



# Rutland County Council

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Minutes of the **MEETING of the ADULTS AND HEALTH SCRUTINY COMMITTEE** held in the Council Chamber, Catmose on Thursday, 19th September, 2019 at 7.00 pm

**PRESENT:** Mr J Dale (Chairman)  
Mr P Ainsley  
Mr D Blanksby  
Mrs J Fox  
Mrs S Harvey  
Mrs R Powell

## **OFFICERS**

**PRESENT:** Mark Andrews Strategic Director for People  
John Morley Deputy Director – Adult Services  
Joanna Morley Governance Officer

## **IN**

**ATTENDANCE:** Mr A Walters Portfolio Holder for Safeguarding – Adults, Public Health, Health Commissioning & Community Safety  
Dr J Underwood Chair of Rutland Healthwatch  
Mr A Donaghue Assistant Director for Estates, Leicestershire Partnership NHS Trust

## **237 APOLOGIES**

Apologies were received from Mr W Cross.

## **238 RECORD OF MEETING**

The minutes of the meetings of the Adults and Health Scrutiny Committee held on 21 March and 20 June 2019, copies of which had been previously circulated, were confirmed.

## **239 DECLARATIONS OF INTEREST**

No declarations of interest were received.

## **240 PETITIONS, DEPUTATIONS AND QUESTIONS**

No petitions, deputations or questions were received.

## **241 QUESTIONS WITH NOTICE FROM MEMBERS**

No questions with notice had been received from Members.

## **242 NOTICES OF MOTION FROM MEMBERS**

No notices of motion had been received from Members.

## **243 CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION**

No matter had been referred to the Committee for a decision in relation to a call-in of a decision in accordance with procedure Rule 206.

## **244 APPOINTMENT OF VICE-CHAIRMAN OF THE COMMITTEE**

Mrs Harvey was nominated for the position of Vice-Chairman by Mr Ainsley and seconded by Mrs Fox. There being no other nominations, a vote was taken and a unanimous vote for Mrs Harvey was given.

### **RESOLVED**

That Mrs S Harvey be **APPOINTED** as the Vice-Chairman of the Adults and Health Scrutiny Committee.

## **245 UPDATE ON THE INPATIENT MENTAL HEALTH SERVICES FEASIBILITY STUDY**

A presentation on the Inpatient Mental Health Services Feasibility Study (appended to the minutes) was given by Andy Donoghue, Assistant Director for Estates, Leicestershire Partnership NHS Trust.

During discussion the following points were noted:

- The feasibility study was following the NHS strategic business case process with a master planning exercise which would eventually take the shortlisted option down to one preferred option.
- There was a need for a new site where all mental health services eg, psychiatric wards, learning disabilities, dementia and eating disorders could all be in one place rather than spread across the patch as they were currently.
- Existing sites were not fit for purpose and no amount of remodelling or refurbishing would address this.
- New premises would give better co-efficiency, reduce the length of stay and improve the privacy and dignity of patients.
- Of the 20 original sites, 11 were immediately dismissed because the sites did not have room for further expansion and could not be future proofed.
- A outline business case (OBC) was now being made for three of the sites.
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## **RESOLVED**

The Committee **NOTED** the update on the Inpatient Mental Health Services Feasibility Study

### **246 ADULT SOCIAL CARE KEY PERFORMANCE INDICATORS**

Report No.141/2019 was received from the Strategic Director for People.

John Morley, Deputy Director Adult Services introduced the report the purpose of which was to provide the Adults and Health Scrutiny Committee with an overview of performance against the key performance indicators (KPIs) for Adult Services. The purpose of the report was to provide a narrative summary to accompany the data (which has its own commentary) provided in Appendix A.

During discussion the following points were noted:

- Members wanted to have more understanding and context of the KPIs provided and what the levels meant for staff and for service users.
- The Strategic Director for People suggested that, in order to put the targets into context, the adults services directorate could report to the Committee giving an overview of the whole system, covering what services people were looking for and what happened to Rutland residents when they needed that care.
- Residents who phoned into the services were often referred on to lots of different routes. The service was making efforts to capture the outcomes of these referrals.
- KPI number 14 in the report could be interpreted in differing ways. On one hand it was positive to have people who had previously received a service calling in as it could be seen as preventative and could be acted upon quickly. On the other hand people could be calling in for changing needs because their original service had been mis-commissioned and therefore resources were being wasted. It was for this reason that an audit of services offered was welcomed.
- There were KPIs that looked at the transitional services from children's to adult services but the numbers were so small that they were sometimes misleading and unhelpful.

## **RESOLVED:**

The Committee

1. **NOTED** and **COMMENTED** on the performance figures for Adult Services for Quarter 1 (April-June).
2. **REQUESTED** that an overview of the Adult Social Services process be given at the next meeting of the Committee in order that the performance figures could be put in context.

## 247 THE ADULT SERVICES STRATEGIC PLAN 2019 - 2022

Report No.144/2019 was received from the Strategic Director for People.

John Morley, Deputy Director for Adult Services, introduced the report the purpose of which was to provide the Adults and Health Scrutiny Committee with an overview of the Rutland Adult Services Strategic Plan 2019-2022 and the development of its key priorities for 2019 and the intended outcomes.

During discussion the following points were noted:

- Adult Social Services had integrated very successfully with health services to allow residents to have healthy independent lives. Rutland performed very well in this area compared with other Councils and had less people as a percentage having to enter a residential home.
- Appendix A outlined the vision for the service which would be more focused on *how* it worked rather than implementing ever new changes to the model. Because the model was already efficient, Officers now wanted to try and spend more time with service users and build up trust to enable users to direct their care rather than having things prescribed for them.
- The Plan was about more than just gaining independence for people but also as part of that independence, getting people to have a 'good life'
- Members felt that the Plan needed to have some context to it, for example what other strategies fed into it, and that it also needed to state how long it was for.
- There was concern that the goal of 'safe, valued and heard' could be setting the Council up to fail as this did not cover providing the services that resident needed and that the Council had a statutory duty to provide.
- Members asked whether the aim of keeping residents living independently in their own homes for as long as possible could sometimes conflict with the aim of reducing levels of loneliness for the elderly.
- Officers felt that the majority of users preferred to stay in their own homes for as long as possible and that services provided could enable many people to die in their own homes with all the comfort that that brought rather than having to go into a care home. It was not simply a matter of cost as it was not always cheaper to keep people in their own home.
- The report was an early outline of the sorts of aims and visions the service wanted to include in their strategic plan.

### **RESOLVED:**

The Committee **NOTED** and **COMMENTED** on the development of the Adult Services Strategic Plan 2019-2022.

## 248 OVERVIEW OF CARE HOMES

A presentation on Care Homes (appended to the minutes) was given by Mark Andrews, Strategic Director for People.

During discussion the following points were made:

- The length of stay in a care home had reduced over the last 5 years and was now on average less than 3 years.
- Rutland had a much lower than average percentage of residential placements compared to community based support.
- Because of the low numbers involved, Rutland did not have the same weight in the market as other authorities did.
- Reviews of care homes within 12 months was at 95% of its target in Rutland compared to 50% at most other authorities where reviews had been cut in order to save money. At Rutland they had found the opposite to be true and that regular reviews helped Officers to respond to need thereby reducing higher cost care plans.
- The review process used to be seen as a 'stick' but had now turned into a supportive process with joint information sharing.
- Members felt that there were a multitude of agencies involved with end of life care and that signposting to services was still sometimes unclear.
- A relatively significant percentage of the overall care budget was spent on taking over the care and associated costs of residents who had originally entered their care home as self-funders.
- Members questioned whether the building of ever more care homes in Rutland would cause a serious future funding issue if they had to take on more of those who had originally been self-funded.
- Officers confirmed that any self-funder who moved into the area automatically became a Rutland resident and as such if their funds became depleted RCC would have a duty to take on their care. From a moral standpoint, case workers would try and keep them where they were but this was not always achievable.
- Many smaller care homes relied on a business model that involved self-funders subsidising Council placements. Officers were concerned that a shift in the market may cause these homes to go out of business.
- It would be preferable to have adaptable and affordable housing in the first place rather than building more supported housing. There were many assistive technology options that could help with adapting a person's home and enabling them to remain there.
- The CCG assessed a individual's health needs and if they had a 100% health need their care would be paid for by the NHS regardless of their financial means.
- There were sometimes disputes between the Council and the NHS over what was healthcare and nursing needs rather than social needs but this was not a significant issue for Rutland when compared to other Councils. In general the Council did well and received a higher proportion of health funding.

#### **RESOLVED:**

The Committee **NOTED** and **COMMENTED** on the presentation.

#### **249 REVIEW OF THE FORWARD PLAN AND ANNUAL WORK PLAN**

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

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

- Members requested that a report on the Community Wellbeing Service be added to the work plan.
- The Adult and Health Scrutiny Committee details shown on the website did not align with the terms of reference for the Committee as outlined in the Constitution. The Governance Officer would amend the website to correct this.

## **250 LEICESTERSHIRE AND RUTLAND SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018-19**

The report was taken without debate.

## **251 QUARTER 1 FINANCE MANAGEMENT REPORT**

The report was taken without debate.

## **252 ANY OTHER URGENT BUSINESS**

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

## **253 DATE OF NEXT MEETING**

The next meeting of the Adults and Health Scrutiny Committee would be held on Thursday 21 November at 7pm.

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The Chairman closed the meeting at 8.40pm

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Leicestershire Partnership  
NHS Trust

# Strategic Outline Case (SOC) All-Age Mental Health Acute Inpatient, Crisis & Outpatient Services

Rutland County Council  
Adults and Health Scrutiny Committee  
19 September 2019



[www.leicspart.nhs.uk](http://www.leicspart.nhs.uk)

# Project Overview

## Strategic Outline Case (SOC)

- Confirms the strategic context
- Long list of options down to short list
- Confirms initial agreement to proceed
- Identifies a preferred way forward (not a preferred option)

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## Outline Business Case (OBC)

- Analysis of short listed options to identify preferred option

## Full Business case (FBC)

- Delivery of preferred option

# Project Overview

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  - § Strategic feasibility study to determine the best place within the LLR STP area to accommodate all age acute inpatient mental health, crisis and outpatient services.
  - § Services are currently provided in existing facilities spread across the Glenfield Hospital, Leicester General Hospital and Gorse Hill Hospital sites.
  - § The acute inpatient services (especially at the Bradgate Unit) have faced concerns raised by the CQC relating to the standard of accommodation - cannot be rectified without major capital investment.

# Project Objectives

§ A transformational, single-site solution aligned to Trust objectives and priorities that will enable efficiencies, productivity and improved service models – a ‘healthcare campus’, that will:

**Improve length of stay**

**Reduce out-of-area placements**

**Improve privacy & dignity**

**Improve patient flow**

**Bring specialist services together with supporting services in community – ensuring that the Trust’s infrastructure developments are in alignment to LLR STP priorities**

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# Project Process

- § Engagement with patient groups, staff representatives, commissioners, regulatory bodies, third sector and universities from the outset in developing the vision and developing options.
- § Full professional team appointed – lead consultant/designers/cost advisors/health planners.
- § Activity modelling – base data/current levels and modelling of future long term requirements.
- § Alignment to LPT and LLR STP strategies and priorities.

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# Short Listing Workshop



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# Short Listing Workshop

- § Long list of 20 possible siting options - site visits and initial assessment undertaken.
- § 11 site options were excluded due to size and shape constraints, or other parties had already commenced purchase/development.
- § 8 site options were scored from a quality perspective and appraised from a capital cost & risk perspective.
- § Short list of 3 viable siting options, plus 'do nothing & 'do minimum' as a benchmark.

# Next steps

- § This work undertaken has resulted in a completed SOC which demonstrates the proposal is compatible with the locally agreed strategic direction and has the support of key NHS stakeholders.
- § Once approved by the Trust Board, the SOC will be sent to NHSI and DHSC for permission to proceed to the next stage which includes consultation, selecting the preferred site and splitting the scheme into a manageable number of capital bid and construction projects (OBC and FBCs).
- § The Trust will then be in a strong position when the STP Wave 5 Capital Bidding round opens (expected Spring 2020).



**Rutland**  
County Council



## **Care Homes**

**Mark Andrews**  
**Strategic Director for People**



- 11 homes in Rutland:
  - 8 Older People care homes
  - 1 Older People nursing home
  - 2 Learning Disability care homes
- Total 315 OP beds:  
25% RCC funded, 5% other LA, 2% Health funded, 53% self-funders, 15% average vacancy rate
- Total 40 LD beds:  
15% RCC funded, 72% other LA, 5% Health and 1 self-funder, 6% average vacancy rate
- Length of stay for the current year:  
Residential: Average of 1 year 8 months;  
Nursing: Average of 2 years 3 months;



- Residential placements compared to community based support:
  - 48% of Older People are placed in residential or nursing homes compared to 52% supported in the community;
  - this reduces to 40% for those who are placed in Rutland homes.
  - 26% of Rutland service users with a learning disability are placed in residential or nursing homes compared to 74% supported in the community;
  - this reduces to 9% for those who are placed in Rutland homes.



	OP	LD
In county fee bands	£469 - £545 per week	No set bands. OP bands used for LD over 65s
Out of county	£431 - £743 per week as per host LA	No set bands. On a case by case basis
Fee range	£348 - £1430 per week	£66 - £4212 per week
Average Fee	£529	£1742

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- Value for Money
  - cost of care breakdown;
  - fee negotiation on individual placements;
  - comparison to other authorities;
  - comparison to other providers' fees.



## Reduce placements

- Admissions reduced dramatically - postponing rather than removing need for a care home. 29 permanent admissions last year, compared to 46 per year in 2014/15.

## Keep closer to home

- Transforming Care Programme to support people with a LD closer to home in supported living.
- Increased support for complex cases. Reduces the need for out of area, costly placements.

## Alternatives to residential care:

- **OP:** remain at home with support from home care; extra care housing.
- **LD:** supported living from both internal and external providers.



- Social Workers undertake annual reviews of each placement as a minimum to ensure it meets individual's needs.

## Quality Assurance:

- Annual Contract Monitoring Visits and proactive quarterly meetings and support visits with providers
- Action plans for non-compliant providers
- Information sharing meetings and joint visits with other LAs, health and CQC

## Safeguarding:

- Supporting care homes to be transparent and raise alerts
- Training to care home staff on range of statutory considerations and to improve quality of care
- QA and Safeguarding 'Live Status List' to ensure Social Workers have up-to-date information for potential placements



## Increasing complexity of need

- Ageing population 23.9% aged over 65 years in Rutland compared to 17.9% nationally
- People staying at home longer, accessing care homes later in life with higher needs
- Dementia prevalence rate increased, higher than national average in Rutland
- End of life care
- Behaviours that challenges increase care needs

## Dropping below £23,500 Threshold.

- 14 cases over the last year picked up by RCC who were previously self-funders, 28% of all residential admissions



## Market development and changes

- Sustainability of small homes:
  - Financial
  - Staffing
  - Ability to meet need
- New care home developments
- Migration of out of area service users into Rutland homes