



Rutland County Council

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Minutes of the **MEETING of the ADULTS AND HEALTH SCRUTINY PANEL** held in the Council Chamber, Catmose on Thursday, 7th February, 2019 at 7.00 pm

PRESENT: Ms R Burkitt Mr W Cross
Mrs J Fox Ms G Waller

OFFICERS PRESENT: Mr M Andrews Strategic Director for People
Ms K Kibblewhite Head of Commissioning
Mrs K Sorsky Head of Service Prevention and Complex Care Services
Mrs J Morley Governance Officer

IN ATTENDANCE: Mr A Walters Portfolio Holder for Safeguarding- Adults, Public Health, Health Commissioning, Community Safety & Road Safety
Mr L Bentall Ambulance Operations Manager East Midlands Ambulance Service
Ms Tamsin Hooton Director lead for Community Services Redesign
Mr S Forbes Strategic Director for Adult Social Care, Leicester City Council
Mr J Lewis Business Change Commissioning Manager – Leicester City Council

NOMINATION OF CHAIR

Nominations were invited for a Member to Chair the meeting as Mr Conde was unable to attend. Mrs Fox nominated Miss Waller and this was seconded by Mr Oxley. As no further nominations were received, Ms Waller took the Chair.

572 APOLOGIES FOR ABSENCE

Apologies were received from Mr Conde and Mr Parsons.

573 RECORD OF MEETING

The minutes of the meeting of the Adults and Health Scrutiny Panel held on 27 September 2018, copies of which had been previously circulated, were confirmed as correct and signed by the Chairman.

574 DECLARATIONS OF INTEREST

No declarations of interest were received.

575 PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions from Members of the Public were received.

576 QUESTIONS WITH NOTICE FROM MEMBERS

No questions with notice were received from Members.

577 NOTICES OF MOTION FROM MEMBERS

No notices of motion were received from Members.

578 CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISION 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.

579 EAST MIDLANDS AMBULANCE SERVICE: FUTURE VISION AND STRATEGY

A presentation was received from Lee Bentall, Ambulance Operations Manager, East Midlands Ambulance Service (EMAS), the purpose of which was to outline EMAS's future vision and strategy.

During discussion the following points were noted:

- EMAS had an excellent reputation for the quality of care they delivered.
- 46-50% of people who rang 999 were conveyed to hospital. Of the remaining 50%, 15% were triaged over the phone and 35% were offered alternative pathways so that they could remain at home.
- Reviews were being undertaken to see if there were gaps within pathways so those that were currently going to A & E could go elsewhere.
- Due to the national shortage of paramedics, EMAS were developing their own staff.
- The service would be looking at opportunities to share estate with other blue light partners.
- EMAS's relationship with the 111 service needed to be developed further to ensure that patients accessed the most appropriate care. The LLR area had one of the highest conversions from the 111 service to A&E.
- As part of the 'Restart a Heart' campaign EMAS were actively pushing for more community defibrillators and training. Mr Bentall would provide information on the current defibrillator offers to the Governance Officer so that it could be distributed and promoted to all Parish Councils in Rutland.

- Once used, the community defibrillators were taken away by ambulance staff as the storage card contained information which was reviewed by the Community Response Officer and passed over to the patients care record. New batteries and pads were also fitted and the device delivered back to the community the next day.
- Paramedics had been doing some trial work around sepsis which involved giving an antibiotic as soon as possible, either at home or en route to hospital.
- When calls were received by the service they were placed in one of four priority categories, each of which had an expected response time. Success or failure of the calls was based on adherence to these timings and not the level of care received so for example, a patient reached in 7 minutes and 59 seconds who subsequently died was recorded as a success whereas a patient reached in 8 minutes and 1 second who received excellent care and survived was recorded as a fail.
- Members expressed concern over the number of elderly people who were left for excessively long periods of time after a fall as they were not deemed a priority.
- EMAS would be undertaking a piece of work to investigate how they could get to people on the floor and relieve them of their pain. Within the new standards people who had fallen were likely to spend up to two hours waiting but call operators could escalate the call if the situation deteriorated.
- Hospital turnaround times for ambulance crews was a national issue and dialogue and collaboration was happening at all levels to try and address the problem. By looking at alternative pathways to alleviate pressure on A&E, there had been an improvement on last year in LLR. Within the 5 area divisions of EMAS, LLR had the highest rate of conveyance to an alternative pathway.
- Members questioned how confident EMAS could be in making their vision a reality in light of the logistics involved in coordinating all the different services across different counties, as many Rutland residents looked to Peterborough for their care.
- In terms of absolute emergencies the service worked but changing the focus to deliver services locally would put additional pressures on for example, social services and district nurse services. However where there were services available EMAS would need to have the opportunity to place within them.

RESOLVED:

1. The Panel **NOTED** the presentation on the future vision and strategy of the East Midlands Ambulance Service.

580 COMMUNITY SERVICES REDESIGN

Report No. 34/2019 was received from Tamsin Hooton, Director lead for Community Services Redesign, West Leicestershire CCG.

The purpose of the report was to provide the Panel with an overview of the Community Services Redesign project.

During discussion the following points were noted:

- The scope of the work was core adult services and did not include children or mental health services.
- Services had not been reviewed for a long time and the redesign project was an opportunity to look at joining up of services and supporting integrated care.

- The new model would look to strike the right balance between the following three services; Community Nursing, Home First services (including crisis response and reablement) and community beds.
- The review of current patient demand for the Rutland Memorial Hospital (RMH) did not warrant the re-opening of the moth balled ward although it needed to be reviewed whether over time this would change.
- Demand for RMH beds was not based on the growing Rutland population but instead looked at the clinical needs of patients and their preferences, with most people wanting to stay at home.
- Although there would always be a need for community beds at one time or another the capacity should not just be used because it was there and available, instead it should be about the right treatment and pathway for the individual.
- The workforce was absolutely fundamental to getting the redesign right. Core nursing teams did not have enough capacity to extend services and there was a greater need for therapists who could work alongside social care partners as mobility was a key issue.
- It was difficult to recruit therapists so there would be a need to grow the workforce by blending social care skills with some therapy skills.
- Ms Hooton agreed with members that an acute hospital ward was not the place for dementia patients but also pointed out that wards at Oakham or Melton hospital were not designed as dementia facilities. Although this may be reviewed in the future, the current approach to reablement for those with dementia was that a care home environment may be more suitable.
- Members had received complaints that residents had felt bullied into taking family members back home when they were not able to cope with their needs.
- The new model would only work if carers felt fully supported and able to cope.
- The second phase of the project would be making the investment case to the CGGs for more nurses as recruiting nurses was very challenging, particularly in LPT (Leicestershire Partnership Trust) where turnover rates were very high.
- Pathway 3 services, (reablement beds that provide 24/7 bed-based care in a residential or nursing home) had been piloted in Rutland but Rutland had moved in to another phase and were successfully managing more people through reablement pathways and less people in care homes.
- The project worked across a wide area which helped to create a much more integrated model.
- Members felt that any fundamental changes in service delivery would have to run alongside existing services until proven otherwise people would fall through the cracks.

RESOLVED:

1. The Panel **NOTED** the progress to date in redesigning community health services and the next stage of the work.

581 LEARNING DISABILITIES MORTALITY REVIEW

Report No.30/2019 was received from the Strategic Director for People and Kim Sorsky, Head of Service, Prevention and Complex Care Services. The purpose of the report was to seek comments from the Adults and Health Scrutiny Panel on the initial work and learning from the Learning Disabilities Mortality Review (LeDeR) programme work completed to date.

A presentation (appended to the minutes) was also received from Steven Forbes, Strategic Director for Adult Social Services, Leicester City Council, and James Lewis, Local Area Contact, LeDeR Programme, LLR.

During discussions the following points were noted:

- There was a huge disparity between the median life expectancies for men and women (81.8 and 85.3 years respectively) and that of a person with learning disabilities which stood at 58 years.
- The Programme was looking to recruit LeDeR reviewers who would volunteer time as part of their professional role. Once a referral had been made, the reviewers would review the person's care leading up to their death and outline any identified learning. Current Rutland County Council reviewers included a social worker, occupational therapist and a physiotherapist.
- Awareness of the issue was being raised by the project team who were reporting to service user groups, scrutiny and overview panels and social care staff.
- LeDeR referrals from the Black, Asian and Minority Ethnic (BAME) groups were only at 10% where 20% was a more expected level.
- Nationally 64% of those with a learning disability died in hospital compared to 57% in LLR and 47% of the general population.
- The LeDeR review existed because it was recognised nationally that the experience was not good enough and that avoidable deaths had to be prevented.
- In Rutland, Health Action Plans for those with learning disabilities were all in place. These were key plans that moved with the person and which were reviewed annually by social workers and monitored by the compliance team.
- Rutland also had specialist social workers for those with learning disabilities and offered learning disability training to all support workers.
- Providers needed education about how they could raise their standards of care but good care did not have to be difficult.
- The next steps for LeDeR steering groups was to conduct an analysis of key themes and write a local strategy which would be presented to Scrutiny committees.
- The support plans for those with learning disabilities would identify if, as for the general population, there were any lifestyle factors such as diet and exercise that affected their mortality rates.
- The group that was of most concern were those who did not meet adult social care thresholds. Rutland would be targeting work with this group.
- There was a national programme called STOMP which was trying to tackle the over medication of people with a learning disability with psychotropic drugs, which tended to have a significant impact on physical health. Psychotropic drugs included medicines for psychosis, depression, anxiety and sleep problems and were sometimes given to people with learning disabilities because their behavior was seen as challenging.
- The use of normal, regular medicines also needed to be reviewed on a regular basis as individuals with learning disabilities could not easily express how these medicines affected them.
- The mortality review was only able to access those who had been given a diagnosis but there was likely a large under recording of those with a learning disability.
- The Transforming Care Programme had seen individuals present with a mental health issue but who actually had an underlying undiagnosed learning disability.

- A Learning difficulty, eg dyslexia, was distinct from a learning disability which affected intellect and IQ.
- People in prison were not covered by the LeDeR review.

RESOLVED:

1. The Panel **COMMENTED** on the joint working across LLR and CCGs which had been established to improve the standard and quality of care for people with learning disabilities.
2. The Panel **REQUESTED** that the LeDeR programme return to Adults and Health Scrutiny Panel later this year (2019) to present local learning, recommendations and action plans as to how health and social care services could be improved in Rutland.

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Mr Walters left the meeting at 9.00am and did not return.

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582 REPORT OF THE MENTAL HEALTH TASK AND FINISH GROUP

Report No. 28/2019 was received from the Mental Health Task and Finish Group, the purpose of which was to present the findings of the Joint Scrutiny Mental Health Task and Finish Group.

During discussions the following points were noted:

- Producing a report within the timescales had been difficult as there had been a number of changes to the Group's membership and to the position of Chair of the Group.
- The Task and Finish Group wished to express their thanks to the officers who had supported the Group.
- There was limited information on how the 2 billion of funding over the next five years, promised to improve mental health services, would be spent.
- RCC Communications team would be promoting the upcoming sleep week.
- Staff would be surveyed to find out whether improved sleep had affected their mental wellbeing
- Following the recent Children and Young People Scrutiny Panel meeting which had received a report from CAMHS, Ms Waller proposed that two further recommendations be added to the report. These were seconded by Mrs Fox and agreed by the Panel.

AGREED:

1. That the following recommendations be included in the report;
 - i. That the Panel request the Portfolio Holder for Health and officers of RCC do all in their power to encourage the CCGs to fund CAMHS to a level which will enable CAMHS to meet unmet need and to report back to the Adults and

Health Scrutiny Committee in the autumn of 2019 on the actions they have taken.

- ii. That the Chairman of the Panel writes to the CCG requesting that they report back to the Committee on their funding intentions for CAMHS.

RESOLVED:

1. **NOTED** the work of the Mental Health Task and Finish Group and **ENDORSED** recommendations 1-8 as outlined in their report.
2. **RECOMMENDED** the findings of the Mental Health Task and Finish Group report to Cabinet for approval.
3. **REQUESTED** that the Portfolio Holder for Health and officers of RCC do all in their power to encourage the CCGs to fund CAMHS to a level which will enable CAMHS to meet unmet need and to report back to the Adults and Health Scrutiny Committee in the autumn of 2019 on the actions they have taken.
4. **REQUESTED** that the CCG reports back to the Committee on their funding intentions for Children and Adolescent Mental Health Services (CAMHS)

583 SCRUTINY PROGRAMME 2018/19 & REVIEW OF FORWARD PLAN

During discussion of the Annual Work Plan and review of the current Forward Plan the following comments were noted:

- The report on external provider quality assurance, originally due for the November meeting of the Panel, would be updated and re-scheduled for the meeting on 21 March.

584 ANY OTHER URGENT BUSINESS

There were no items of urgent business.

585 DATE OF NEXT MEETING

Thursday 21 March 2019

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The Chair declared the meeting closed at 9.11pm

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