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Meeting: **ADULTS AND HEALTH SCRUTINY PANEL**

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

Venue: **COUNCIL CHAMBER, CATMOSE**

Clerk to the Panel: **Joanna Morley 01572 758271**
email: governance@rutland.gov.uk

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Helen Briggs
Chief Executive

A G E N D A

1) APOLOGIES FOR ABSENCE

2) RECORD OF MEETING

To confirm the record of the meeting of the Adults & Health Scrutiny Panel held on 5 April 2018 (previously circulated).

3) 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.

4) 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.

5) 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.

6) NOTICES OF MOTION FROM MEMBERS

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

7) 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.

8) HEALTHWATCH UPDATE

To receive a presentation from Kate Holt, CEO of Connected Together, on behalf of Healthwatch Rutland.

9) SUSTAINABILITY AND TRANSFORMATION PLAN: UPDATE

To receive Report No. 116/2018 from the STP Lead for Leicester, Leicestershire and Rutland.
(Pages 5 - 8)

10) IMPROVING ACCESS TO PRIMARY CARE

To receive Report No.112/2018 from Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group.
(Pages 9 - 24)

11) ADULT SERVICES KEY PERFORMANCE INDICATORS

To receive Report No.114/2018 from the Director for People.
(Pages 25 - 30)

12) ANNUAL SUMMARY OF ADMISSIONS TO RESIDENTIAL CARE

To receive Report No.115/2018 from the Director for People.
(Pages 31 - 34)

13) HOMECARE RECOMMISSIONING

To receive a verbal update from Karen Kibblewhite, Head of Commissioning: Health and Wellbeing.

ITEM FOR INFORMATION ONLY

The following item is for information only and will not be discussed in the meeting.

14) QUARTER 4 FINANCIAL MANAGEMENT REPORT - REVENUE AND OUTTURN 2017/18

To receive Report No. 83/2018 from the Director for Resources

(Report circulated under separate cover)

15) SCRUTINY PROGRAMME 2018 - 2019 AND REVIEW OF FORWARD PLAN

To consider Scrutiny issues to review.

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

16) ANY OTHER URGENT BUSINESS

To receive Report No. 125/2018 – Stop Suicide Prevention Campaign - from the Director of Public Health.

17) DATE AND PREVIEW OF NEXT MEETING

Thursday, 27 September 2018 at 7pm.

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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

Report No: 116/2018
PUBLIC REPORT

ADULTS AND HEALTH SCRUTINY PANEL

28 JUNE 2018

SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

Report of the STP Lead for Leicester, Leicestershire and Rutland

Exempt Information	No	
RCC Cabinet Member(s) Responsible:	Mr Alan Walters, Portfolio Holder for Safeguarding Adults, Public Health, Health Commissioning, Community Safety & Road Safety	
Contact Officer(s):	Susan Venables, West Leicestershire CCG	email: susan.venables@westleicestershire.nhs.uk

DECISION RECOMMENDATIONS
That the Panel: 1. Notes this update and the work of the Better Care Together partners

1 PURPOSE OF THE REPORT

1.1 To provide an update on the Sustainability and Transformation Partnership for Leicester, Leicestershire and Rutland and the work being undertaken by partners to improve the health and wellbeing of people locally. The programme is known locally as Better Care Together (BCT).

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 Back in November 2016 the local NHS organisations published draft proposals to improve health services for patients in our area. That was as part of a national initiative to produce what were called Sustainability and Transformation Plans (or STPs for short) for 44 areas across the country.

2.2 Known locally as Better Care Together, we engaged with local people and staff on these draft proposals. The overall direction of improving care quality and safety while integrating services by breaking down artificial organisational barriers was welcomed. However people told us they had concerns about the number of hospital beds and the capacity of general practice and community services in particular to support the new service models.

2.3 Since then national policy has refocused these STPs, moving the emphasis on from being about producing plans to concentrating on ongoing partnership working to

improve services and care for patients through more integrated care in local places. In some parts of the country, STPs have moved on to now be referred to as Integrated Care Systems (or ICSs for short), and it is NHS England expectation that all STPs will move towards this more integrated model, of commissioners and providers working together for patients in local places.

2.4 Whatever acronym is used, locally the NHS partners in Better Care Together have taken forward a significant amount of work over this 18 month period. We've launched an enhanced NHS111 service which provides more access to clinicians. We have also secured funding for priority areas like cancer, mental health and diabetes, as well as capital funding for new hospital facilities. We've also started changing the way that the NHS organisations work together, so that we operate more as one team working for the people of Leicester, Leicestershire and Rutland in a less fragmented way.

2.5 However, the last 18 months have also seen local NHS finances and performance stressed in many services and organisations, particularly over what was one of the most pressurised winters for many years.

2.6 Nationally, the Government has recognised the pressure local NHS services are under and so we welcomed the announcement in March this year to develop a long-term plan and funding settlement for the NHS over the next 5-10 years. The recent announcement will be followed by more detailed information on what the NHS can, and can't do, for any increased level of funding.

2.7 Set against this context, the local NHS partners have decided that our Better Care Together partnership needs to continue its ongoing work to improve care for patients. But we've also decided that now is not the time to produce a detailed long-term 'blueprint' for all NHS services by creating a 'final' version of our original STP plan. This is because the outcome of the national funding review could have a direct and significant impact on what it is possible to afford; and therefore some of the choices that we may need to make.

2.8 In the meantime we do think it is important to update local people and partners on the work that is being done by the Better Care Together partners. This is why we have decided to publish a Next Steps document.

2.9 The Next Steps publication will:

- provide an update on the progress we have already made to deliver high quality, sustainable services, such as the new NHS111 clinical triage service which uses clinicians to provide advice and guidance to patients over the phone.

- set out our refreshed strategic direction which responds to the feedback on our initial proposals and the actual experience of services.

- summarise our plans for our priority areas like cancer, mental health and general practice.

- explain how we are working together across NHS organisations, and in partnership with others, in a more integrated way that is focused on doing the right thing for local people not necessarily individual organisations.

- be open about those areas where we are still doing ongoing work to develop care models and the implications of these for local services, for example some community services and hospitals.

2.10 One of the key elements that our draft STP proposals focused on in 2016 was the need for improvement in our NHS buildings. We've already had some success in securing £48 million for the new A&E department at Leicester Royal Infirmary as well as commitment of around £2 million for improvements to general practice premises. Last year we also secured £8 million for a purpose-built ward for children and young people with a focus on eating disorders and £30 million for new intensive care units and a new ward at Glenfield Hospital.

2.11 However, work continues on business cases totalling more than £350 million for the configuration of services provided by University Hospitals of Leicester, maternity services, and some community hospitals. We will be applying for national funding in July to support these schemes and, if successful, under national NHS capital guidance we will then be able to undertake formal public consultation, on some of our proposals, as early as the end of this year and on others in 2019.

2.12 With so much happening across the work of the Better Care Together Partnership, we are also taking the opportunity over the summer to review our local leadership and governance arrangements to make sure that these are effective going forward. This is important for overseeing our improvement programme and supporting delivery of improvements.

3 CONCLUSION AND SUMMARY

3.1 The Adults and Health Scrutiny Panel are asked to note this update and the work of the BCT partners including:

- Publication of Next Steps document in July 2018
- Ongoing work to co-ordinate business cases for configuration and redesign of services.
- Governance review being undertaken in the Summer.
- On-going work of BCT work streams and engagement activities.

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

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Report No:112/2018
PUBLIC REPORT

ADULTS AND HEALTH SCRUTINY PANEL

28 JUNE 2018

IMPROVING ACCESS TO PRIMARY CARE

Report of the Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group

Exempt Information		No
Cabinet Member(s) Responsible:		Mr Alan Walters, Portfolio Holder For Safeguarding Adults, Public Health, Health Commissioning, Community Safety & Road Safety
Contact Officer(s):	Tim Sacks, Chief Operating Officer, ELRCCG	Tel: 0116 295 5866 Email: tim.sacks@eastleicestershireandrutlandccg.nhs.uk

DECISION RECOMMENDATIONS
That the Panel: 1. Notes our plans for improved access to primary care and public engagement activity. Comments and feedback from the Committee are welcomed.

1 PURPOSE OF THE REPORT

1.1 The purpose of this report is 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.

1.2 The report also provides information on plans to improve access to primary care services during current GP practice opening hours during the week.

1.3 All plans are being influenced by patient views and will be subject to further planned engagement.

1.4 The Health Overview and Scrutiny Committee is asked to note our plans for improved access to primary care and public engagement activity. Comments and feedback from the Committee are welcomed.

2 INTRODUCTION

2.1 Ensuring our patients have high quality primary and urgent care services close to home is a key priority for ELR CCG. We are also committed to reducing pressures on acute services such as Emergency Departments. We are currently working on plans to ensure our patients have improved access to primary care services out of hours (evenings and weekends) and over the coming year, to improved access to on-the-day appointments at our 31 GP practices.

2.2 In 2014 we consulted the public on changes to improve urgent care services in East Leicestershire and Rutland. Those changes, which received public support, were implemented in April 2015. We receive positive feedback about the services and we are pleased to be offering a number of locality based services for our patients for out of hours primary care and urgent care needs, with choices of care close to home.

2.3 The contracts we put in place to support the model agreed after consultation are now up for review however, and we are keen to ensure that the services we offer still meet public needs while providing high quality, cost effective care.

2.4 We believe following initial review work including conversations with patients, that we could enhance what is currently available with some investment and changes to the existing model of care. Subject to further work to understand the views of our patients and stakeholders, this would include the:

- procurement of a combined OOH GP and urgent care service
- some changes to opening hours and staffing models at existing services to reflect patient usage and need
- the opening of an additional site in one of our localities to offer these services where they don't currently exist

2.5 Under national plans for primary care improvements (the Five Year Forward View for General Practice), we are investing in primary care to improve access to appointments during GP core opening hours (8am to 6.30pm). Locally we are planning improvements in the number of appointments available and increased choice of ways to access and communicate with primary care and improvements in continuity of care for patients with long term or complex needs.

2.6 We are working with our Patient Participation Groups to understand what is important for our patients to help shape our plans. Additionally, a pilot is currently underway in Syston, Long Clawson, Melton, Oakham and Market Harborough which will see patients who cannot be seen during GP opening hours, booked an appointment at Oakham (weekends) or Market Harborough (evenings) out of hours by their practice. The findings from the pilot, which includes reviewing patient experience, will be used to influence the roll out of this service enhancement later this year. Further enhancements in access are then expected to follow.

2.7 We are now planning further engagement with our patients and stakeholders to help shape our plans and to refine our proposed model to ensure it meets patient need. The changes we are proposing are not about reducing spend but improving access, however we believe there will be efficiencies from more appropriate use of services and by reducing duplication of services.

2.8 We are also taking the opportunity to look at patient experience of our daytime minor injuries services and using the listening booth to understand people's experience of care and the reasons for people accessing the services.

2.9 We have also recently commissioned a 24 /7 Urgent Care Visiting Service for those patients who require community-based urgent care but who are housebound. This service began in April 2017.

2.10 We believe the combination of improving in-hours access, the urgent care visiting service for housebound patients, and plans to enhance out of hours access to primary and urgent care, will provide a clearer, more comprehensive high quality service for our patients, enabling us to continue to provide care close to home and to reduce pressures on acute services.

3 CURRENT SERVICES

3.1 ELR CCG currently commission two services which provide primary care out of hours for ELR patients. Both contracts are in place until 31 March 2019 and so the service requires re-procurement for 1 April 2019.

3.2 One of the current contracts is for a GP led, nurse practitioner provided Urgent Care service which is delivered from four sites: Melton Mowbray, Oakham, Market Harborough and Oadby. The other contract is for a separate out-of-hours GP service which is delivered from Oakham and Lutterworth.

3.3 The Urgent Care service is run from 5pm until 9pm Monday to Friday and 9am until 7pm at the weekends and Bank Holidays. The exception to this is Oadby which is open 8am until 9pm Monday to Friday and 8am until 8pm weekends and Bank Holidays. The GP service is open at the weekends 8am to 9pm in Oakham and 10am until 4pm in Lutterworth. The Oadby in-hours service is well utilised by City, East Leicestershire and West Leicestershire patients as well as non-registered patients.

3.4 The current Urgent Care service can be accessed via walk-in or by booked appointment via 111. From September 2018, patients will also be able to access booked appointments to this service via their own practice enabling access to care out of surgery hours. The GP service can currently only be accessed by booking via 111.

3.5 The Urgent Care service and out-of-hours GP services form part of the ELR Urgent Care offer. Emergency Departments and Urgent Care centres in neighbouring CCG areas for example, Loughborough, Corby, Grantham, Lincoln, Rugby and Peterborough are also commissioned to offer patient choice and accessibility for those who live on the CCG borders.

4 PATIENT FEEDBACK

4.1 Patient feedback on current services has been consolidated from patient surveys, individual Patient Participation Groups (PPGs) meetings and group development sessions with the Chairs of each of the PPGs. In addition, the CCG's Listening Booth has been to our most used site in Oadby to talk to patients directly about their experiences in accessing both Primary and Urgent Care.

4.2 The information the CCG has been given is that in core hours, patients either

perceive or know there is not enough capacity within primary care and so they travel to use walk-in services such as in Oadby as an alternative. This is also a key theme in the patient survey results and from the PPGs.

4.3 Patients have also told us that they are confused about what is available when, (especially when out-of-hours services overlap with core GP opening times) and about how to access services particularly whether or not services are walk-in or whether an appointment is needed.

4.4 Patients also tell us that they are less likely to travel to use acute services if there are accessible, easy to use services in their immediate vicinity (or locality). They also tell us that the frequency and routes of public transport makes living in some of our localities more difficult to access services and that the retention of local sites is therefore, of importance to them.

5 WHAT WE WOULD LIKE TO CHANGE

5.1 The commissioning of two separate primary-care based services has led to confusion and access problems for patients. The nurse practitioner service and GP service do not work as a cohesive team across the CCG area due to the contracting arrangements. Both services offer different opening hours and access routes leading to inequity of service across the CCG and confusion for patients. The CCG has therefore made the decision to procure a single Extended Primary Care service to replace the current two contracts from 1 April 2019. The specification and model for this contract will be subject to further public and stakeholder engagement.

5.2 There are services currently provided in four of the six CCG localities. North Blaby has no locality based service. To address the equality of access issues across the CCG's significant geography, the CCG has proposed a locality based solution to service provision with the inclusion of a new sixth site in the North Blaby locality. If agreed, the future location of this service would be decided with engagement with the public.

5.3 Opening hours vary across both current services. To address the resultant inequalities of access across the CCG, where possible and where demand is evident, opening hours we plan to ensure consistency across all sites. The proposed opening hours are different to those currently in place. The CCG plans to engage with the public on what the right opening hours will be.

5.4 The bringing together of both services offers an opportunity to commission and deliver the staffing model as a single, primary care multi-disciplinary team. The staffing model will also be discussed with patients.

<u>Proposed New Site For Out Of Hours Primary Care</u>

5.5 Over 26% of all out-of-hours activity at the Oadby walk-in centre come from the Blaby and Narborough area practices in the North Blaby locality. This is the locality which does not currently have a site offering primary care out of hours. This means that almost 3000 patients per year have to travel to a neighbouring locality to access out-of-hours care, in some cases this is the same distance or further than travelling to Leicester's Emergency Department

5.6 Figure 1 demonstrates the current use of ELR's Urgent Care centre by locality. Unsurprisingly, it is the lowest for the North Blaby locality as a service in the immediate vicinity is not available. It is also notably low for South Blaby and Lutterworth, potentially due to the locality's service not offering walk-in access.

Figure 1 – Use of ELR UCC by Locality (Jan 17 – Feb 18)

Locality	ELR UC Centre Activity	Registered Population	Activity per 1000 Population
SLAM (Syston, Long Clawson & Melton)	5599	65414	85.6
Oadby & Wigston	6109	58097	105.2
Harborough	6495	60725	107.0
South Blaby & Lutterworth	1715	46470	36.9
North Blaby	1687	61581	28.0
Rutland	2690	37814	71.1

5.7 The demand for a sixth site in the North Blaby locality to reduce attendance at acute services and to improve access to out of hours primary care services is evident. Subject to agreement by the Governing Body, the CCG will engage with patients, the public, stakeholders and practices to find the best solution for the location of this service.

Proposed Change In Hours

5.8 There is currently a 90 minute overlap between core primary care hours (8am to 6.30pm, Monday to Friday) and the opening time of our Urgent Care services in Melton, Oakham and Market Harborough (which open at 5pm).

5.9 We are considering removing the overlap to make best use of clinical time. This means that instead of opening at 5pm, out of hours primary care services during the week would open at 6.30pm. They would all remain open in the weekday evenings until 9pm as they do now.

5.10 At weekends and on Bank Holidays, our data shows that there is lower usage of the services by patients during the last two opening hours at the current Urgent Care centres in Melton, Oakham and Market Harborough. The CCG proposes to review with patients, the appropriateness of current opening hours at the weekends. Based on the most recent information (February 2018), this proposal could impact on 6.5% (60) of the patients who use the service at the weekends across the three sites. This is equivalent to seven patients a day across East Leicestershire and Rutland.

5.11 While there is currently lower usage of our urgent care services between 5pm and 7pm on weekends and Bank Holidays, we are committed to ensuring alternatives are available for our patients. This will be achieved through our investment in improved access to primary care services during the week and the fact that patients will be able to book weekend and evening appointments via their practices and 111 rather than having to rely on walking-in.

5.12 We are not however, proposing changes to the weekday opening hours of the Oadby service due to its high use and this would remain open until 9pm. Oadby will also remain open during the day due to the high number of patients who rely on this service for in-hours primary care access (17,339 patients February 2017 to January 2018; 9173 from ELR CCG, 5974 from Leicester City and 2192 patients from other CCGs or who are unregistered with a practice). To ensure that patients are seen by the appropriate health professional or service, clinical triage will be considered for walk-in patients. This could help to ensure that patients get the right care first time or continuity where appropriate for their condition.

5.13 For patients who cannot travel to alternative services (i.e. those who are housebound) but who have an urgent care need after 5pm, the CCG already commissions a 24/7 Urgent Care Visiting Service which can be accessed via 111/Clinical Navigation Hub.

5.14 Both current services offer access to primary care services, one is GP only and the other is Nurse Practitioner delivered but supported by a GP. With a single provider of all ELR Extended Primary Care services, there is an opportunity to review the primary care staffing model out-of-hours.

5.15 To ensure the CCG understands the clinical needs of patients accessing the service, a 100 patient, six month clinical audit was carried out to determine the needs of the majority of patients the reasons some patients require GP only care. Over 90% of patient need could be safely and appropriate met by an Advanced Nurse Practitioner.

5.16 The proposed staffing model would see a Prescribing Advanced Nurse Practitioner available at all sites with support from General Practitioners provided from two sites.

5.17 The aim of the new model is to provide improved quality of access to out of hours primary care and urgent care services across the CCG area, to reduce confusion for patients and to integrate booking of out of hours primary care and 111 so patients are booked into the right service first time.

5.18 Care will be delivered at a CCG locality level. This means all six localities would have an out of hours primary care service offering face to face appointments with a primary care practitioner. Patients would be able to access all six sites by walk-in or booking via 111 or their own practice.

Listening to the public

5.19 ELR CCG is committed to listening to the views of the public and to implementing plans which ensure clinically appropriate, high quality and affordable care provision for individuals as close to home as possible.

5.20 Initial discussions with the CCG's Patient Participation Group Network (which brings together the Chairs and Deputy Chairs of PPGs from across ELR), during which

high level plans were outlined and discussed, were positive with broad support given. Additionally, the PPG Network expressed a strong view from that services should remain locality based and that services in Lutterworth should continue.

5.21 Healthwatch Rutland (who have also provided a link to Healthwatch Leicestershire) have been an active part of the working group who have deployed the model.

5.22 The proposed new model enhances the existing service and has been designed with the input of patients. However, to ensure we fully understand patient and stakeholder views of the model and to ensure the future service specification fully meets local needs, we are planning a period of public engagement to enable local people to further influence our plans. Public feedback during engagement will be analysed and the findings used to finalise the model of care. Dependent on the findings of the engagement and any associated changes to the model, the CCG will consider whether there is a need for formal public consultation.

5.23 Our intention is to provide local people and stakeholders with the opportunity to give feedback on the current services including areas for improvement and to seek views on the proposed changes to opening hours and staffing and the proposal for a new site in the Blaby District area (including where it could be situated).

5.24 Our proposed engagement approach will see activity delivered in three phases (please note, phase one is already complete):

- Phase One – further discussions with the CCG's GP localities, Patient Participation Group Network, Healthwatch Rutland and Healthwatch Leicester and Leicestershire to seek feedback and views on proposals and where appropriate, engagement plan and methodology.

- Phase Two – public facing engagement document and survey, use of listening booth, discussions at existing PPG and patient locality groups and engagement with hard to reach groups to ensure we understand the views of those covered by the nine protected characteristics of the Equality Act 2010. Briefings will also be provided for key stakeholders such as MPs, County and District Councils. The views of neighbouring CCGs and key Leicester, Leicestershire and Rutland urgent care forums will also be sought. Engagement will be promoted via the media and social media and via existing networks. Public meetings in key locations are also being scoped.

- Phase Three – analysis of engagement used to inform final model and development of service specification. Feedback to patients and stakeholders. Should significant changes be proposed at that point, the CCG will need to consider whether consultation will be required. The views of patients will also be used to develop targeted communications plan for new service roll out

6 CONCLUSION

6.1 ELR CCG is committed to ensuring our patients have high quality primary and urgent care services close to home. We are also committed to reducing pressures on acute services such as Emergency Departments.

6.2 ELR CCG currently commission two services which provide primary care out of

hours for ELR patients. Both contracts are in place until 31 March 2019 and so the service requires re-procurement for 1 April 2019. We are planning to combine the services to improve integration and access for patients and are seeking to make improvements to the model of care. Patient and stakeholder views have influenced planning to date and a period of further engagement in planned to ensure our plans meet local need and that any barriers and opportunities are identified. Public consultation will be considered if required following analysis of public feedback and any associated changes to the model of care we are proposing.

6.3 Additionally, under national plans for primary care improvements (the Five Year Forward View for GPs), the CCG is investing in primary care to improve access to appointments during GP core opening hours (8am to 6.30pm). This means planned improvements in the number of appointments available and an increase in patient choice of ways to access and communicate with primary care along with improvements in continuity of care for patients with long term or complex needs.

7 BACKGROUND PAPERS

There are no additional background papers to the report.

8 APPENDICES

None.

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

Report No: 114/2018
PUBLIC REPORT

ADULTS AND HEALTH SCRUTINY PANEL

28 June 2018

ADULT SERVICES PERFORMANCE UPDATE: QUARTER 4, 2017/18

Report of the Director for People

Strategic Aim:	Safeguarding the most vulnerable and supporting the health & well-being needs of our community	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr Alan Walters, Portfolio Holder for Safeguarding Adults, Public Health, Health Commissioning, Community Safety and Road Safety	
Contact Officer(s):	Jon Adamson, Business Intelligence Manager	01572 75 8259
	Mark Andrews, Deputy Director of People	01572 75 8339
	John Morley, Head of Adult Services & Principal Social Worker	01572 75 8442

DECISION RECOMMENDATIONS
That the Panel: 1. Notes the performance for the Key Performance Indicators for adult services for Quarter 4, 2017/18.

1 PURPOSE OF THE REPORT

1.1 This report provides 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 8th February 2018. The purpose of this report is to provide a narrative summary to accompany the data provided in Appendix A (available as a separate A3 sheet).

2 INFORMATION PROVIDED ON KEY PERFORMANCE INDICATORS

2.1 The data for the 18 KPIs for adult services is provided on a separate A3 sheet. Data is provided for each quarter of the last two financial years alongside an annual total, the target for 2017/18 (where relevant) and whether or not that target was achieved. There is indication of whether high or lower numbers are desirable. Some measures are included to provide an overview of demand for services and therefore no targets are set and it is not relevant to say whether high numbers are good or bad. Some

KPIs are new and data is not therefore available for the full two year period and targets may not have been set for 2017/18.

3 SUMMARY PEFORMANCE FOR ADULT SERVICES IN QUARTER 4, 2017/18

3.1 Overall, the performance of adult services against the selected KPIs is very positive: eight-out-of-eleven KPIs for which a target has been set achieved that target for the year (2017/18).

3.2 Of the eight targets that were achieved: three show that reviews are happening on time and that people are being signposted appropriately (KPIs 7, 8 and 9). One target shows that reablement services are successfully supporting people to regain their independence after being discharged from hospital (KPI 10). The target for minimising the number of people admitted to residential or nursing care homes (KPI 12) was achieved, demonstrating continued good performance by the service. Although there was a large percentage increase from the previous year for this measure (KPI 12) this was based on low numbers. Although there was a slight increase (4%) in non-elective admissions to hospital (all ages) the target was achieved. The final two targets achieved are both very important as they are based on direct feedback from service users. This demonstrates that those people who use adult services in Rutland are very satisfied with the care and support they receive (KPI 17) and that people feel safer as a result of safeguarding enquiries being undertaken (KPI 18).

3.3 The target for reducing the number of delayed days in the transfer of care (DToC) was narrowly missed (KPI 11). The figure reported nationally is expressed as a rate per 100,000 population. The actual performance fell short of the target by15 delayed days per 100,000 population; equivalent to just over 4 nights over the entire year. Further, it is important to note that the direction of travel shows a huge reduction of 44% year-on-year from the previous year. Narrowly missing a very challenging target for Rutland – set nationally by the NHS, and taking into account previous good performance in this area – should not mask what was actually extremely positive performance over the year.

3.4 The rate of emergency hospital admissions for injuries due to falls in persons aged 65 years and over (per 100,000 population) increased by 14% year-on-year and the target for 2017/18 was not achieved. The increase in falls was largely due to a much harsher winter this year than in the previous year. There were a higher number of falls recorded from November, through December and January, which did not start to decline until February 2018.

3.5 A new KPI this year is to measure the percentage of requests for service (‘contacts’) that are triaged within 48 hours. The target of 80% over the year was missed with performance recorded at 76%. However, this is believed to be due to systematic recording practices rather than performance. The only way of measuring the time taken to triage contacts is by measuring the time between a new contact being recorded in our case management system (LiquidLogic) and the point at which the action relating to that contact has been approved by a manager. Further investigation of those contacts which were not triaged within 48 hours found that although the action taken following the contact had not been approved by a manager on the system, the contact had actual been triaged within timescale. Further development work is being undertaken to determine whether there is an alternative

way of measuring this important aspect of how we respond to requests for support.

3.6 KPI 1 shows that the number of new requests for service received in 2017/18 (2,169) increased by 5% from the previous year (2,056 in 2016/17). This demonstrates that good performance against the majority of targeted KPIs has been achieved in 2017/18 alongside an increase in demand for services.

4 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

4.1 It is recommended that the Panel notes the performance update for Quarter 4, 2017/18 for adult services.

5 BACKGROUND PAPERS

5.1 There are no additional background papers to the report.

6 APPENDICES

6.1 Appendix 1 (available separately) Adults Services: Update on Key Performance Indicators for adult services for Quarter 4, 2017/18

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Adult Services, Key Performance Indicators, 2017-18, Quarter 4

	Indicator	High or Low?	2016/17					2017/18							Year-on-Year change
			Q1	Q2	Q3	Q4	**Total**	Q1	Q2	Q3	Q4	**Total**	2017/18 Target	**On Target?**	
1	Number of new requests for service (cont	-	467	576	468	545	**2,056**	500	546	535	588	**2,169**	-	-	**5%**
2	Contact outcomes by category														
	Progress to New Referral	-	331	309	238	313	**1191**	280	312	302	308	**1202**	-	-	-
	Link to Existing Referral	-	50	96	71	67	**284**	95	103	119	143	**460**	-	-	-
	No Further Action from Contact	-	10	27	53	38	**128**	37	49	43	68	**197**	-	-	-
	Information/Advice Given Only	-	39	123	86	105	**353**	55	43	22	18	**138**	-	-	-
	Signposted to Other Agency	-	-	-	-	-	-	14	15	17	24	**70**	-	-	-
	Service at Point of Contact	-	8	7	6	7	**28**	4	4	12	6	**26**	-	-	-
	Start Safeguarding Adults Episode	-	29	14	13	14	**70**	11	9	10	13	**43**	-	-	-
	Arranged to call back later	-	-	-	-	-	**0**	1		1	3	**5**	-	-	-
	Link to Existing Safeguarding Adults	-	0	0	1	1	**2**	1	1	0	0	**2**	-	-	-
3	Number of existing Long term support	-	-	-	-	-	-	-	-	303	305	-	-	-	-
4	Number of existing Long term services	-	-	-	-	-	-	-	-	424	425	-	-	-	-
5	Number of existing carers supported	-	-	-	-	-	-	48	62	62	70	-	-	-	-
6	Percentage of new referrals from clients who had previously received a service within the last 6 months	L	new KPI - no previous data								17%	-	-	-	-
7	Percentage of carers signposted to appropriate follow on services following assessment **(NB figures are cumulative)**	H	not available				**87%**	100%	100%	100%	100%	**100%**	80%	✓	**15%**
8	Percentage of adult social care reviews for Learning Disability completed annually	H	86%	88%	88%	92%	**92%**	93%	96%	93%	95%	**95%**	80%	✓	**3%**
9	Percentage of adult social care reviews completed on time	H	95%	90%	89%	92%	**92%**	94%	92%	94%	95%	**95%**	80%	✓	**3%**
10	Percentage of service users who were still at home 91 days after discharge (quarterly figures)	H	90%	95%	91%	91%	**97%**	98%	87%	93%	95%	**95%**	88.9%	✓	**-2%**
11	Total number of delayed days in transfer of care (DTOC) per 100,000 population (aged 18+) per 100,000 population **(NB figures are cumulative)**	L	1411	2573	3234	3742	**3742**	630	1164	1610	2097	**2097**	2082	✗	**-44%**
12	Permanent admissions of older people (65+) to residential and nursing care homes **(NB figures are cumulative)**	L	n/a	5	11	12	**11**	6	9	14	29	**29**	30	✓	**164%**
13	Total non-elective admissions in to hospital (general and acute), all ages, per 100,000 population	L	not available				**7229**	1787	3658	5534	7548	**7548**	8716	✓	**4%**
14	Rate of emergency hospital admissions for injuries due to falls in persons aged 65+, per 100,000 population **(NB figures are cumulative)**	L	not available				**1632**	411	791	1339	1866	**1866**	1632	✗	**14%**
15	Percentage of requests for support triaged within 48 hours	H	not available				-	75.9%	76.5%	77.0%	76.3%	**76%**	80%	✗	-
16	Percentage of people receiving self-directed support	H	New indicator - to be defined for 2018/19												-
17	Overall satisfaction of people who use adult services with their care and support (% who report 'Agree' or 'Strongly Agree' for 11 Personalisation questions)	H	not available				-	94%	96%	94%	89%	**93%**	90%	✓	-
18	Percentage of people who feel safer as a result of a safeguarding enquiry being undertaken	H	not available				-	93%	83%	80%	100%	**89%**	80%	✓	-

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Report No: 115/2018
PUBLIC REPORT

ADULTS AND HEALTH SCRUTINY PANEL

28 June 2018

ADULT SERVICES RESIDENTIAL ADMISSIONS 2017/18

Report of the Director for People

Strategic Aim:	Safeguarding the most vulnerable and supporting the health & well-being needs of our community	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr Alan Walters, Portfolio Holder for Safeguarding Adults, Public Health, Health Commissioning, Community Safety and Road Safety	
Contact Officer(s):	Jon Adamson, Business Intelligence Manager	01572 75 8259
	Mark Andrews, Deputy Director of People	01572 75 8339
	John Morley, Head of Adult Services & Principal Social Worker	01572 75 8442

DECISION RECOMMENDATIONS
That the Panel: 1. Notes the information provided below.

1 PURPOSE OF THE REPORT

1.1 This paper provides a summary of the admissions to nursing or residential care in Rutland for the period April 2017 to March 2018. Rutland adult services have prioritised work to support older people to live independent lives and to limit the number of permanent admissions to residential care. However, there are circumstances in which residential care is the only viable option for someone. Here we describe the current picture for Rutland, as at March 2018.

2 A SNAPSHOT OF RESIDENTIAL CARE

2.1 Currently, there are a similar number of people going into, and leaving, residential care in a given year, meaning that the number in care at any one time remains fairly stable. In 2017/18, there were 57 admissions to residential care (people going in) and 56 discharges from residential care (people coming out).

2.2 At the year-end (2017/18) there were 117 Rutland people in residential care. Around a fifth are aged between 18 and 64 years (22 people) and the rest are aged 65 years

or older (95 people). Around two-thirds (65%) of older people (defined for reporting to Government as those aged 65 years +) are living in residential care in Rutland (in-county). However, for the younger age group (18-64), only 18% are in residential care in Rutland and the rest are in out-of-county placements.

3 NEW ADMISSIONS TO RESIDENTIAL CARE IN 2017/18

3.1 As shown in Table 1 (below) there are several different scenarios in which an individual may be admitted to residential care; these are listed below according to 'admission type'.

Admission type	18-64	65+
Hospital discharges		15
Property cases		12
Depleted funds		11
Community	1	10
End of Continuing Health Care (CHC) funding		3
Health: Section 117 funded		3
Health step-down/respite		2
Total	1	56

Table 1 – Admissions to residential care in 2017/18 by admission type and age group

3.2 In Rutland there is little change year-on-year for residential admissions for those aged 18 to 64 years, with just one new admission in 2017/18. For older people there were 56 new admissions in 2017/18 and the different admissions types are described as follows:

3.3 **Hospital discharges** – this is where a patient leaving hospital is unable to be looked after safely in their own home and chooses to go to a residential home.

3.4 **Community** – this is where the individual has been receiving community based services but has reached a stage where this can no longer be provided safely and they move into nursing/residential care.

3.5 **Depleted funds** – Also referred to as 'fund-droppers' this is where an individual has originally chosen to go into a residential home of their own volition, self-funded from their savings, but has reached a point where they no longer have the available funds to pay for their residential care. The local authority has a duty to take over the funding of their care and to ensure they are safe. This area is of particular interest in Rutland as it is beyond the control of the County Council and therefore difficult to plan and budget for. It might also be, proportionately, more of an issue for a small and generally more affluent local authority like Rutland than in other areas.

3.6 **Property cases** – this is where an individual is eligible for care but the funds to pay for their contribution are tied up in the capital in their home. To these people we offer a deferred payment. This is a scheme designed to help those who have the means to pay the full cost of their long term residential care because of the value of their home, but do not have access to that financial resource in the short term.

3.7 **End of Continuing Health Care (CHC) funding** – this is where the individual was originally assessed by health as having a 100% health need and therefore those needs would be met free to them, funded by the NHS. However subsequently, following re-assessment, this need has changed so that it should be either part-funded by health/social care or revert to 100% social care needs.

3.8 **Health step-down/respite** – this is where the individual has received health funded respite care with reablement for a short period to further assess their needs and eligibility.

3.9 **Health: Section 117 funded** – this is where the individual has been under Section 3, 37, 45A, 47 or 48 of the Mental Health Act 1983 in hospital. Section 117 means that this 'after-care' will be provided for free to them, funded by the local authority.

4 DISCHARGES FROM RESIDENTIAL CARE IN 2017/18

4.1 As shown in Table 2 (below) most of the movement out of residential care – around nine-out-of-ten in 2017/18 (89%) – is the result of someone dying.

Discharge type	18-64	65+
Deceased	1	49
Property sold/ self-funding		4
Granted 100% CHC		1
Discharged home		1
Total	1	55

Table 2 – Discharges from residential care in 2017/18 by discharge type and age group

Apart from dying, there are other reasons why an individual may leave residential care. These are described as follows:

4.2 **Property sold/ self-funding** – this is where the property has been sold and therefore the individual is now responsible for funding their own care from the proceeds (see 'Property cases' above).

4.3 **Granted 100% CHC** – this is where the individual has been assessed by health as having 100% health need and no social care needs so their care will be met free to them, funded by the NHS.

4.4 **Discharged home** – this is where an individual's assessed needs have decreased enough to enable them to return home safely with community support (e.g. home care).

5 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

5.1 It is recommended that the Panel notes the content of this paper and the different circumstances in which older people move into nursing or residential care. The Council continues to successful minimise the number of older people who have to go into nursing or residential, however, it is important to note that around 40% of the people going into nursing or residential care in 2017/18 were in circumstances which were beyond the control of the Council (12 'property cases' and 11 due to 'depleted funds'). This is an area of potential financial risk which is closely monitored across the service.

6 BACKGROUND PAPERS

6.1 There are no additional background papers to the report.

7 APPENDICES

7.1 There are no appendices

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Report No:125/2018
PUBLIC REPORT

ADULTS AND HEALTH SCRUTINY PANEL

28 JUNE 2018

STOP SUICIDE PREVENTION CAMPAIGN

Report of the Director of Public Health

Exempt Information	No	
Cabinet Member(s) Responsible:	Mr Alan Walters, Portfolio Holder For Safeguarding –Adults, Public Health, Health Commissioning, Community Safety And Road Safety.	
Contact Officer(s):	Mike Sandys, Director of Public Health	Tel:0116 3054239 Email: mike.sandys@leics.gov.uk
	Dr Mike McHugh Consultant in Public Health	Tel: 0116 3054236 Email: mike.mchugh@leics.gov.uk

DECISION RECOMMENDATIONS
That the Panel: 1. Supports the involvement of Rutland County Council in the developing STOP Suicide campaign across Leicester City, Leicestershire and Rutland

1 PURPOSE OF THE REPORT

1.1 This report provides an overview of the developing STOP Suicide campaign across Leicester, Leicestershire and Rutland and seeks the support and approval of Rutland County Council for involvement in that campaign

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 The accompanying paper on suicide prevention, and the work of the existing Suicide Audit and Prevention Group (SAPG), sets out the importance of taking action to reduce deaths from suicide and the existing work of partners involved in the SAPG.

2.2 In Leicestershire, the leader of Leicestershire County Council (LCC) has challenged the public health department of LCC to make further progress on reducing death from suicides, building on the learning of the STOP suicide project in Peterborough and Cambridgeshire.

3 PETERBOROUGH AND CAMBRIDGESHIRE STOP SUICIDE CAMPAIGN AND PLEDGE

3.1 Although the existing work of the SAPG places Rutland, and the broader Leicester City, Leicestershire and Rutland (LLR) area, further ahead of a lot of places in having a strategy and action plan in place, more could be achieved if it followed the lead shown by the Peterborough and Cambridgeshire STOP suicide campaign and pledge.

3.2 STOP is a suicide prevention campaign/programme which reaches across Cambridgeshire and Peterborough. It started in 2014 as one of four different NHS England funded pilot campaigns and is now continuing via other funding streams, led by the charities Cambridgeshire, Peterborough and South Lincolnshire Mind (CPSL Mind) and Lifecraft, and supported by local NHS and Public Health teams.

3.3 It seeks to alert communities across Cambridgeshire and Peterborough to the warning signs of suicidal behaviour and reassure them that an open and honest approach to suicide is the best way to prevention. The Campaign also aims to challenge the stigma and myths around suicide and the high profile media campaign is crucial to achieving this. Overall, the campaign hopes to achieve a 'Suicide Safer Community'.

3.4 STOP is delivered across Peterborough and Cambridgeshire by:

- Three part time staff working to support delivery of the programme.
- A website containing materials, resources and information to help increase awareness of mental health, wellbeing, and suicide risk which include posters, leaflets, digital applications (Apps), and broader signposting.
- Specific support for people who are struggling with mental illness and/or suicidal ideas, including counselling and crisis support (via 111).
- Specific crisis support - 'Help Now' Helplines. The NHS First Response Service (FRS) across Cambridgeshire and Peterborough provides 24-hour access, seven days a week, 365 days a year, to mental health care, advice, support and treatment.

Additionally individuals and organisations can get involved in the Campaign by:

- Signing up to the organisational and/or individual pledge in person or through the website and encouraging others to do so.
- Downloading the free resources, or picking them up in person, including self-help leaflets giving guidance for those at risk, or those who want to help.
- Wearing the "I'd Ask" badge
- Embedding the STOP Suicide email tag alongside email signatures.
- Becoming a Campaign Maker and distributing resources within communities, either by social media or by placing leaflets, posters and badges in key community buildings.

4 COMPARISON OF STOP WITH CURRENT WORK THROUGH THE LLR SAPG

4.1 The current local approach in comparison with STOP shows that there are gaps in relation to:

- No dedicated staff working exclusively on suicide prevention
- No website/single repository for work on suicide prevention across Leicestershire, Leicester City and Rutland.
- No clear 'branding' around mental health and wellbeing or for suicide prevention across the local area e.g. no pledge.
- Limited dedicated funding to invest in suicide prevention initiatives.
- Limited voluntary sector involvement in specific suicide prevention initiatives apart from the Samaritans.
- Limited suicide awareness training – whilst some is available this could be developed further.
- Limited crisis support – whilst this exists it could be strengthened to mimic 'Stop Suicide' using the 111 service and suicide prevention/crisis apps

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5 DEVELOPING LLR WIDE STOP SUCIDE CAMPAIGN

5.1 Although initiated by the Leader of Leicestershire County Council, with resources for coordination and web-site development being provided by the LCC Public Health Department, the organisations involved in the SAPG would recognise that suicide knows no geographic or organisational boundaries. Ideally, a STOP campaign approach across LLR (including those organisations that span all the local authority areas) would be desirable.

5.2 Actions to date on establishing a campaign include:

a) The formation of a Task and Finish Group with representation at officer level from Rutland County Council, Leicestershire County Council, Leicester City Council, the Office of the Police and Crime Commissioner, The Samaritans, Turning Point, Leicestershire Partnership Trust and the Clinical Commissioning Groups. This group meets monthly to offer expert advice and guidance to the development of the campaign.

b) Creation of a sub-group to look into the current response offered to those in crisis or thinking about suicide and how best to deliver this on the website.

c) The procurement of Cuttlefish Multimedia to build a website for the campaign.

d) Working alongside the LCC design and digital team on website content and a name for the campaign. The main areas of content for the website include:

   i) Maintaining mental health and wellbeing

   ii) In crisis (support and response)

iii) Training and resources

iv) Bereavement support

v) Suicide prevention pledge for individuals and organisations

e) Additional funding secured to fund a 0.5.FTW suicide prevention coordinator post within the public health team. To provide sustainability for the delivery of the campaign.

f) Joint working with the Office of the Police and Crime Commissioner to develop an offer for those bereaved or affected by suicide

6 CONCLUSION

6.1 Although deaths from suicide are a small proportion of overall deaths, they bring devastation to individuals, families and communities. Suicides have a disproportionate impact on years of life lost to premature death and are a significant cause of health inequalities.

6.2 A campaign to reduce deaths from suicide, in line with the approach taken in Peterborough and Cambridgeshire, would add significant capacity to the existing work of organisations involved in the Suicide Audit and Prevention Group.

7 BACKGROUND PAPERS

The additional report, Leicester, Leicestershire and Rutland Suicide prevention programme, was presented at the Health and Wellbeing Board meeting on the 26th June and can be found at the following link under agenda item 12:

http://rutlandcounty.moderngov.co.uk/ieListDocuments.aspx?CId=213&MId=1895&Ver=4

8 APPENDICES

None.

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