



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, 21st March, 2019 at 7.00 pm

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

OFFICERS

PRESENT: Mr J Morley Deputy Director of Adult Services
Mrs J Morley Governance Officer

IN

ATTENDANCE: Mr A Walters Portfolio Holder for Safeguarding- Adults,
Public Health, Health Commissioning,
Community Safety & Road Safety
Ms H Hutchinson Lead Commissioner for Cancer LLR
Dr H Fox EL CCG Board GP and Rutland GP
Ms C West Director of Nursing and Quality
Mrs S Warmington Associate Director of Commissioning

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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 Cross. As no further nominations were received, Miss Waller took the Chair.

716 APOLOGIES FOR ABSENCE

Apologies were received from Mr Conde and Mr Parsons.

717 RECORD OF MEETING

The minutes of the Adults and Health Scrutiny Panel held on 7 February 2019, copies of which had been previously circulated, were confirmed as a correct record and signed by the Chair.

718 DECLARATIONS OF INTEREST

No declarations were received.

719 PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions were received.

720 QUESTIONS WITH NOTICE FROM MEMBERS

No questions with notice had been received from Members.

721 NOTICES OF MOTION FROM MEMBERS

No notices of motion had been received from Members.

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

No matter had been referred to the Panel for a decision in relation to a call-in of a decision in accordance with Procedure Rule 2016.

723 CANCER PERFORMANCE IN LEICESTERSHIRE AND RUTLAND

Report No.52/2019 was received from Ms Hannah Hutchinson, Lead Commissioner for Cancer LLR.

Ms Hutchinson, and Dr Hilary Fox, East Leicestershire and Rutland CCG Board GP and Rutland GP, introduced the report the purpose of which was to provide an update as to cancer performance for Leicestershire and Rutland and to highlight work currently being undertaken to improve cancer services for patients.

During discussion the following points were noted:

- East Leicestershire and Rutland had an excellent one year survival rate for cancer due to early diagnosis.
- Although there was a time lag to the data, the one year survival rates were the highest they had ever been and were higher than those of comparable areas and national averages.
- There had been a lot of work done with Cancer patients to find out what they wanted during diagnosis, treatment and afterwards.
- The McMillan Hope course which would help residents living with and beyond cancer was being trialled in the region.
- There was a 'Let's Talk About Cancer' event happening on 13 June 2019 to engage with Rutland residents.
- In line with national guidance, ELR CCG was trying to make sure that there was a standardised approach to pathways for bowel, prostate and lung cancer and for living with cancer afterwards.

- Public Health England had determined peers for the ELR CCG in terms of age, ethnicity and other demographics. Although LLR patients were not being seen within the allocated time waits, compared with these 10 other similar areas, ELR CCG was the second best performer.
- University Hospitals Leicester (UHL) had a conversion rate, ie the number of people seen who did have cancer, of 6-7%. Nationally they wanted this figure to be 3%.
- ELR CCG had a take up rate of 65% for those invited to bowel cancer screening so more work was being done to increase this rate to the national target of 75%. The new Faecal Immunochemical Test (FIT) was being rolled out which could be sent to patients in the post and which was 99.7% accurate. The new test was much easier to use than current home testing kits as only 1 stool sample was required instead of 3.
- A 2 year ELR CCG cancer strategy was being developed which would be aligned to the national long term plan.
- Currently waiting times were being measured from the point of referral to getting on the pathway rather than taking into account the time period and number of consultations before referral. A national audit supported by Cancer UK was being conducted to examine this issue and the Primary Care networks would be utilised to push more Rutland GPs to sign up to it.
- GPs were issued with very distinct guidelines for referrals but recently the diagnostic criteria had changed and thresholds had been lowered which would see more people coming through.
- The CCG tried to link in with research programmes that were going on so that results and findings from research projects and clinical trials could be fed back in.
- Ms Hutchinson would revise the table shown in 2.3 of the report and add in an extra column to show where LLR was compared to the nationally set targets. The Governance officer would circulate this information to members outside of the meeting.
- Councillor Walters would send to Members details of the smoking cessation programmes that were commissioned by the Local Authority and Public Health.
- Members would have preferred that the breach figures shown in Appendix A were given as percentages of the number of referrals.
- Miss Waller commented that invites and associated documents for screening programmes should be available in large print. This would be fed back to Public Health who were responsible for the programmes.
- Councillors felt that the cut off age of 70 for breast screening should be extended now that people were living longer. Breast screening was a national programme and not commissioned by the CCG but they would encourage GPs to make people aware that although they were not automatically invited over the age of 70, they could request screening.

RESOLVED:

1. The Panel **NOTED** the current cancer performance in Leicestershire and Rutland and the work being done to improve the achievement of the national cancer metrics and cancer care commissioned.
2. The Panel **RECOMMENDED** that the Rutland Health and Wellbeing Board follow up on the progress being made on cancer performance.

724 CAMHS FUNDING UPDATE

A presentation was received from Chris West, Director of Nursing and Quality and Sarah Warmington, Associate Director of Commissioning.

An additional supporting paper, appended to the minutes, had been circulated to Members prior to the meeting. The paper was written in response to a request from the Adults and Health Scrutiny Panel to provide a rationale for the current commissioning spend on CAMHS and the funding intentions going forward.

During discussion the following points were noted:

- Leicestershire Partnership Trust (LPT) who were commissioned to provide adult and child and adolescent mental health services were funded by a block contract which meant they were given a certain amount of money upfront with the expectation that they would deliver the service.
- On top of the block contract monies, CAMHS had received additional funds of £1,601,270 in 2018/19 to fund services as part of the Future In Mind program. This was not for the Resilience work that FiM did but for work on Eating Disorders and Crisis and Home Treatment.
- The non-recurrent funding of £545,000 was predominantly about trying to get on top of waiting lists but admittedly was being used more as a sticking plaster rather than improving systems wholesale.
- Enabling young people to improve their resilience to deal with problems was a key service as it meant a reduction in the escalation of issues and ultimately lessened the pressures on CAMHS services.
- As was the case nationally across the NHS, LPT was struggling to recruit enough mental health staff. CAMHS had missed an opportunity to address this challenge as they had not taken up the offer from the CCG and NHS England for extra training and development of staff.
- The CQC had reported that the overall governance and leadership of the Leicester Partnership Trust required improvement, although it was acknowledged that they had done much work to keep children safe.
- The Triage and Navigation service would take some money away from CAMHS but it was necessary as there was a lot of distraction trying to sort out the waiting list. Effective triage would mean that CAMHS could concentrate on treating children with a diagnosable mental health problem who were very unwell.
- The neurodevelopmental pathway was being improved so that earlier diagnoses could be made.
- The number of patients accessing CAMHS was measured by the type of disorder as there were, for example, national targets on eating disorders.
- ADHD was addressed in several different pathways; at Primary school pupils would be on a community pathway but once at secondary school they would be on the CAMHS pathway.
- As part of the suicide prevention launch, LLR were involved in a piece of work to support families who had experienced suicide as there was an increased chance of them suffering mental health issues or contemplating suicide themselves.
- Resilience work was multi-faceted as children had different tolerance levels and 'triggers' differed from child to child.
- Schools did work around anti-bullying which included handling what pupils received on their phones via social media.

- The guidance on the sex and relationship programme in schools was being renewed so that all relationships, including friendships and dealing with fallouts from them, were included.
- There were continuous discussions about what the right level of funding should be. National plans stipulated that there should be more money set aside for Children's mental health services but funding had still not come from the Government.

RESOLVED:

The Panel **RECOGNISED** the scale of the challenge for the local specialist mental health service for children and young people and the ongoing work with the Trust to establish a robust plan and agree an appropriate sustainable level of funding.

725 EXTERNAL PROVIDER QUALITY ASSURANCE

Report No. 53/2019 was received from the Strategic Director for People.

The purpose of the report was to provide an overview of quality assurance with external providers and to update on the current performance of providers.

During discussion the following points were noted:

- The Council had a robust system in place to monitor the quality of Rutland care homes. National expectations were that a monitoring officer would visit homes annually but as Rutland only had 11 care homes, they were visited once every three months.
- Private care homes were valued as partners and were not demonised as they were in some other areas.
- The principle social worker also liaised with homes and because of the network that had been built up, information was shared quite freely which enabled important preventative work to be carried out.
- Nationally only 7 -8% of homes reached outstanding levels and of those most tended to be hospices. The Council were therefore more than happy with a 'Good' rating.
- Work would be done with those homes that had received a 'Requires improvement' rating and there had never been any Care Homes in Rutland that had received an 'Inadequate' rating.
- Both Wisteria House and Belton House had had improvement plans put in place and officers were already satisfied with their performance improvements.
- If the contracts team had an issue with any of the homes then they would escalate the matter to the Council's social workers.
- There were Provider Forums for both residential and domiciliary care providers which gave an opportunity for those who got outstanding ratings to share good practice. The Quality Assurance Officer role also provided an opportunity to 'cross pollinate' ideas.
- Members of the Panel were reassured by the paper and wished to convey their thanks to Adults Social Care staff for their diligence and care.

RESOLVED:

The Panel **NOTED** the report and offered comments.

726 QUARTER 3 FINANCE MANAGEMENT REPORT

The report was taken without debate.

AGREED:

That the Panel **NOTED** the report.

727 SCRUTINY PROGRAMME 2018/19 & REVIEW OF FORWARD PLAN

As it was the last meeting of the municipal year and Members were aware that membership of the Panel could change after the elections and Annual Council in May, no items were formally put forward to be included in the annual work plan. Members recommended however, that the following items should be revisited by the new Panel during the 2019-20 municipal year:

1. The draft Cancer strategy
2. Children's mental health to include CAMHS, Resilient Rutland and the Future In Mind programme, possibly at a joint scrutiny meeting with the Children and Young People Scrutiny Panel.
3. Quarterly reports on performance indicators for adult services.

728 ANY OTHER URGENT BUSINESS

No items of urgent business had been previously notified to the person presiding.

729 DATE OF NEXT MEETING

The date of the next meeting would be confirmed after agreement of the Calendar of Meetings at the Annual Council in May.

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The Chairman declared the meeting closed at 8.50pm

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