaign across Leicester City, Leicestershire and Rutland and for any support to be given before the website for the campaign was due to go live on 10 September 2018.

The report was received from Mike Sandys, Director of Public Health and was introduced by Mr Alan Walters.

During discussion the following points were noted:

- The Rutland Health and Wellbeing Board had agreed to support the campaign at their meeting on 26 June 2018 but had wanted comment from the Adults and Health Scrutiny Panel before Council became a full partner.
- There would be no cost to Rutland County Council of being involved in the campaign as the costs were already being borne by Leicestershire County Council.
- Although the numbers of suicides were low in Rutland compared with the other areas targeted, any suicide was a tragedy.
- Through its support for the campaign the Council could work with Public Health to see how efforts could be focussed specifically for the Rutland public and demographic.

AGREED:

1. The panel **AGREED** to support the involvement of Rutland County Council in the developing STOP Suicide Campaign across Leicester City, Leicestershire and Rutland

111. DATE AND PREVIEW OF NEXT MEETING

Proposed agenda items:

Many Years Project
Draft Joint Strategic Needs Assessment
Q1 Finance Management Report
STP Carers Strategy and Rutland Specific Carers Strategy

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The Chairman declared the meeting closed at 9.27 pm.

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TO: ELECTED MEMBERS OF THE ADULTS AND HEALTH SCRUTINY PANEL

Mrs L Stephenson (Chairman)

Ms R Burkitt

Mr G Conde

Mr W Cross

Mrs J Fox

Mr C Parsons

Miss G Waller

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Introduction to Healthwatch Rutland

A graphic consisting of two overlapping circles, one pink and one green, with a white shape resembling a stylized 'e' or a speech bubble cutout.

Our Vision

Healthwatch Rutland will be a strong, resolute and independent community champion. We will ensure that the views and experiences of Rutland residents are known by service providers and commissioners and work in partnership to influence design and quality of health and social care provision.

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Our Values

We will...

- be accessible and visible
- be independent and objective
- be open, honest and transparent in all that we do
- be inclusive and embrace diversity and equality, reflecting the diverse needs of local people
- listen to and understand the views and needs of local people
- speak up for local people and enable people to speak for themselves
- be fair and credible
- seek out and use evidence, including from the public, to inform our work
- strive to make a positive difference and campaign for the best possible health and social care for local people

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Who we are...

- Exist to make health and social care services work for the people who use them
- Everything informed by our connections to local people
- Uniquely placed as part of a national network
- Our role is to ensure that local decision makers put experiences of people at the heart of their work
- Strong, resolute and independent community champion

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Connected Together CIC



Connected Together Community Interest Company (CTCIC) is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire.



Connected Together
First for Community Engagement

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Healthwatch Northamptonshire and Healthwatch Rutland are key contracts for CTCIC, with additional contracts running alongside this.

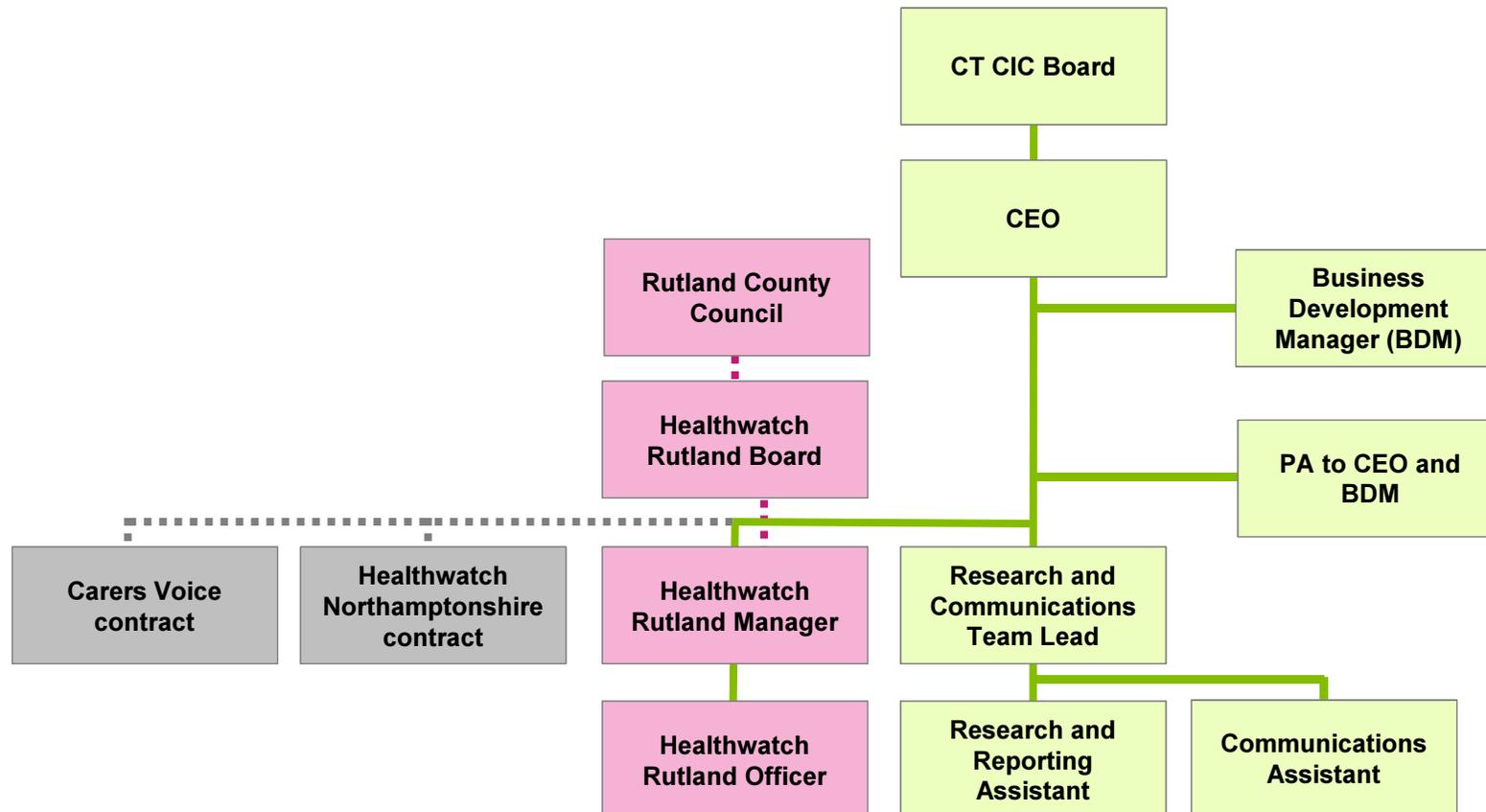
CTCIC operates as the organisational hub behind these contracts, enabling joint working and access to knowledge and resources.

Expertise and experience in delivering community engagement programmes including workshops, research, surveys, training and more.





Organisational Structure



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Our volunteers....

- **Healthwatch Rutland Board**
- **Operational Planning Group** - develop strategy, deliver work plan, lead project task and finish groups
- Ensure delivery of statutory roles and functions
- Use their experience and expertise - various Boards and committees
- Proactively gather, listen and represent the views and experiences of local people
- Vital to ensure the 'voice of the people' is championed at every opportunity





Future - Young Healthwatch?

- Facebook, Twitter, Instagram, Snapchat and web pages
- Enter and View to children's wards
- Investing in Children Award and other awards for our work consulting and engaging with CYP
- Children and Young People's Mental Wellbeing

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What we do

- Voice of local people
- Researching user/patient/carer experience
- Reporting experiences
- Enter and View - health and social care organisations
- Information and signposting
- Right to sit on Health and Wellbeing Board
- Attending commissioner and provider meetings
- Working with other organisations
- Rights to escalate problems

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HWR has the statutory right to

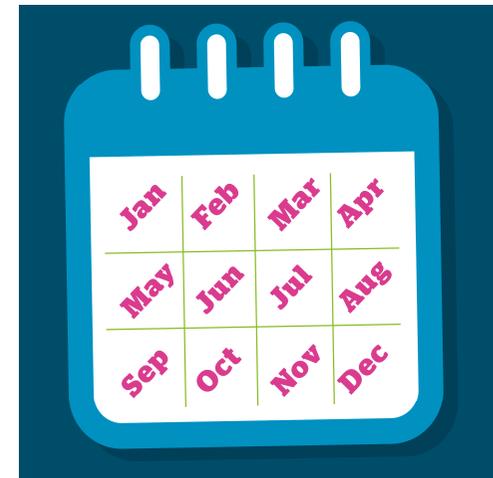
- Ask for information
- Make recommendations to Commissioners and Providers
- Refer issues to RCC Overview and Scrutiny Committee
- **Enter and View** health and social care premises to look at nature and quality of services

Powers of Entry put Healthwatch in a unique position



Priorities for 2018/19 will include:

- Refreshing HWR Board
- Recruiting new independent Chair
- Extending office hours
- Reviewing staff skill mix
- Draft work plan - suggestions welcome!
- Young Healthwatch
- Veterans
- Maternity Services



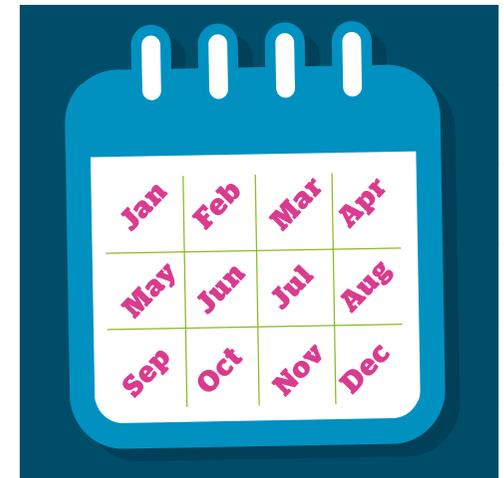
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Priorities for 2018/19 will include:

- Enter and View
- Sustainability and Transformation Plans
- Cross border working
- Mental health
- Community engagement
- Signposting and outreach

Annual Meeting: 19th Sept 2018





ANY QUESTIONS?



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