

Rutland County Council

Catmose, Oakham, Rutland, LE15 6HP

Telephone 01572 722577

Email: governance@rutland.gov.uk

Members of Rutland County Council District Council are hereby summoned to attend the **TWO HUNDRED AND THIRTY NINTH MEETING OF THE COUNCIL** to be held in the Council Chamber at Catmose, Oakham on **11 April 2022 commencing at 7.00 pm**. The business to be transacted at the meeting is specified in the Agenda set out below.

Prior to the commencement of the meeting, the Chairman will offer the opportunity for those present to join him in prayers.

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at www.rutland.gov.uk/my-council/have-your-say/

Although social distancing requirements have been lifted there is still limited available seating for members of the public. If you would like to reserve a seat please contact the Governance Team at governance@rutland.gov.uk The meeting will also be available for listening live on Zoom using the following link: <https://us06web.zoom.us/j/99917053706>

Mark Andrews
Chief Executive

A G E N D A

- 1) APOLOGIES**
- 2) CHAIRMAN'S ANNOUNCEMENTS**
- 3) ANNOUNCEMENTS FROM THE LEADER, MEMBERS OF THE CABINET OR THE HEAD OF PAID SERVICE**
- 4) DECLARATIONS OF INTEREST**

In accordance with the Regulations, Members are invited to declare any disclosable interests under the Code of Conduct 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.

5) MINUTES OF PREVIOUS MEETING (Pages 5 - 12)

To confirm the Minutes of the 238th meeting of the Rutland County Council District Council held on 21 March 2022.

6) PETITIONS, DEPUTATIONS AND QUESTIONS FROM MEMBERS OF THE PUBLIC

To receive any petitions, deputations or questions received from members of the public in accordance with the provisions of Procedure Rule 28. The total time allowed for this is 30 minutes. Petitions, deputations and questions will be dealt with in the order in which they are received and any which are not considered within the time limit shall receive a written response after the meeting.

7) QUESTIONS FROM MEMBERS OF THE COUNCIL

To receive any questions submitted from Members of the Council in accordance with the provisions of Procedure Rules 30 and 30A.

8) REFERRAL OF COMMITTEE DECISIONS TO THE COUNCIL

To determine matters where a decision taken by a Committee has been referred to the Council in accordance with the provisions of Procedure Rule 110.

9) CALL-IN OF DECISIONS FROM CABINET MEETINGS DURING THE PERIOD FROM 21 MARCH TO 11 APRIL 2022 (INCLUSIVE)

To determine matters where a decision taken by the Cabinet has been referred to Council by the call-in procedure of Scrutiny Panels, as a result of the decision being deemed to be outside the Council's policy framework by the Monitoring Officer or not wholly in accordance with the budget by the Section 151 Officer, in accordance with the provisions of Procedure Rules 206 and 207.

10) REPORT FROM THE CABINET

To receive reports from the Cabinet on recommendations referred to the Council for determination.

11) REPORTS FROM COMMITTEES OF THE COUNCIL (Pages 13 - 42)

1) To receive Report No. 73/2022 from the Conduct Committee and any other reports from Committees on matters which require Council approval because the Committee does not have the delegated authority to act on the Council's behalf.

2) To receive reports from Council Committees on any other matters and to receive questions and answers on any of those reports.

12) REPORTS FROM SCRUTINY COMMISSION / SCRUTINY COMMITTEES
(Pages 43 - 88)

- 1) To receive and approve the final report from the Primary Care Task & Finish Group.
- 2) To receive any other reports from the Scrutiny Commission / Scrutiny Committees on any matters and to receive questions and answers on any of those reports.

13) JOINT ARRANGEMENTS AND EXTERNAL ORGANISATIONS

To receive reports about and receive questions and answers on the business of any joint arrangements or external organisations.

14) NOTICES OF MOTION

To consider any Notices of Motion submitted by Members of the Council in accordance with Procedure Rule 34 in the order in which they are recorded as having been received.

15) REVIEW OF OVERVIEW AND SCRUTINY ARRANGEMENTS (Pages 89 - 102)

To receive Report No. 74/2022 from the Monitoring Officer.

16) APPOINTMENT OF DIRECTOR OF LAW AND GOVERNANCE AND MONITORING OFFICER (Pages 103 - 106)

To receive Report No. 75/2022 from the Chief Executive.

17) ANY URGENT BUSINESS

To receive items of urgent business which have been previously notified to the person presiding.

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TO: MEMBERS OF THE COUNCIL

Councillor J Dale – Chairman of the Council

Councillor N Begy – Vice-Chairman of the Council

Councillor P Ainsley

Councillor D Blanksby

Councillor A Brown

Councillor P Browne

Councillor W Cross

Councillor S Harvey

Councillor A MacCartney

Councillor K Payne

Councillor I Razzell

Councillor L Toseland

Councillor G Waller

Councillor D Wilby

Councillor E Baines

Councillor K Bool

Councillor G Brown

Councillor J Burrows

Councillor J Fox

Councillor O Hemsley

Councillor M Oxley

Councillor R Powell

Councillor L Stephenson

Councillor A Walters

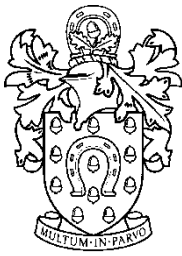
Councillor S Webb

Councillor R Wilson

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THE COUNCIL'S STRATEGIC AIMS

- Delivering sustainable development
- Vibrant Communities
- Protecting the vulnerable
- Customer-focussed services



Rutland County Council

Catmose Oakham Rutland LE15 6HP
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Minutes of the **MEETING of the COUNCIL** held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on Monday, 21st March, 2022 at 7.00 pm

PRESENT:

Councillor J Dale (Chairman)	Councillor N Begy (Vice-Chairman)
Councillor P Ainsley	Councillor E Baines
Councillor D Blanksby	Councillor K Bool
Councillor A Brown	Councillor G Brown
Councillor P Browne	Councillor J Burrows
Councillor W Cross	Councillor J Fox
Councillor S Harvey	Councillor O Hemsley
Councillor A MacCartney	Councillor M Oxley
Councillor R Powell	Councillor I Razzell
Councillor L Stephenson	Councillor L Toseland
Councillor A Walters	Councillor G Waller
Councillor S Webb	Councillor R Wilson

APOLOGIES: Councillor K Payne Councillor D Wilby

OFFICERS

Mark Andrews	Chief Executive
Penny Sharp	Strategic Director for Places
Marie Rosenthal	Monitoring Officer
Tom Delaney	Governance Manager
Jane Narey	Scrutiny Officer

1. **APOLOGIES**

Apologies for absence were received from Councillors K Payne and D Wilby.

2. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman advised that he had attended the swearing in of the newly appointed justices and that Friday, 1st April marked exactly 25 years since Rutland regained its independent status, having been a district of Leicestershire from 1974 until 1997.

3. **ANNOUNCEMENTS FROM THE LEADER, MEMBERS OF THE CABINET OR THE HEAD OF PAID SERVICE**

Councillor L Stephenson, Deputy Leader and Portfolio Holder for communities, Environment and Climate Change, informed Members that following concerns over the quantity of recyclable waste put into general waste that a new sticker had been sent to residents setting out details on exactly what items could be recycled or otherwise.

4. DECLARATIONS OF INTEREST

There were no pecuniary or non-pecuniary interests declared.

5. MINUTES OF PREVIOUS MEETINGS

Consideration was given to the minutes of the meeting held on the 24 January 2022 and the 28 February 2022.

Councillor K Bool requested clarification regarding the date for the rededication of the memorial as stated in the minutes of the 28th February 2022. It was confirmed that the date was incorrect and that the minutes would be amended to read the 10th April 2022.

RESOLVED

That the minutes of the Council meetings held on the 24 January and the 28 February 2022 be **APPROVED**.

6. PETITIONS, DEPUTATIONS AND QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no petitions, depositions or questions from members of the public.

7. QUESTIONS FROM MEMBERS OF THE COUNCIL

Councillor W Cross presented his question as set out in the agenda supplement.

The Chairman invited the Leader of the Council to respond and the full details of the response are appended to the minutes.

Councillor Cross asked a supplementary question regarding the inclusion of the 650 houses at Quarry Farm in Rutland's 5-year housing supply. Councillor Hemsley confirmed that the numbers would be included in Rutland's 5-year housing supply if the proposed development at Quarry Farm went ahead, subject to a solution being agreed with South Kesteven District Council given the current site allocation in their Local Plan.

8. REFERRAL OF COMMITTEE DECISIONS TO THE COUNCIL

There were no referrals of committee decisions to the Council.

9. CALL-IN OF DECISIONS FROM CABINET MEETINGS DURING THE PERIOD FROM 24 JANUARY 2022 TO 21 MARCH 2022 (INCLUSIVE)

There were no call-ins of decisions from Cabinet meetings.

10. REPORT FROM THE CABINET

Report No. 57/2022 was received from the Cabinet presenting recommendations to Council for approval.

Councillor O Hemsley, Leader of the Council, presented the recommendations of Report No. 53/2022 relating to the Future Rutland Vision and moved that Council

approved the recommendations. This was seconded and upon being put to the vote, with 23 votes in favour and 1 against, the motion was carried.

RESOLVED

That Council:

- 1) **ENDORSED** the Future Rutland Vision as a shared vision for the County as shaped by the community.
- 2) **ADOPTED** the Future Rutland Vision as a key document which underpinned the Corporate Plan and future Council strategies and approaches.

Councillor I Razzell then presented the recommendations from Cabinet to Council from Report No. 36/2022 regarding the Bus Service Improvement Plan and the Rutland Enhanced Partnership. It was stated that future funding was still unknown but that the aim was still to provide the best 'value for money' services to Rutland residents.

Councillor Walters requested an update on the criteria needed for people to access the community transport offered by Voluntary Action Rutland' (VAR), how the service was managing its service with an ageing volunteer base and was the hopper service being moved to Oakham Town Council or stopping the service and how was the communication regarding this paper to be given to the public.

Councillor Razzell confirmed that Voluntary Action Rutland (VAR) would be included in future deliberations regarding public transportation and that conversations with Oakham Town Council were still ongoing regarding the Hopper service. He stated that communication with the public needed to confirm that the Council was still waiting for notification regarding future funding so was currently unable to make any decisions regarding future transportation.

A vote was taken and with twenty-three votes in favour and one against, the motion was carried.

RESOLVED

That Council:

- 1) **APPROVED** the Rutland Enhanced Partnership (EP) Plan and Enhanced Partnership Scheme.
- 2) **DELEGATED** authority to the Strategic Director for Places, in consultation with the Portfolio Holder for Planning, Highways and Transport to approve any subsequent amendments to the EP Plan and EP Scheme.

11. REPORTS FROM COMMITTEES OF THE COUNCIL

There were no reports from the committees.

12. REPORTS FROM SCRUTINY COMMISSION / SCRUTINY COMMITTEES

A report was received from Councillor J Fox, Chair of the Growth, Infrastructure and Resources Scrutiny Committee setting out the outcomes of the meeting held on 10 February 2022.

RESOLVED

That Council **NOTE** the report.

13. JOINT ARRANGEMENTS AND EXTERNAL ORGANISATIONS

Councillor G Waller briefed Members regarding the meeting of the LLR Joint Health Scrutiny Committee held on the 15th February 2022, which she and Councillor R Powell attended. Items on the agenda included the 'Step Up to Great Mental Health' programme, the follow-up inspection from the CQC on the Leicestershire NHS Partnership Trust and a request to review the Integrated Care Board constitution.

Councillor Waller then briefed Members on the recent meeting of the Carlton Hays Mental Health Trust which included a number of applications for funding but received very few from Rutland. Financial support was available to mental health charities in Rutland. Further details could be found on their website: www.carltonhayes.co.uk

Councillor Waller briefed Members on the meeting of the East Midlands Regional Employers' Board held on the 16th March 2021 where modern apprenticeships and staff training were discussed.

Councillor Waller briefed Members on the meeting of the East Midlands Scrutiny Network held on the 11th March which discussed ways of engaging the public with Scrutiny Committees. All non-executive members were welcome to attend the next meeting on the 24th June 2022, which would discuss ways of scrutinising budgets.

Councillor R Powell updated attendees on the Standing Advisory Council on Religious Education (SACRE), which was a statutory meeting to promote the education of religious education in schools. A new religious syllabus would be introduced in 2023 and be more focused on 'world views' rather than specific religions.

Councillor A Brown briefed attendees on the recent meeting of the Local Government Association which discussed personal safety for which details are appended to the minutes.

14. NOTICES OF MOTION

The Notice of Motion set out in the agenda was moved by Councillor O Hemsley and jointly seconded by the opposition Group Leaders, Councillors M Oxley and G Waller.

Councillor Hemsley stated that he shared members concerns regarding the level of screening and support for those residents who offered to house Ukrainian refugees and was still awaiting full, clear guidance from central government.

Several Members suggested possible amendments to the motion in order to facilitate the flying of the Ukrainian flag beyond the stated period of one month.

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The Chairman adjourned the meeting at 7.53 p.m. for 5 minutes to allow for an amendment to the motion to be discussed by the Leader and opposition Group Leaders
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Upon being put to the vote, with 23 votes in favour the amended motion was unanimously carried.

RESOLVED

That Council:

- 1) Condemned the unprovoked Russian invasion of Ukraine and stand in solidarity with the people of Ukraine and their families and friends, including those local to Rutland.
- 2) Stood ready to provide support for those displaced and affected by this War
- 3) Would work with and support the efforts of our local community to provide help and comfort to those in need.
- 4) Would fly the Ukrainian Flag for a period of at least one month with authority delegated to the Leader in consultation with the Chief Executive and Group Leaders to review and consider the flying of the Ukrainian flag beyond this point.

15. MEMBERS ALLOWANCE SCHEME 2021/22 AND 2022/23

Report No. 58/2022 was presented by Councillor O Hemsley, Leader of the Council, regarding the Member Allowances Scheme for 2021/2022 and 2022/23, Councillor O Hemsley moved the recommendations of the report and these were seconded.

Councillor Waller proposed an amendment to the motion and the details were distributed to attendees. The amendment amended recommendations so that Council resolved to implement no increase in allowances for either 2021-22 or 2022-23 in recognition of the financial difficulties being faced by many Rutland residents. The amendment was seconded and several Members spoke in support.

Councillor Hemsley and the seconder Councillor A Brown both accepted the amended motion.

Councillor N Begy suggested that if no increase was implemented then the money saved could be used as a 'hardship fund' for those Members who would experience financial difficulties due to the freeze in Member Allowances.

Councillor S Harvey spoke against the amended motion on the grounds that for some Members their Allowances were their only income and the lack of increase would incur hardship on those Members.

Councillors P Ainsley and E Baines stated that any Member could decline to accept any increase in payments from the Member Allowances scheme via renunciation, so in their view the amended motion was not required.

A recorded vote was requested on the amended motion by Councillor A Walters and with four other Members in favour a recorded vote was held with voting as follows.

There voted in favour:

Councillors Begy, Blanksby, Bool, A Brown, P Browne, Burrows, Cross, Dale, MacCartney, Stephenson, Toseland, Waller, Walters, Wilson.

There voted against:

Councillors Ainsley, Baines, G Brown, Fox, Harvey, Powell, Webb.

Abstentions:

Councillors Hemsley, Oxley, Razzell

With fourteen votes in favour, seven against and three abstentions, the motion as amended was carried.

RESOLVED

That Council:

- 1) **NOTES** that the current Member Allowances scheme allows for annual increases in line with the NJC pay award for officers but **RESOLVES** to implement no increases in allowances for either 2021-22 or 2022-23 in recognition of the financial difficulties facing many of our residents.
- 2) **APPROVES** the Members Allowance Scheme for 2021/22 as shown at Appendix A.
- 3) **APPROVES** the Members Allowances Scheme for 2022/3 as shown at Appendix A.
- 4) **NOTES** the intention to engage the Welland Partnership Remuneration Panel to undertake a review of Member's Allowances in time to report to Council by March 2023.

16. PAY POLICY 2022/23

Report No. 35/2022 was received from Councillor O Hemsley, Leader of the Council and Portfolio Holder for Policy, Strategy and Partnerships, Economy and Infrastructure, regarding the Pay Policy for 2022-2023.

The recommendations of the report were proposed by Councillor Hemsley and seconded. Upon being put to the vote, the motion was unanimously carried.

RESOLVED

That Council:

- 1) **APPROVED** the 2022-2023 annual Pay Policy at Appendix A of the report.

2) **NOTED** the updated position regarding the Local Government Pay Award.

17. ANY URGENT BUSINESS

There was no urgent business for consideration.

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The Chairman declared the meeting closed at 8.30 pm.

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COUNCIL

11 April 2022

**REVISED MEMBER'S CODE OF CONDUCT AND REVISED
ARRANGEMENTS FOR DEALING WITH CONDUCT
ALLEGATIONS**

Report of the Conduct Committee

Strategic Aim:	All	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr O Hemsley, Leader of the Council and Portfolio Holder for Policy, Strategy, Partnerships, Economy and Infrastructure	
Contact Officer(s):	Marie Rosenthal, Interim Deputy Director for Corporate Governance (Monitoring Officer)	01572 827347 mrosenthal@rutland.gov.uk
	Sarah Khawaja, Legal Services Manager (Deputy Monitoring Officer)	01572 827427 skhawaja@rutland.gov.uk
Ward Councillors	N/A	

DECISION RECOMMENDATIONS

That Council, on the recommendation of the Conduct Committee:

1. Approves the adoption of the revised Code of Conduct at Appendix A
2. Approves the adoption of the revised Arrangements for dealing with Conduct Allegations at Appendix B.

1 PURPOSE OF THE REPORT

- 1.1 To present the revised Member's Code of Conduct and Arrangements for dealing with Conduct Allegations to Council for adoption.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The Localism Act 2011 requires the Council to promote and maintain high standards of conduct. In discharging this duty, the Council is required to adopt a Code dealing with the conduct that is expected of its members and co-opted members.
- 2.2 The Council also must agree Arrangements under which allegations that a

member or co-opted member of the Council or of a town or parish council within its area has failed to comply with the relevant Code of Conduct can be investigated and decisions made on such allegations.

2.3 The current Member Code of Conduct and Arrangements were respectively adopted by Council on 9 March 2015 and 1 July 2012 and are considered by the Monitoring Officer to be in need of updating.

2.4 Report No. 61/2022 and Report No. 62/2022 were considered by the Conduct Committee on 22 March 2022. These set out revised versions of the Code of Conduct and Arrangements for dealing with Conduct Allegations.

2.5 The Conduct Committee unanimously resolved to recommend approval of the revised Code of Conduct and Arrangements to Council, and the final documents are presented to Council in the appendices to this report.

3 CONSULTATION

3.1 The revised Member's Code of Conduct and Arrangements for dealing with Conduct Allegations were considered by the Conduct Committee on 22 March 2022.

4 ALTERNATIVE OPTIONS

4.1 Not to adopt the revised Member's Code of Conduct and Arrangements for dealing with Conduct Allegations, this is not recommended due to the justifications for the changes set out in Report No. 61/2022 and Report No. 62/2022.

5 FINANCIAL IMPLICATIONS

5.1 As set out in Report No. 61/2022 and Report No. 62/2022.

6 LEGAL AND GOVERNANCE CONSIDERATIONS

6.1 As set out in Report No. 61/2022 and Report No. 62/2022.

7 DATA PROTECTION IMPLICATIONS

7.1 As set out in Report No. 61/2022 and Report No. 62/2022.

8 EQUALITY IMPACT ASSESSMENT

8.1 As set out in Report No 61/2022 and Report No. 62/2022.

9 COMMUNITY SAFETY IMPLICATIONS

9.1 As set out in Report No. 61/2022 and Report No. 62/2022.

10 HEALTH AND WELLBEING IMPLICATIONS

As set out in Report No 61/2022 and Report No. 62/2022.

11 ORGANISATIONAL IMPLICATIONS

11.1 As set out in Report No. 61/2022 and Report No. 62/2022.

12 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 12.1 The revised Member's Code of Conduct and Arrangements for dealing with allegations need updating.

13 BACKGROUND PAPERS

- 13.1 Item's 7 and 8 of the agenda and minutes of the Conduct Committee on 22 March 2022: Report No. 61/2022 and Report No. 62/2022.

14 APPENDICES

- 14.1 Appendix A: Revised Member's Code of Conduct
14.2 Appendix B: Revised Arrangements for Dealing with Conduct Allegations.

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

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APPENDIX A- The Rutland Member Code of Conduct (based on LGA Model Code 2021)

BACKGROUND TO THIS CODE OF CONDUCT This section sets out general interpretation and background to the Code of Conduct, including definitions used within the code, the purpose of the code, the principles the code is based on and when the code applies. It does not form part of the Code of Conduct itself and consequently does not contain any obligations for you to follow, as these are contained in the 'Code of Conduct' section below. All councils are required to have a local Member Code of Conduct.

Definitions

For the purposes of this Code of Conduct, a “member” means a member or co-opted member of Rutland Council (‘the Council’).

A “co-opted member” is defined in the Localism Act 2011 Section 27(4) as “a person who is not a member of the authority but who

- a) is a member of any committee or sub-committee of the authority, or.
- b) is a member of, and represents the authority on, any joint committee or joint subcommittee of the authority;

and who is entitled to vote on any question that falls to be decided at any meeting of that committee or sub-committee”.

Purpose of the Code of Conduct - The purpose of this Code of Conduct is to assist you, as a member, in modelling the behaviour that is expected of you, to provide a personal check and balance, and to set out the type of conduct that could lead to action being taken against you. It is also to protect you, the public, fellow members, Council officers and the reputation of the council and local government. It sets out general principles of conduct expected of all members and your specific obligations in relation to standards of conduct. The fundamental aim of the Code is to create and maintain public confidence in the role of member and local government.

General principles of member conduct - Everyone in public office at all levels; i.e. all who serve the public or deliver public services, including ministers, civil servants, members and council officers; should uphold the [Seven Principles of Public Life](#), also known as the Nolan Principles, which are set out in Appendix A.

Building on these principles, the following general principles have been developed specifically for the role of member and these principles underpin the obligations in the Code of Conduct that follows. In accordance with the public trust placed in you, you should:

- act with integrity and honesty
- act lawfully
- treat all persons fairly and with respect; and
- lead by example and act in a way that secures public confidence in the role of member.

In undertaking your role, you should:

- impartially exercise your responsibilities in the interests of the local community

- do not improperly seek to confer an advantage, or disadvantage, on any person
- avoid conflicts of interest
- exercise reasonable care and diligence.
- ensure that public resources are used prudently in accordance with your Council's requirements and in the public interest; and
- uphold high standards of conduct, show leadership at all times and not misuse your position when acting as a member.

Application of the Code of Conduct This Code of Conduct applies to you as a member or co-opted member of the Council. It applies as soon as you sign your declaration of acceptance of the office of member or attend your first meeting as a co-opted member and continues to apply to you until you cease to be a member.

This Code of Conduct applies to you when you:

- act in your capacity as a member or co-opted member of the Council; and
- conduct the business of the Council (which, in this Code, includes the business of the office to which you are elected or appointed).

Where you act as a representative of the Council:

- on another relevant authority, you must, when acting for that other authority, comply with that other authority's code of conduct; or
- on any other body, you must, when acting for that other body, comply with this Code of Conduct, except and insofar as it conflicts with any other lawful obligations to which that other body may be subject.

The Code applies to all forms of communication and interaction, including:

- at face-to-face meetings
- at online or telephone meetings
- in written communication
- in verbal communication
- in non-verbal communication
- in electronic and social media communication, posts, statements and comments.

Your Monitoring Officer has statutory responsibility for the implementation of the Code of Conduct. It is your responsibility to comply with the provisions of this Code and to ensure all its obligations are met. You are encouraged to seek advice from the Monitoring Officer on any matters that may relate to the Code of Conduct which you are unsure of.

THE RUTLAND COUNCIL CODE OF CONDUCT

Standards of member conduct This section sets out your obligations, which are the minimum standards of conduct required of you as a member. Should your conduct be perceived to fall short of these standards or the Nolan Principles, a complaint may be made against you, which may result in action being taken. Guidance is included to help explain the reasons for the obligations and how they should be followed.

General Conduct

1. Respect

As a member:

1.1 I will treat others member with respect.

1.2 I will treat council officers, employees and representatives of partner organisations and those volunteering for the council with respect and respect the role they play.

Respect means politeness and courtesy in behaviour, speech, and in the written word. Debate and having different views are all part of a healthy democracy. As a member, you can express, challenge, criticise and disagree with views, ideas, opinions and policies in a robust but civil manner. You should not, however, subject individuals, groups of people or organisations to personal attack.

In your contact with the public, you should treat them politely and courteously. Rude and offensive behaviour lowers the public's expectations and confidence in members.

In return, you have a right to expect respectful behaviour from the public. If members of the public are being abusive, intimidatory or threatening you are entitled to stop any conversation or interaction in person or online and notify them to the Council, the relevant social media provider or the police. This also applies to fellow members, where action could then be taken under the Member Code of Conduct, and council officers where concerns should be raised in line with the council's member-officer protocol.

2. Bullying, harassment and discrimination

As a member:

2.1 I will not bully any person.

2.2 I will not harass any person.

2.3 I will promote equalities and do not discriminate unlawfully against any person.

The Advisory, Conciliation and Arbitration Service (ACAS) characterises bullying as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power

through means that undermine, humiliate, denigrate or injure the recipient. Bullying might be a regular pattern of behaviour or a one-off incident, happen face-to-face on social media, in emails or phone calls, happen in the workplace or at work social events and may not always be obvious or noticed by others.

The Protection from Harassment Act 1997 defines harassment as conduct that causes alarm or distress or puts people in fear of violence and must involve such conduct on at least two occasions. It can include repeated attempts to impose unwanted communications and contact upon a person in a manner that could be expected to cause distress or fear in any reasonable person.

Unlawful discrimination is where someone is treated unfairly because of a protected characteristic. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010. They are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The Equality Act 2010 places specific duties on local authorities. Members have a central role to play in ensuring that equality issues are integral to the Council's performance and strategic aims, and that there is a strong vision and public commitment to equality across public services.

3. Impartiality of officers of the Council

As a member:

3.1 I will not compromise, or attempt to compromise, the impartiality of anyone who works for, or on behalf of, the council.

Officers work for the council as a whole and must be politically neutral (unless they are political assistants). They should not be coerced or persuaded to act in a way that would undermine their neutrality. You can question officers in order to understand, for example, their reasons for proposing to act in a particular way, or the content of a report that they have written. However, you must not try and force them to act differently, change their advice, or alter the content of that report, if doing so would prejudice their professional integrity.

4. Confidentiality and access to Information

As a member:

4.1 I will not disclose information:

- a. given to me in confidence by anyone**
- b. acquired by me which I believe, or ought reasonably to be aware, is of a confidential nature, unless**
 - i. I have received the consent of a person authorised to give it.**
 - ii. I am required by law to do so.**
 - iii. the disclosure is made to a third party for the purpose of obtaining professional legal advice provided that the third party agrees not to disclose the information to any other person; or**
 - iv. the disclosure is:**
 - 1. reasonable and in the public interest; and**

2. **made in good faith and in compliance with the reasonable requirements of the Council; and**
3. **I have consulted the Monitoring Officer prior to its release.**

4.2 I will not improperly use knowledge gained solely as a result of my role as a member for the advancement of myself, my friends, my family members, my employer or my business interests.

4.3 I will not prevent anyone from getting information that they are entitled to by law.

Local authorities must work openly and transparently, and their proceedings and printed materials are open to the public, except in certain legally defined circumstances. You should work on this basis, but there will be times when it is required by law that discussions, documents and other information relating to or held by the council must be treated in a confidential manner. Examples include personal data relating to individuals or information relating to ongoing negotiations.

5. Disrepute

As a member:

5.1 I will not bring my role or Council into disrepute or conduct myself in a manner which could reasonably be regarded as bringing my role or Council into disrepute.

As a Member, you are trusted to make decisions on behalf of your community and your actions and behaviour are subject to greater scrutiny than that of ordinary members of the public. You should be aware that your actions might have an adverse impact on you, other members and/or the Council and may lower the public's confidence in you or the Council's ability to discharge your/its functions. For example, behaviour that is considered dishonest and/or deceitful can bring the Council into disrepute.

You are able to hold the Council and fellow members to account and are able to constructively challenge and express concern about decisions and processes undertaken by the Council whilst continuing to adhere to other aspects of this Code of Conduct.

6. Use of position

As a member:

6.1 I will not use, or attempt to use, my position improperly to the advantage or disadvantage of myself or anyone else.

6.2 I will not place myself under a financial or other obligation to outside individuals or organisations that might seek to influence me in the performance of my official duties.

Your position as a member of the Council provides you with certain opportunities, responsibilities and privileges, and you make choices all the time that will impact

others. However, you should not take advantage of these opportunities to further your own or others' private interests or to disadvantage anyone unfairly.

As a member you need to be able to act impartially in the exercise of your responsibilities and ensure that you make decisions in the interests of the local community. You should therefore avoid any financial or other obligations to outside individuals or organisations whose influence may prevent you from acting impartially.

7. Use of Council resources and facilities

As a member:

7.1 I will not misuse council resources.

7.2 I will, when using the resources of the Council or authorising their use by others:

- a. act in accordance with the Council's requirements; and**
- b. ensure that such resources are not used for political purposes unless that use could reasonably be regarded as likely to facilitate, or be conducive to, the discharge of the functions of the Council or of the office to which I have been elected or appointed.**

You may be provided with resources and facilities by the Council to assist you in carrying out your duties as a member.

Examples include:

- office support
- stationery
- equipment such as phones, iPad, dongles computers etc.
- transport
- access and use of council buildings and rooms.

These are given to you to help you carry out your role as a member more effectively and are not to be used for business or personal gain. They should be used in accordance with the purpose for which they have been provided and the council's own policies regarding their use.

8. Making decisions

As a member:

8.1 When reaching decisions on any matter I will have regard to any relevant advice provided to me by officers and professional third parties.

8.2 I will give reasons for all decisions in accordance with any statutory requirements and any reasonable additional requirements imposed.

8.3 I will make all choices, such as making public appointments, awarding contracts or recommending individuals for rewards or benefits, on individual and independent merit

8.4 I will be as open as possible about my decisions and actions and the decisions and actions of the authority and will be prepared to give reasons for those decisions and actions, notwithstanding my other obligations under this Code.

To assist members in acting lawfully, officers may give advice from time to time. It is important that as a member you have due regard to any such advice given and consider it fully, even if (for good reason) you may choose not to follow that advice.

In making any decisions, giving reasons helps instil public confidence in the role of the member and can be a legal requirement in certain situations. You should ensure that you always give reasons in accordance with any specific requirements and having regard to the benefits of transparency generally.

As a member you must act impartially and not improperly seek to confer an advantage, or disadvantage, on any person. It is therefore important that when you are making decisions that involve choosing one party over another, that you do so based on independent merit. You should be open and transparent about the decisions that you have made and the actions of the authority.

9. Complying with the Code of Conduct

As a Member:

9.1 I will undertake Code of Conduct training provided by my Council.

9.2 I will cooperate with any Code of Conduct investigation and/or determination.

9.3 I will not intimidate or attempt to intimidate any person who is likely to be involved with the administration of any investigation or proceedings.

9.4 I will comply with any sanction imposed on me following a finding that I have breached the Code of Conduct.

It is extremely important for you as a member to demonstrate high standards, for you to have your actions open to scrutiny and for you not to undermine public trust in the Council or its governance. If you do not understand or are concerned about the council's processes in handling a complaint you should raise this with the Monitoring Officer.

Protecting your reputation and the reputation of the Council

10. Interests

As a member:

10.1 I will register and disclose my interests in accordance with the provisions set out in Appendix B

Section 29 of the Localism Act 2011 requires the Monitoring Officer to establish and maintain a register of interests of members of the authority.

You need to register your interests so that the public, Council employees and fellow members know which of your interests might give rise to a conflict of interest. The register is a public document that can be consulted when (or before) an issue arises. The register also protects you by allowing you to demonstrate openness and a willingness to be held accountable. You are personally responsible for deciding whether or not you should disclose an interest in a meeting, but it can be helpful for you to know early on if others think that a potential conflict might arise. It is also important that the public know about any interest that might have to be disclosed by you or other members when making or taking part in decisions, so that decision making is seen by the public as open and honest. This helps to ensure that public confidence in the integrity of local governance is maintained.

You should note that failure to register or disclose a disclosable pecuniary interest as defined in Appendix B, is a criminal offence under the Localism Act 2011.

The provisions of this paragraph 10.1 shall be applied in such a manner as to recognise that this Code of Conduct should not obstruct a member's service on more than one local authority. For the avoidance of doubt, participation in discussion and decision-making at one local authority will not by itself normally prevent you from taking part in discussion and decision-making on the same matter at another local authority. This is on the basis that a reasonable member of the public will see no objection in principle to such service or regard it as prejudicing a member's judgement of the public interest and will only regard a matter as giving rise to an interest which might lead to bias in exceptional circumstances.

Appendix B sets out the detailed provisions on registering and disclosing interests. If in doubt, you should always seek advice from the Monitoring Officer, or from the clerk in the case of town and parish councils.

11. Gifts and hospitality

As a member:

11.1 I will not accept gifts or hospitality, irrespective of estimated value, which could give rise to real or substantive personal gain or a reasonable suspicion of influence on my part to show favour from persons seeking to acquire, develop or do business with the Council or from persons who may apply to the Council for any permission, licence or other significant advantage.

11.2 I will register with the Monitoring Officer any gift or hospitality with an estimated value of at least £50 within 28 days of its receipt.

11.3 I will register with the Monitoring Officer any significant gift or hospitality with an estimated value of at least £50 that I have been offered but have refused to accept.

In order to protect your position and the reputation of the Council, you should exercise caution in accepting any gifts or hospitality which are (or which you reasonably believe to be) offered to you because you are a member. The presumption should always be not to accept significant gifts or hospitality. However, there may be times when such a refusal may be difficult if it is seen as rudeness in which case you could accept it but must ensure it is publicly registered. However, you do not need to register gifts and hospitality which are not related to your role as a member, such as Christmas gifts from your friends and family. It is also important to note that it is appropriate to accept normal expenses and hospitality associated with your duties as a member. If you are unsure, do contact the Monitoring Officer or Clerk for guidance.

12. Dispensations

As a member:

- 12.1 I may request a dispensation from the Monitoring Officer for one meeting only.**
- 12.2 I must make the request in writing detailing what my interest is, why the dispensation is required and for what meeting.**
- 12.3 I must make my request 5 days prior to the meeting at which the Dispensation is required.**
- 12.4 If I wish to make a further request for dispensation, this must be made to the Monitoring Officer.**
- 12.5 I will only be granted a Dispensation where there are reasonable grounds for doing so and where such grounds are in the public interest.**

Appendix B sets out the situations where a Member's personal interest in a matter may prevent them from participating in the decision-making process. In certain circumstances, however, there may be reasonable grounds to allow a Member to participate in decision-making on that matter where it would be in the public interest to do so. Where you consider that there may be good grounds for you to continue to participate you should request a dispensation from the Monitoring Officer.

[Sections 13- 15; Previously SECTION 8 - MEMBERS PROCEDURE RULES (Procedure rules 360-389)]

13. Inspection of Land

1) If a Member of the Council wishes to have access to land or buildings in the occupation of the Council to which the public do not have access and to which Members of the Council do not regularly have access, he shall apply to the

appropriate Chief Officer giving at least 24 hours' notice. Unless the Chief Officer considers that there is good reason why such access should not be given, he shall give permission, but may attach conditions to that permission, including in particular a condition that the Member shall be accompanied by an Officer of the Authority. No Member shall make any orders on such premises.

4. No Member of the Council and no other Member (whether voting or non-voting) of a Committee or Sub-Committee or Scrutiny Committee or Sub-Committee shall have any claim by virtue of his position:

a) to enter any land or buildings occupied by the Authority to which the public do not have access or to which Members of the Council do not regularly have access except with the permission of the Chief Executive.

b) to exercise any power of the Authority to enter or inspect other land or buildings, except where specifically authorised to do so by the Authority.

c) to exercise any other power of the Authority.

d) to issue an order, with respect to any works which are being carried out by, or on behalf of, the Authority, or with respect to goods or services which are being, or might be, purchased by the Authority.

3) The Proper Officer for the purposes of section 100(F)(2) of the 1972 Act and for the purposes of this Procedure Rule is the Chief Executive.

14 USE OF PUBLIC FUNDS

Members must not use public funds to publish any material that appears to be designed to influence public support for a particular political party. This would include comments on policies that are associated with a political or particular party.

15 TRADE UNION NEGOTIATIONS

A Member may not represent the Council in negotiations over the terms and conditions of the Council's workforce if the Member is either a local government employee or is an official of, or employed by, a trade union which contains local authority employees in its membership.

Appendices

Appendix A – The Seven Principles of Public Life The

principles are:

Selflessness

Holders of public office should act solely in terms of the public interest.

Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must disclose and resolve any interests and relationships.

Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Honesty

Holders of public office should be truthful.

Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Appendix B – Interests

1. Definitions

“**Disclosable Pecuniary Interest**” means any interest described as such in the [Relevant Authorities \(Disclosable Pecuniary Interests\) Regulations 2012](#) and includes an interest of yourself, or of your Partner (if you are aware of your Partner's interest) that falls within the descriptions set out in the following table. A Disclosable Pecuniary Interest is a Registerable Interest.

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the member during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a member, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the member or his/her spouse or civil partner or the person with whom the member is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and Property	Any beneficial interest in land which is within the area of the council. ‘Land’ excludes an easement, servitude, interest or right in or over

	land which does not give the member or his/her spouse or civil partner or the person with whom the member is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licenses	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer
Corporate tenancies	Any tenancy where (to the member's knowledge)— (a) the landlord is the council; and the tenant is a body that the member, or his/her spouse or civil partner or the person with whom the member is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the member's knowledge) has a place of business or land in the area of the council; and (b) either— (i)) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the member, or his/ her spouse or civil partner or the person with whom the member is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

"Partner" means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

"Other Registerable Interest" is a personal interest in any business of your authority which relates to or is likely to affect:

- a) anybody of which you are in general control or management and to which you are nominated or appointed by your authority; or
- b) any body
 - (i) exercising functions of a public nature
 - (ii) any body directed to charitable purposes or
 - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

"Registrable Interests" are interests that you are required to register in accordance with this Code of Conduct and include both Disclosable Pecuniary Interests and Other Registerable Interests.

"Non-Registrable Interests" are interests that you are not required to register but need to be disclosed in accordance with section 3.3.

A **"Dispensation"** is agreement that you may continue to participate in the decision-making process notwithstanding your interest as detailed at section 12 of the Code of the Conduct and this Appendix B.

A **"Sensitive Interest"** is as an interest which, if disclosed, could lead to the member, or a person connected with the member, being subject to violence or intimidation. In any case where this Code of Conduct requires to you to disclose an interest (subject to the agreement of the Monitoring Officer in accordance with paragraph 2.2 of this Appendix regarding registration of interests), you do not have to disclose the nature of the interest, if it is a Sensitive Interest. In such circumstances you just have to disclose that you have an interest.

A matter **"directly relates"** to one of your interests where the matter is directly about that interest. For example, the matter being discussed is an application about a particular property in which you or somebody associated with you has a financial interest.

A matter **"affects"** your interest where the matter is not directly about that interest but would still have clear implications for the interest. For example, the matter concerns a neighbouring property.

2. Registering Interests

- 2.1. Within 28 days of becoming a member or co-opted member or your re-election or re-appointment to office you must register with the Monitoring Officer any Disclosable Pecuniary Interests and any Other Registerable Interests.
- 2.2. Where you have a Sensitive Interest, you must notify the Monitoring Officer with the reasons why you believe it is a Sensitive Interest. If the Monitoring Officer agrees they will withhold the interest from the public register.
- 2.3. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.

3. Declaration at and Participation in Meetings

If you are present at a meeting and you have either a Registerable or Non-Registerable Interest in any matter to be considered or being considered, and the interest is not a Sensitive Interest, you must disclose that interest to the meeting (whether or not it is registered).

To determine whether your interest affects your ability to participate in a meeting, you must first determine what type of interest you have and, if necessary, go on to apply the tests as set out below.

3.1. Disclosable Pecuniary Interests

- 3.1.1. Where a matter arises at a meeting which **directly relates** to one of your Disclosable Pecuniary Interests subject to paragraph 3.2.2 below:
 - a) you must disclose the interest.
 - b) not participate in any discussion or vote on the matter; and
 - c) must not remain in the room unless you have been granted a Dispensation.

3.2. Other Registerable Interests

- 3.2.1. Where a matter arises at a meeting which **directly relates** to the financial interest or wellbeing of one of your Other Registerable Interests subject to paragraph 3.2.2 below:
 - a. you must disclose the interest.
 - b. may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter; and
 - c. must not remain in the room unless you have been granted a Dispensation.

- 3.2.2 The provisions of paragraph 3.1.1 and 3.2.1 shall be applied in such a manner as to recognise that this Code should not obstruct a member's service on more

than one local authority. For the avoidance of doubt, participation in discussion and decision making at one local authority will not by itself normally prevent you from taking part in discussion and decision making on the same matter at another local authority. This is on the basis that a reasonable member of the public will see no objection in principle to such service or regard it as prejudicing a member's judgement of the public interest and will only regard a matter as giving rise to a Personal Interest which might lead to bias in exceptional circumstances.

3.3. Non-Registerable Interests

3.3.1. Where a matter arises at a meeting which **directly relates** to a financial interest or the well-being of yourself or of a friend, relative or close associate (and is not a Registerable Interest):

- a. you must disclose the interest;
- b. may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter; and
- c. must not remain in the room unless you have been granted a Dispensation.

3.3.2. Where a matter arises at a meeting which does not directly relate to but **affects**

- a) a financial interest or the well-being of yourself or of a friend, relative or close associate; or
- b) a financial interest or wellbeing of a body included in those you need to disclose under Other Registerable Interests

you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test in paragraphs 3.3.3 and 3.3.4 should be applied.

3.3.3. Where a matter under paragraph 3.3.2 **affects** the financial interest or well-being or body:

- a. to a greater extent than it affects the financial interests or wellbeing of the majority of inhabitants of the ward affected by the decision; and
- b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest;

you may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a Dispensation.

3.3.4. Where a matter under paragraph 3.3.2 does not affect the financial interest or well-being or body:

- a. to a greater extent than it affects the financial interests or wellbeing of the majority of inhabitants of the ward affected by the decision; and/or
- b. a reasonable member of the public knowing all the facts would not believe that it would affect your view of the wider public interest;

you may remain in the room, speak if you wish to and take part in any discussion or vote on the matter, provided you have disclosed your interest under paragraph 3.3.2.

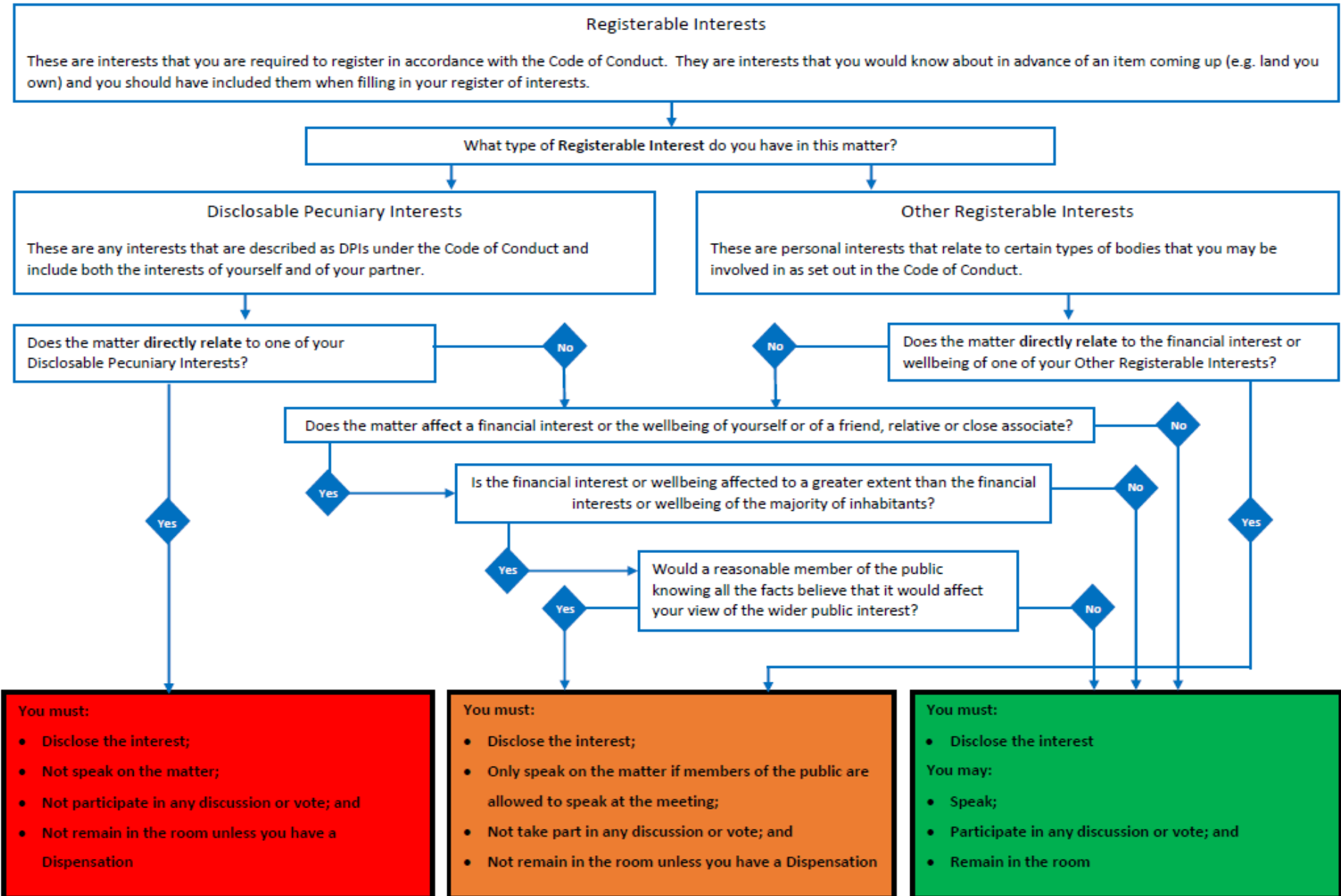
4. Single-Member-Decision-Making

4.1. The Council does operate single-member-decision-making from time to time . In the event that you are making a decision as a single member the following section applies in relation to any interests you may have.

4.1.1. Where you have a personal interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function (i.e. single-member-decision-making) and the interest is:

- a. A Registrable Interest; or
- b. A Non-Registrable Interest that falls under paragraph 3.3.3 above; you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

4.1.2. Where you have a personal interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function (i.e. single-member-decision-making) and the interest is a Non-Registrable Interest that falls under paragraph 3.3.4 , you must make sure that any written statement of that decision records the existence and nature of your interest.



Non-Registerable Interests

These are interests that you are not required to register but may become relevant when a particular item arises. These are usually interests that relate to other people you are connected with (e.g. friends, relatives or close associates) but can include your own interests where you would not have been expected to register them.

Does the matter **directly** relate to a financial interest or the wellbeing of yourself or of a friend, relative or close associate?

No

Does the matter affect a financial interest or the wellbeing of yourself or of a friend, relative or close associate?

No

Is the financial interest or wellbeing affected to a greater extent than the financial interests or wellbeing of the majority of inhabitants?

No

Would a reasonable member of the public knowing all the facts believe that it would affect your view of the wider public interest?

No

Yes

Yes

Yes

Yes

You must:

- Disclose the interest;
- Only speak on the matter if members of the public are allowed to speak at the meeting;
- Not take part in any discussion or vote; and
- Not remain in the room unless you have a Dispensation

You must:

- Disclose the interest
- You may:
- Speak;
 - Participate in any discussion or vote; and
 - Remain in the room

Rutland County Council Arrangements for Dealing with Conduct Allegations under the Localism Act 2011 (with effect from 11 April 2022)

1 Background

These Arrangements set out how a person may make a complaint that an elected or co-opted member of Rutland County Council or of a Town or Parish Council within Rutland has failed to comply with the Members' Code of Conduct of the relevant council, and how the County Council ("the Council") will deal with allegations of a failure to comply with that Code.

The Arrangements are made under section 28(6) and (7) of the Localism Act 2011 ("the Act"). The Council is responsible for dealing with allegations concerning town and parish councillors as well as county councillors.

The Council has appointed Independent Persons, as defined in the Act. The view of an Independent Person must be sought before a decision is made on an allegation which has been investigated. The Monitoring Officer may seek the view of an Independent Person at any other stage, as may a member against whom an allegation has been made ("the subject member").

2 The Code of Conduct

The Council has adopted a Code of Conduct for members, which is available on the Council's website and on request from Customer Services (telephone 01572 722577; e-mail enquiries@rutland.gov.uk). The Town and Parish Councils have adopted their own codes of conduct. They will be on the councils' websites or on request to the town or parish clerk. The Council's Customer Services team will forward enquiries.

3 Making a complaint

Complaints must be about named elected members or co-opted members and can be made by members of the public, elected members or officers of the Council. If the Monitoring Officer makes a complaint, it shall be made to the Conduct Committee via the Deputy Monitoring Officer.

To make a complaint, write or e-mail : – Monitoring Officer Rutland County Council Catmose Oakham Rutland LE15 6HP or e-mail: monitoringofficer@rutland.gov.uk The Monitoring Officer is a senior officer of the authority who has statutory responsibility for maintaining the register of members' interests and who is responsible for administering the system in respect of complaints of member misconduct.

You should provide as much detail of your complaint as possible and your name and contact details together with any relevant documents in support of your complaint.

The Monitoring Officer will acknowledge receipt of the complaint within 5 working days of receipt. The subject member will also be notified of the complaint within 5 working days and given the opportunity to respond to it unless the Monitoring Officer accepts that a request for confidentiality made by the complainant is justified at this stage.

Where an anonymous complaint is received or the complainant wishes to remain anonymous it will be at the Monitoring Officer's discretion, in consultation with the Independent Person as to whether the complaint proceeds. Consideration will be given to the public interest and whether the complaint can be justified or determined without the complainant's participation.

4 What happens to my complaint?

The Monitoring Officer will review every complaint received and, after consultation with an Independent Person, decide whether it merits further examination. This decision will be made within 14 days of receiving the complaint.

The initial tests to determine whether a complaint should be examined further are:-

- a) Is the complaint against one or more named current members of a relevant council?
- B) Was the member acting as a councillor at the time of the alleged conduct?
- C) if proven, would the complaint be a breach of the relevant Code of Conduct?
- D) If the complaint is anonymous or the complainant has asked to remain anonymous can there be a fair and sufficient examination of the complaint without the complainant's identity being known or disclosed.
- E) Is the claim clearly vexatious or frivolous
- F) Is it in the public interest to examine the complaint further

Where additional information is required to make an initial decision, the Monitoring Officer may request information from the complainant and/or subject member.

Once the Monitoring Officer has made a decision, they will inform the complainant and the subject member of that decision and the reasons for it.

Where the complaint relates to a Town or Parish Councillor, the Monitoring Officer may also inform the Parish Council, through the Parish Clerk (or the Chair if appropriate), of the complaint and may seek their views.

5. Informal Resolution / Local Settlement

In appropriate cases, the Monitoring Officer, following consultation with the Independent Person, may seek to resolve the complaint informally, without the need for further examination. Informal resolution may involve the subject member accepting that their conduct was unacceptable and offering an apology, or other remedial action.

Where the subject member or the Council makes a reasonable offer of local resolution, but the complainant and/or the subject member are not willing to accept that offer, the Monitoring Officer may take account of this in deciding whether the complaint merits further examination.

If the complainant alleges criminal conduct or a breach of other regulation by any person, the Monitoring Officer will refer the complaint to the Police or other appropriate regulatory body. It is likely that the Council will need to put the complaint investigation on hold until any criminal investigation is complete.

There may be circumstances in which it is appropriate for the Monitoring Officer, in consultation with an Independent Person, to take action in the interim without investigating the matter. When this occurs the Monitoring Officer will notify the Chair as soon as practicable.

6 What if Informal Resolution is not appropriate/successful?

In cases where informal resolution is not appropriate or successful, the Monitoring Officer will, following consultation with the Independent Person, take the next appropriate steps by way of a fact-finding exercise and/or a full investigation to establish the grounds of the complaint.

If on conducting the fact-finding exercise, there are no facts found which substantiate the complaint, or the complaint is deemed to be frivolous or vexatious, the Monitoring Officer will, following consultation with the independent person, notify the complainant and the subject member that there is “no case to answer” and the matter will cease. There is no right of review of this decision unless new evidence is presented in support of the complaint. It will be at the discretion of the Monitoring Officer, in consultation with an Independent Person, to determine whether the new evidence merits further examination.

If on conducting the fact-finding exercise, the Monitoring Officer finds that there are facts found which substantiate the complaint, they will, following consultation with an Independent Person, prepare a report to submit to the Conduct Committee for a decision about what, if any action, should be taken in respect of the breach. Similarly, if at any stage the Subject Member agrees that they have breached the code of conduct, the matter will be referred to the Conduct Committee for a decision about what, if any action, should be taken in respect of the Subject Member. The Monitoring Officer will produce a draft report and send to the parties before finalising the report in accordance with the procedure for the Investigating Officer’s report set out below.

Should the Monitoring Officer determine, following consultation with the Independent Person, that the allegation warrants a detailed investigation, the Monitoring Officer will appoint an Investigating Officer, who may be an officer of the authority, an officer of another authority or an external investigator.

The Investigating Officer will decide whether they need to meet or speak to the complainant and/or the Subject Member to understand the nature of the complaint and will provide an opportunity for the complainant and/or the Subject Member to explain their understanding of events and suggest what documents the Investigating Officer needs to see, and who the Investigating Officer should interview.

At the end of their investigation, the Investigating Officer will produce a draft report and will send copies of that draft report, in confidence, to the complainant and to the subject member, to give them both an opportunity to identify any matters in the draft report with which they disagree or consider requires more consideration. Having received and taken account of any comments, the Investigating Officer will send their final report to the Monitoring Officer. If the Monitoring Officer is not satisfied that the investigation has been conducted properly, they may ask the Investigating Officer to reconsider their report.

7 What happens if the Investigating Officer concludes that there is no evidence of a failure to comply with the Code of Conduct?

Where on completing the investigation, the Investigating Officer concludes that there is no evidence of a breach of the code of conduct, the Investigating Officer will submit their report to the

Monitoring Officer to present to the Conduct Committee, which will take into account the facts and evidence produced. Subject to their right to attend as members of the public, the complainant and the subject member will not be present at the meeting, but their views will have been sought prior to the meeting to enable their opinions to be presented. If satisfied that the Investigating Officer's report is sufficient, the Committee will accept the findings of the report and request the Monitoring Officer to write to the complainant and to the subject member notifying them that it is satisfied that no further action is required, providing a copy of the Investigating Officer's final report.

There may be instances where the Committee does not agree with the Investigating Officer's findings and/or may want to ask questions of the complainant and/or the subject member to fully understand the circumstances of the complaint and/or require the Investigating Officer to undertake further inquiries. Where this is requested by the Committee, the meeting may be adjourned to enable the attendance of the parties.

The subsequent meeting will be conducted in the same way as for where the Investigating Officer finds that there is a breach of the code of conduct.

In any case where the conclusion is that there is no evidence of a failure to comply with the Code of Conduct, the subject member will be asked if he/she wishes the outcome of the matter to be publicised through a press statement made by the Council.

8 What happens if the Investigating Officer concludes that there is evidence of a failure to comply with the Code of Conduct?

Where the Investigating Officer has determined that there has been a breach of the Code of Conduct, the Monitoring Officer will refer the matter to the Conduct Committee.

The Monitoring Officer will conduct whatever steps they consider appropriate as a "pre-hearing process" to identify what is likely to be agreed and what is likely to be in contention at the hearing.

At the meeting of the Committee, the Investigating Officer's report will be presented, witnesses called and any representations to substantiate the conclusion that the subject member has failed to comply with the Code of Conduct, will be made.

The Monitoring Officer may ask the complainant to attend and give evidence to the Committee. The subject member will then have an opportunity to give evidence, to call witnesses and to make representations to the Committee as to why they consider that they did not fail to comply with the Code of Conduct. Legal representation will not be allowed, but the parties may be accompanied by a representative.

The Committee, with the benefit of any advice from the Monitoring Officer and having sought the view of an Independent Person, may conclude, in disagreement with the Investigating Officer that the subject member did not fail to comply with the Code of Conduct, and dismiss the complaint.

If the Committee concludes that the subject member did fail to comply with the Code of Conduct, the Chairman will inform the meeting of this finding and the Committee will then consider what action, if any, should be taken as a result of the member's failure to comply with the Code of Conduct.

Before deciding on appropriate action, the Committee will give the subject member an opportunity to make representations and will consult an Independent Person. The Chairman will state the decision of the Committee as to any actions which the Committee resolves to take.

As soon as reasonably practicable, the Monitoring Officer shall prepare a formal decision notice in consultation with the Chairman of the Committee and send a copy to the complainant and to the subject member, and to the Town or Parish Council where appropriate.

9 What action can the Conduct Committee take where a member has failed to comply with the Code of Conduct?

The Council has delegated to the Conduct Committee such of its powers to take action in respect of individual members as may be necessary to promote and maintain high standards of conduct.

Accordingly the Committee may: –

1. Issue a formal letter to the member found to have breached the code; and/or
2. Impose formal censure; and/or
3. Make recommendations to the full Council to remove the member from committee(s) and other appointments, unless the member is a member of a political group, in which case the decision could only be to recommend the group leader to change the group's nominated appointees; and/or
4. A press release and other appropriate publicity; and/or
5. Recommend training.

The Committee has no power to suspend or disqualify the member or to withdraw members' or special responsibility allowances. In relation to Town or Parish Council members, the Committee can only make recommendations for sanctions.

The responsibility for agreeing and enforcing those sanctions will fall to the Town or Parish Council, with the assistance and guidance of the Monitoring Officer.

The decisions of the Conduct Committee, including the name of the subject member, will be published after the meeting, unless there are suitable reasons for the information not to be made public.

10 Appeals

There is no internal right of appeal against a decision of the Conduct Committee following an investigation. Judicial Review or a complaint to the Local Government Ombudsman might be available to aggrieved parties.

11 Revision of these arrangements

The Council may by resolution agree to amend these arrangements, and has delegated to the Monitoring Officer, in consultation with an Independent Person, the right to depart from these arrangements where he/she considers that it is expedient to secure the effective and fair consideration of any matter

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Primary Care Task and Finish Group: Final Report

Version	Version 1.0
Guardian	Councillor Paul Ainsley
Date Produced	16 March 2022

Approved by Adults & Health Scrutiny Committee	
Release to Rutland Health and Wellbeing Board	
Approved by Council	



Summary of document

The final report follows up on the issues raised by the patient survey and seeks to make recommendations, as well as consider the longer-term demand for primary care. The final report will be subject to approval as detailed in the terms of reference.

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1.0 INTRODUCTION

- 1.1 At its meeting on 11th October 2021, Rutland County Council (RCC) resolved to establish a cross-party Task and Finish Group (the Group) to understand issues that residents were facing in accessing primary care services and to consider the longer-term demand for primary care due to increasing demand including new housing developments.
- 1.2 As part of that work, the Group was tasked to bring forward a report on its provisional findings. The 'Phase 1' or [preliminary report](#) presented the data gathered by the Group with a high-level analysis highlighting the key issues which residents faced. Copies of the results and the individual patient comments were passed to the respective surgeries to seek their comments. They responded to the Group through a presentation from the Primary Care Network (PCN), which represents all four surgeries in Rutland.
- 1.3 Subsequent work built upon the evidence presented in the [preliminary report](#) to understand current and future demand for primary care services, the impact of new housing developments in the county and the resulting pressures on the PCN.

2.0 CONTEXT

- 2.1 It is recognised that the patient survey was carried out just as the Omicron variant was taking hold within the community and the resulting need for health professionals to be diverted to support the vaccination booster programme. However, from the patients' comments, it is clear that the issues raised are much deeper seated than just the last few months.
- 2.2 The impact of the pandemic has created a pent-up demand for services as patients have both stayed away from surgeries to avoid 'bothering' the medical staff for what they perceived as minor ailments, while at the same time surgeries had internal issues due to Covid pressures such as the 2-metre physical separation and requirements for self-isolation; all whilst trying to deliver normal services.
- 2.3 For at least the last 5 years, surgeries have experienced issues with staff retention and recruitment, although this does not seem to have been universal across all surgeries. Alongside retirement, there has been a shift in working patterns, with more GPs choosing to work part-time or more locum working. The number of permanent GPs has dropped significantly in the last 4 years
- 2.4 According to the World Health Organisation (WHO), there are nearly 2.8 doctors per 1000 people in the UK, which is lower than the number of doctors available in most of the European Union countries (3.4 per 1000 people). The British Medical Association (BMA) has suggested that we could see a shortfall of 7,000 GPs by 2023.

3.0 SUPPORT CURRENTLY PROVIDED TO GP PRACTICES

- 3.1 RCC provides considerable support to Rutland practices when compared to the other authorities within the Leicester, Leicestershire and Rutland Clinical Commissioning Group (CCG). The Strategic Director of Adult Services and Health at RCC detailed the role of the Rutland Integrated Social Empowerment (RISE) and the Mi Care teams and the support provided to Rutland's medical practices. This support assists the acute care sector by enabling the discharge of patients from hospital and reducing re-admissions so saving money in that sector. However, it does mean that patients are seen more often by the wider Rutland team (RCC and PCN) so increasing their costs with no compensation for the benefits provided.
- 3.2 RCC has made available two Integrated Care Co-ordinators; a Community Mental Health Worker; one Social Prescriber and a Line Worker for liaising with care homes. The Integration and Transformation Team at the CCG gave a wide ranging and useful presentation to members of the Group, describing how they appreciated this level of help and how impressive this was compared to other councils in their area and even to the extent that our approach was nationally significant. This support was also recognised as being valuable to the PCN members, by the Clinical Director of Rutland Health PCN.
- 3.3 The RISE Team has grown in the past 3 years and Rutland is seen as an exemplar of good practice. It has proved so successful that the service is no longer funded by the Local Authority but by the Better Care Fund and the PCN; all because of the resulting improved outcomes for patients.
- 3.4 Empingham Medical Centre recently reached a critical point as it was unable to provide consulting space for vital patient services. An additional 3 consulting rooms were required and more than £103,700 was provided by RCC for this, which came principally from Section 106 agreement money.

4.0 SURVEY METHODOLOGY

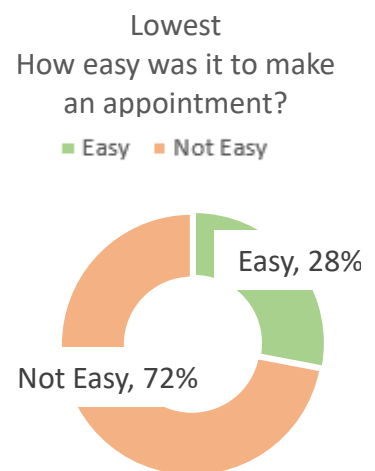
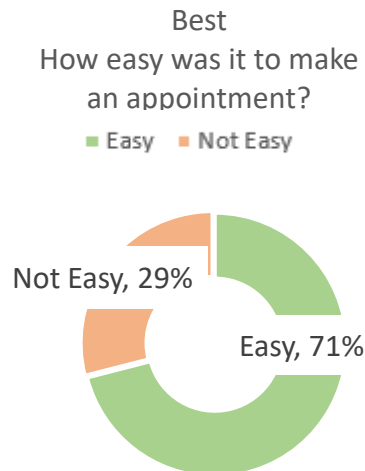
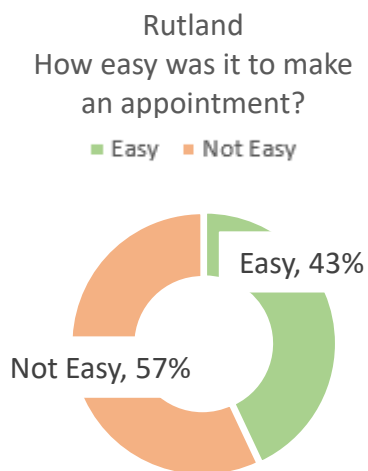
- 4.1 The core activity of the Group was to gather information from residents about their experiences in accessing primary care services. The Group generated a resident survey principally using an online form supported by a press/social media campaign and leaflets delivered by Councillors within their Wards and Parish Councils. The survey was broadly similar to the questionnaire detailed in Appendix 4.
- 4.2 Residents' views were also sought in face-to-face meetings on the high streets, including supermarkets and on market days as well as meetings held with most of the Practice Patient Participation Groups.
- 4.3 A GP survey was sent out to each practice but due to pressures on the GP's and their staff with the Omicron variant, the Clinical Director of the PCN contacted the Chief Executive of RCC advising that the GP practices did not have the capacity or time to

complete the survey. Many GP practices still have ongoing staffing issues due to staff sickness, holidays and staff having to isolate or support the vaccination centres.

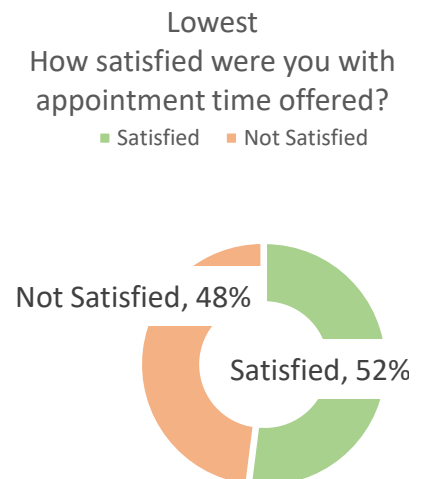
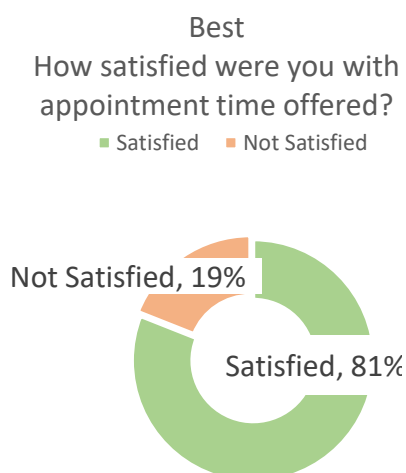
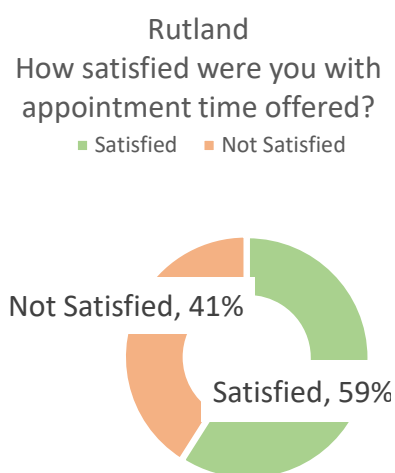
- 4.4 As an alternative to completing the GP survey, the Clinical Director of the PCN made a detailed presentation to the Group and dealt with many of the issues which members of the Group wished to cover. Concern was expressed during the meeting that some of the practices were unhappy about the detailed comments from patients being made public as they felt it had a detrimental impact on their staff.
- 4.5 It was confirmed that it had never been the intention of the Group for the practices to feel that its approach was targeted as being negative. However, the Group did feel that the patients' survey was evidential as there was a disconnect between how the practices, the CCG and the general practitioners perceived their operations and the patients' perception, which as a member of the Group stated, "In the view of the patients, their perception is their reality".

5.0 ANALYSIS OF THE DATA

- 5.1 The on-line survey was completed on the 10th January 2022. The survey had a good response with a total of 902 valid responses across Rutland. A summary of the results by practice can be found at Appendix 5 but the responses can be broken down by Rutland surgery as follows:
- Empingham Medical Centre – 150 valid responses
 - Market Overby and Somerby Surgery – 92 valid responses
 - Oakham Medical Practice (OMP) – 536 valid responses
 - Uppingham Surgery – 124 valid responses
- 5.2 The Group felt that the patient survey showed there was a diverse level of compatibility of service levels between practices in their approaches to initial contact by their patients and beyond. This was both in respect of the IT used, their telephone responses and their handling of patients generally.
- 5.3 Although each practice decides its own approach to managing the practice and the delivery of services, the Group was informed that there was a Joint Practices Committee to promote joint working. This Committee had established an IT system that had a good level of interflow on operational matters between practices and RCC and was aiming at the establishment of common 'best practice' procedures throughout the county's medical centres.
- 5.4 There were wide differences between individual surgeries, with 72% finding it not easy to make an appointment in the lowest performing practice. Whilst in the best performing practice, 29% found it not easy and 71% found it easy to make an appointment.



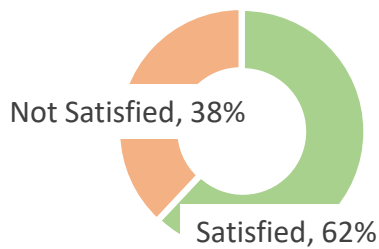
5.5 On reviewing the question, 'How satisfied were you with the appointment time offered?', the best practice had a satisfaction rate of 81%, surely an exemplar. Whilst the average across Rutland was a much lower 59% with the lowest performing practice at 48%.



5.6 When examining the results of the question, 'How satisfied were you with your level of care?', there were stark differences across Rutland with the best performing practice achieving an 81% satisfaction rate, possibly an achievable target standard for all of Rutland.

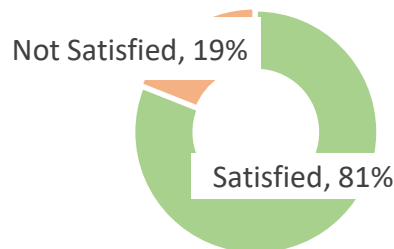
Rutland
How satisfied were you with your level of care?

■ Satisfied ■ Not Satisfied



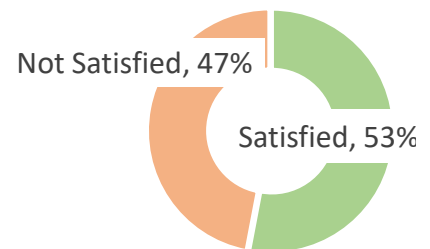
Best
How satisfied were you with your level of care?

■ Satisfied ■ Not Satisfied



Lowest
How satisfied were you with your level of care?

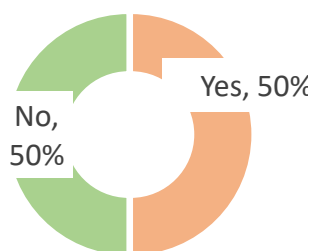
■ Satisfied ■ Not Satisfied



5.7 As part of the survey the question was asked, 'When you called, did you get an engaged tone?', the Rutland average was split 50/50 whilst in the best surgery 88% of patients who called got through at the first attempt. Whilst in the lowest, only 23% of patients got through on the first attempt.

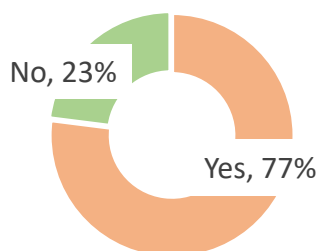
Rutland
When you called did you get an engaged tone?

■ Yes ■ No



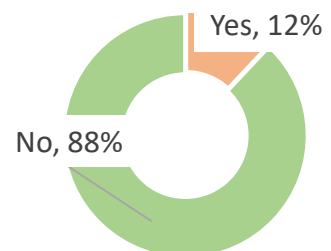
Lowest
When you called did you get an engaged tone?

■ Yes ■ No



Best
When you called did you get an engaged tone?

■ Yes ■ No



6.0 PATIENT ENGAGEMENT ISSUES

6.1 Technology

Although the responses to the public survey were by digital means, this may have excluded a significant proportion of patients (most likely elderly). Yet, of those responders who clearly exhibited proficiency in digital matters, a substantial proportion still had difficulties in using the practices' digital systems. This raises the

issue of ensuring that the patient/surgery interface is suitable for all, whether digitally capable or not and especially to the more vulnerable in the community.

6.2 Modern Clinical Practices

6.2.1 The patient survey indicates that the traditional methods of initial patient contact by telephone or personal attendance, are being replaced in all practices by a combination of telephone and digital means. It is understood that this may be in response to NHS national directives especially as a result of the pandemic.

6.2.2 In respect of the patients' initial contact with medical practices, there is now an initial triaged approach leading to an alternative hierarchy of practitioners. The message from our patients' survey is that the public wishes to continue in the traditional format of booking to see their GP in the first instance.

6.2.3 This transition has not met with patient satisfaction as demonstrated by the evidenced comments detailed in the [Preliminary Report](#) nor do patients understand why these changes are taking place or the benefits which might flow from them. Change inevitably is never popular and concern will always follow, but the evidence repeatedly cites, to varying degrees, differences between practices.

6.2.4 As to telephone contact:

- Failure in practices' ability to promptly respond and deal with enquiries, in some instances, to an alarming extent.
- Call-handlers making decisions as to which treatment pathway would be appropriate, which patients find difficult to accept.
- Anecdotal evidence suggests that telephone contact at Oakham Medical Practice may have improved following the introduction of a cloud-based telephone system after the survey had been completed in January 2022

6.2.5 As to digital means of contact:

- Releasing appointments via digital pathways for any type of clinical help, sometimes at unreasonable times i.e., only opening appointments on the system at 07.30 and/or midnight,
- Failure to offer sufficient, sometimes any, appointments with any general practitioner in the practice. Appointments only available with other clinicians. Concerned patients then have to revert to the telephone to discuss alternatives. Which defeats the object of improving the speed of transactions and quality of service.

- Evidence, to varying degrees, shows increasing frustration, sometimes to the point of anger, with delays, choice of appointments and approach of call-handlers, typically medically trained staff. All of which must be counter-productive to the well-being of both the patients and the medical staff at the affected practices.
- Patients are largely unaware of the problems the practices face. They do not know how the practices are dealing with these problems or how the delivery of medical services has changed and will continue to change. Patients' anticipations will need to change to meet the limitations of the medical practice's ability to delivery in both the current and foreseeable future.

6.3 Surgery Performances and Factors Affecting Access to Services

6.3.1 The Group felt the patient survey showed that there was a diverse level of compatibility of service levels between practices in their approaches to initial contact by their patients and beyond. This was both in respect of the IT used, their telephone responses and their handling of patients generally.

6.3.2 The patient survey clearly evidenced certain aspects of patient services that varied considerably between practices. When considering the average across Rutland, the question '*How easy was it to make an appointment?*', 57% found it was **not easy** to make an appointment.

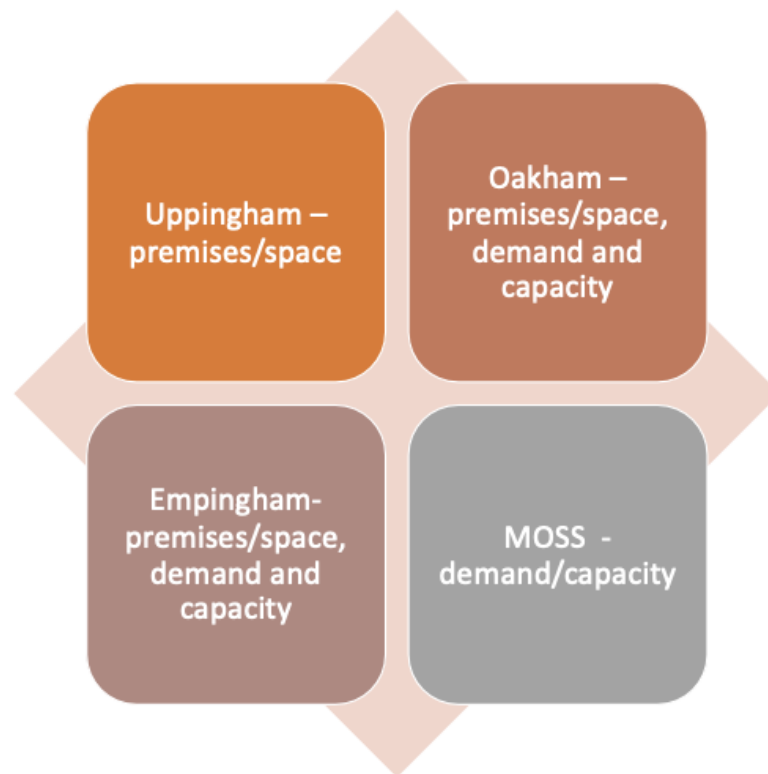
7.0 CURRENT PRESSURES

7.1 The Group received details of the deficits in both the existing practices' estates and the facilities within them. This was made unambiguously clear by both the CCG & the PCN.

7.2 In the evidence presented by the PCN, there are two types of problems facing the surgeries at the present time and to some degree both are interrelated.

7.3 Facilities and Access

7.3.1 The problem for Rutland is not only that improvements and expansions in existing and more progressive primary care facilities are needed throughout the County but that certain elements of out-patient secondary care also have to be addressed. Round trips for patients will get longer and more remote with the ongoing consolidation of hospitals that have to be utilised by Rutlanders. This is an aspect of care which the CCG recognises and they are currently looking at this with a view to reporting in late summer regarding the use of Rutland Memorial Hospital (RMH).



7.3.2 As can be seen, there are already physical constraints at Oakham, Uppingham and Market Overton (MOSS). There is insufficient space within the existing premises to accommodate and deliver the range of services now being offered by GP surgeries based on the current demand. In addition, there are staff shortages at Oakham, Empingham and Market Overton so, even if staff can be recruited for a surgery, there will not be the space for them to operate in. This was made unambiguously clear by both the CCG & the PCN.

7.3.3 It appears that capital investment is needed for an improved practice in Stamford and, in the immediate future up to 2025, support for those existing practices. The problem for Rutland is that improvements and expansions are needed throughout the county in existing and more progressive primary care facilities. Certain elements of out-patient secondary care also have to be addressed, as round trips for needy patients will get longer and more remote with the ongoing consolidation of hospitals that have to be utilised by Rutlanders.

7.3.4 GPs have to provide their own surgery premises, whilst being totally controlled by the CCG as to what those should be. The CCG then pay an assessed rent to the GPs and Medical practices continue to be quasi-independent franchises from the NHS.

7.4 Housing Demand

7.4.1 The withdrawn Local Plan identified capital expenditure to support the expansion of GP surgeries as part of the Infrastructure Delivery Plan (published in December 2020) see Appendix 2 project reference SI/04 to SI/10.

This plan was based on a document jointly agreed between RCC and LLR CCG, a statement of common ground, relating to healthcare provision in the county. Para 3.1.3 of that report stated that: -

The available capacity at existing medical practices that serve the current residents of Rutland County is currently insufficient to meet the identified increases in homes and resulting increases in population. Any increase in population will require a commensurate increase in GP practice facilities.

- 7.4.2 It also stated that the proposed housing growth, within the withdrawn Local Plan, could generate some 5380 additional patients by 2036.
- 7.4.3 This position has not changed even following the withdrawal of the Local Plan, in fact, it is probably worse, given that the opportunity of delivering a new medical facility at St George's Barracks to serve the east of the county is unlikely to occur before the early 2030s, if ever. It is also likely that new homes will be delivered at a faster rate than was anticipated in the withdrawn Local Plan particularly up to 2025.
- 7.4.4 The Infrastructure Delivery Plan, written in February 2020, identified additional capacity requirements at Oakham Medical Practice, which is currently 33% over design capacity. It also identified that Uppingham Surgery would require the existing building to be reconfigured. Despite the addition of a temporary building at Empingham in 2021, the capacity constraints remain and it was recognised that a new surgery at St George's Barracks would be a means of dealing with the increase in demand coming from the 2000 new homes at the Stamford Northern extension (which included up to 650 homes inside Rutland County) as well as improving consolidated and accessible facilities in Stamford.
- 7.4.5 It appears from the current evidence that the bulk of the new housing will be in the north of the county around Oakham and in the east at Ketton and Stamford. With the lack of a facility planned for St George's within the foreseeable future, additional physical capacity will need to be delivered in Oakham, Empingham and Stamford as an immediate priority.
- 7.4.6 Work carried out by the CCG suggest that only Empingham out of the Rutland surgeries is in the top 50 surgeries requiring immediate action to be taken in terms of physical capacity.

7.5 Residential Care Homes

- 7.5.1 The number of care home beds in Rutland has increased dramatically in the last 5 years, which has led to an increase in the workload for both GPs and for RCC's Adult Services.
- 7.5.2 This raises a potential future problem because if people come into Rutland to live in the new care homes as a self-funder i.e., they pay for their own care and accommodation and they then run out of money, it would be the

responsibility of the Local Authority to pay for their care and accommodation. In these unfortunate circumstances the Local Authority could move people to cheaper accommodation if medically and morally appropriate, following consultation with families and the care homes, but it would still have potentially serious implications for the Local Authority's budget in the future and just as importantly for the purposes of this report, additional pressures on the surgeries.

8.0 RECOMMENDATIONS

8.1 Five key recommendations in no particular order:

1. **Accessing Primary Care Services**
2. **Communication to/from Patients Regarding System Changes**
3. **Physical and Staffing Restraints**
4. **Use of Public Funds**
5. **Monitoring of Improvements**

1. Accessing Primary Care Service

- a. **Telephone systems should be straightforward and not based on 'call centre' concepts with multiple options at multiple access levels.** Recent comments from patients at Oakham Medical Practice have indicated that while the new system is an improvement, the messages and levels of options can result in 4 minutes of hanging on before the telephone reaches a point where it is actually ringing and waiting for a human response. This is especially frustrating for those who have to contact the surgery on a regular basis.
- b. **Consider how vulnerable patients can access the telephone system and other appointment systems.** Concerns were expressed to the Group about those with lower cognitive capabilities, those hard of hearing, those with limited digital skills and those without any internet access at all and how they would be able to use the new technology systems.
- c. **A 'patient user group' should be established to review web-based systems to provide feedback about the ease of use and ability to understand the terminology used.** It is good practice when developing websites to seek feedback from a range of users as to the experiences they have and to recognise any shortcomings in the way that information is presented.
- d. **Ensure that the 'NHS speak' is minimal in all communications avoiding such words as pathways, critical care, acute care, primary care networks, etc.** It is important that the words used in communications with patients are words that they use on a day-to-day basis especially by the more elderly, rather than the terminology that is part of the NHS internal communications. What is a

nurse practitioner, phlebotomist or a clinical pharmacist and how different are they from a nurse, a nurse that takes blood or chemist?

- e. **The CCG, RCC and/or Public Health provide support to surgeries to improve website accessibility (font size, design contrast etc.) and the visibility of the Patient Participation Groups from the practice websites.** This will allow the surgeries to provide better more accessible websites for patients to use, improve communications with patients and so meet the recommendations identified above.

2. Communication to/from Patients Regarding System Changes

- a. **Accept comments and criticism from patients as positive feedback to continuously improve the service provided.** While some patients may not express themselves in the most appropriate way, it is important to listen to all points of view and use them to recognise any shortcomings and make continuous improvements to the patient surgery interface.
- b. **Improve the understanding of patients of the new and developing approach to primary care and the broader service, which is now offered by qualified clinical professional staff and not just GPs.** This was an important issue raised in many conversations as patients do not understand how surgeries are organised. They do not fully understand the changes being made to primary care services, how they as patients fit into these new structures and how these changes will benefit them in being treated quickly, effectively and efficiently.
- c. **Increase the reach of messages about improved access to general practice, by working with relevant partners including local authorities, voluntary and community sector organisations or other groups that support patients and the public who are likely to have a need for general practice services, to communicate these messages through their channels.** To implement recommendation 2b, it will be necessary to use as many channels as possible to raise the knowledge of patients in the new methods of working.
- d. **All clinical staff to assist in the promotion of the new service during face-to-face appointments with patients to improve the understanding of the new methods of working and the benefits.** This would provide feedback as to the effectiveness of recommendation 2b but also help patients to better understand why they are being seen by that particular clinician and how they are being treated in the most appropriate way.
- e. **Webinars for patients, County and Parish Councillors, led by the GPs and/or clinicians should be held to explain the new process and seek feedback.** This could be done through the PPG and would assist the implementation of recommendation 2b.

3. Physical and Staffing restraints

- a. **RCC and LLR CCG to lead a strategic review of all current surgeries in conjunction with Lincolnshire CCG, to identify where and when additional physical facilities will be delivered and develop an action plan.** It is difficult to make any recommendations as to how we can presently help the substantial minority of residents living in the eastern part of Rutland who gravitate for their primary care to areas outside our CCG and PCN group (see Appendix 6). Reciprocal offers of suggested help would have to be after consultation with the Lakeside Healthcare Group (Stamford) and Lincolnshire CCG. However, early engagement is unlikely until the CQC is satisfied in the progress made regarding issues at that practice.
- b. **Increase the use of existing space during out of hours e.g. increased number of appointments at evenings and weekends.** This action has already been recommended by the Department of Health to improve access to primary care services and this would also increase space utilisation in the short term until more permanent solutions can be achieved.
- c. **Consider the potential use of Council property.** In addition to the future proposals planned from the CCG regarding RMH and, as part of the RCC property asset review, the use of Council facilities i.e. Jules House could be considered as an additional short-term resource for the Oakham Medical Practice.

4. Use of Public Funds

- a. **While not in the remit of this Group, the issue of using public funds to support the increase in available facilities was discussed.** It was queried if funds from Section 106 or CIL could be used to support the increase in physical space and other service improvements within the medical practices. Surgeries, although funded by the NHS on the basis of their premises, are in many cases owned by the partners in the surgery or third party and are not funded by the public sector.
- b. **Recording of public funded assets.** Consideration should be given by the CCG and RCC to find a mechanism where assets, if added through public funds, are retained on the public balance sheet and are not counted as surgery assets in the event of disposal, etc.

5. Monitoring of Improvements

- a. **New patient survey to be undertaken.** A new, simple patient survey should be carried out by January 2023 to ascertain if any of the recommendations/changes put in place have had any effect or improvement for patients regarding accessing primary care services in Rutland.

A large print version of this document is available on request



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Primary Care Task and Finish Group – Terms of Reference

Approved by Council: 11 October 2021

1. Purpose

The purpose of this document is to define the Terms of Reference for the scrutiny task and finish group on Primary Care in Rutland.

2. Background

- As the pandemic has progressed, so has members correspondence from Residents highlighting concerns on accessing Primary Care.
- Healthwatch Rutland have been receiving reports from residents and raising concerns since December 2020
- Nationally, face to face access to General Practice is a concern.
- In September 2021, Rutland County Council voted to withdraw the Draft Local Plan and begin the process again, this means the strategic medium to long-term infrastructure plan now has to be reviewed.
- Housing growth and access (alongside transport) are some of the key concerns/issues that have been raised recently and form part of the emerging Rutland Place led Plan (otherwise known as the joint health and well-being strategy)
- In April 2022, the new Integrated Care System (ICS) will be implemented, this is a service led system.
- There is therefore an urgency in reviewing this matter and the wider contribution the Council can play in resolving these issues

3. Aims and Objectives

- To understand what Primary Care is available to the residents and how this can be accessed and understand the resident's perspective of this, highlighting the gaps.
- To understand the current and projected demand for primary care services
- To understand the projections and potential locations of new housing developments within the County
- To develop an understanding on the medium-term pressures on the infrastructure estate of Primary Care
- To develop an understanding of the NHS Capital Investment programme and the local funding priorities
- To make recommendations on "quick wins" to help close the gap between what is available and the resident's perspective of this.

- To explore how different delivery models, including the use of technology, could reduce pressures on the operational estate
- To make recommendation based on the findings for the long-term infrastructure planning for Primary Care in Rutland.

4. Proposed Scrutiny Task and Finish Group Members

At a meeting on the 22nd September 2021, the Scrutiny Commission proposed to bring forward a combined scrutiny Task & Finish Group to evaluate and gain evidence on the matter.

It is proposed that the Adults and Health Scrutiny Committee oversee the work of the Task and Finish Group.

Membership of the group will be politically balanced in accordance with Procedure Rule 15 and nominations should be sent to Governance by 29 October.

- There is an expectation that members will be co-ordinating and delivering face to face and telephone interviews as part of the initial evidence gathering sessions, as such, members will need to have some flexibility of time, especially in the first two months.
- It is proposed that the Group will comprise 7 Councillors to enable the Group to be comprised of those Councillors who have the time available to enable them to actively participate.

5. Chairman

Councillor Paul Ainsley will Chair. Councillor P Browne will be Vice-Chair.

6. Length of Review

The review is expected to take no more than six months and the Group will be aiming to deliver their final report to Adults and Health Scrutiny Committee for referral to April's Council meeting.

7. Timetable

The timetable, and the frequency and timing of meetings will be determined by the Task and Finish Group at their first meeting. However, there will be a meeting in November 2021, December 2021 and March 2022.

8. Methodology/Approach

The following information will be considered by the Group:

- Gain evidence from patients, carers, residents and Healthwatch on their experience of accessing care.
- Gain evidence from practices on the delivery of care
- Gain an understanding of how different models and technology can help improve access
- Understand and report on how infrastructure is modelled by the CCG and the operational estate is currently maintained
- Gain an understanding of how the NHS capital investment programme is developed and funded and the implications for the local area
- Understand how, as a Local Authority, we can work with, and influence, stakeholders to improve medium- and long-term infrastructure planning.

9. Reporting

- An interim report will be delivered with provisional findings and recommendations in January 2022, this also allows time to support and supplement the Rutland Place-led plan.
- The Group will submit a final report to Adults and Health Scrutiny Committee for endorsement and approval of its recommendations to Cabinet and Council

10. Officer Support

The Group will be assisted by the Governance Team for secretariat

The group will also be assisted by John Morley, Strategic Director of Adult Services and Health, and Penny Sharp, Strategic Director Place.

11. Finance

It is not anticipated to require additional budget in this financial year.

ENDS

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Appendix 2

Project Reference	Infrastructure Project	Location	Short Term 2020-2025	Medium Term 2025-2030	Long Term 2030-2040	Trigger for Timing of Delivery	Delivery Lead	Delivery Partners and Stakeholders	Indicative Cost (£)	Delivery Mechanism / Potential Funding Source	Prioritisation 1 – Critical 2 – Necessary 3 - Important	Contributing Sites	Comments (including risks and contingencies)
HEALTH													
S1/04	Enhanced primary care provision	Oakham	X	X		Not dependent on Local Plan	ELR CCG	Oakham Medical Practice	Not known at this stage	ELR CCG, CIL	2		Decision on preferred approach to be made Funding availability
S1/07	GP Practice Expansion	Uppingham Surgery		X		Actual timing to be agreed through planning application process and further discussion with CCG	ELR CCG	Uppingham Surgery	Not known at this stage	ELR CCG, CIL	2		Funding availability
S1/08	GP Practice Expansion	Empingham Medical Practice		X		Actual timing to be agreed through planning application process and further discussion with CCG	ELR CCG	Empingham Medical Practice	Not known at this stage	ELR CCG, CIL	2		Funding availability Depending on preferred approach on primary healthcare provision on St George's Barracks
63													
S1/09	Primary Health Care Provision	St. George's Barracks		X		Actual timing to be agreed through planning application process and further discussion with CCG and secured through condition on planning permission or S106	ELR CCG	Developer	£1,900,000	ELR CCG, CIL	2	EDI/03, St George's Barracks (EDI/04)	Requires land from developer
S1/10	Expansion of Primary Health Care Facilities	To be determined		X		Actual timing to be agreed through planning application process and further discussion with CCG	ELR CCG, SWL CCG	Developer	Not known at this stage	ELR CCG, SWL CCG, CIL	2	Stamford North (UT/01)	Further discussion with CCGs to determine receiving practice Allocation of CIL funding

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Evidence Base — Initial Report Jan 2022



Information Gathering

Rutland residents experience accessing primary care

Rutland residents who use an out of county practice

Patients from out of county who use a Rutland practice

Surgery perspective

Commissioning Groups



Collation and Reporting

What is Good

Patient engagement issues

- Use of Technology
- Modern Clinical Practice
- Selection of Appointments
- Practice Hours

Surgery performance and factors affecting access

Infrastructure — Final Report April 2022



Further analysis

Current and Emerging Housing Development Pressures

Current and Emerging Care Home Pressures



Recommendations

Sources of Finance

Changes already started and future plans

Where / what next ?

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Appendix 4 - Accessing GP services in Rutland

Future Rutland



Please help us by answering the following questions about your experiences when you accessed you local medical centre or surgery.

Please enter your postcode:

Which medical centre or surgery are you registered with?

(Choose any one option)

- Empingham Medical Centre
- Market Overton and Somerby Surgery
- Oakham Medical Centre
- Uppingham Surgery
- Other - not located in Rutland

Appendix 4 - Accessing GP services in Rutland

Future Rutland

Which non-Rutland medical centre or surgery are you with?

(Choose any one option)

- Billesdon Surgery
- Glenside Country Practice - Castle Bytham
- Gretton Surgery
- Lakeside Healthcare - Stamford
- Latham House Medical Practice
- The Welby Practice - Waltham
- Other

Answer this question only if you have chosen Other for Which non-Rutland medical centre or surgery are you with?

What is the name of the medical practice or surgery?

Answer this question only if you have chosen Other for Which non-Rutland medical centre or surgery are you with?

Please tell us the postcode of the medical practice or surgery, if known:

Appendix 4 - Accessing GP services in Rutland

Future Rutland

In a few words, please tell us why you chose to use a medical centre or surgery that's not in Rutland:

Have you contacted your medical centre or surgery in the last 12 months?

(Choose any one option)

Yes

No

Appendix 4 - Accessing GP services in Rutland

Future Rutland

Did you make an appointment for yourself, or someone else?

(Choose any one option)

- Myself
- Someone else

Answer this question only if you have chosen Someone else for Did you make an appointment for yourself, or someone else?

Who were you making an appointment for? (Select one option)

(Choose any one option)

- A child
- Elderly relative
- A neighbour or friend
- Someone who has additional needs
- Other

Appendix 4 - Accessing GP services in Rutland

Future Rutland

How did you last make an appointment at the medical centre or surgery?

(Choose any one option)

- Phone
- Website
- App
- In person

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

When you called, did you get an engaged tone?

(Choose any one option)

- Yes
- No

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

If you got an engaged tone, how many times did you call before you can an answer?

(Choose any one option)

- Answered on second attempt
- More than two attempts

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

How long until your call was answered?

(Choose any one option)

- Less than 5 minutes
- 5 to 15 minutes
- 15 to 30 minutes
- Over 30 minutes

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

Were you triaged (did the staff member who answered the telephone ask questions about your condition)?

Many people are unaware that staff answering the surgery telephones are not receptionists, but care navigators who are trained to signpost people to the most appropriate professional.

(Choose any one option)

- Yes
- No

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

Did you find the receptionist helpful?

(Choose any one option)

- Yes
- No

Appendix 4 - Accessing GP services in Rutland

Future Rutland

How long did you wait for an appointment?

(Choose any one option)

- Same day
- Within 48 hours
- Within 72 hours
- Within a week
- Over a week

How satisfied were you with the appointment time offered?

Questions	1	2	3	4	5
1 = not at all satisfied, 5 = very satisfied					

Who was your appointment with?

(Choose any one option)

- GP
- Nurse practitioner
- Nurse
- Pharmacist
- Other (please specify)

Did you see the person you wanted to?

(Choose any one option)

- Yes
- No

Was your appointment face to face, or remote?

(Choose any one option)

- Telephone
- Video
- Face to face
- Home visit

Were you happy with your level of care?

(Choose any one option)

- Yes
- No

Answer this question only if you have chosen No for Were you happy with your level of care?

Why were you unhappy with your level of care?

Appendix 4 - Accessing GP services in Rutland

Future Rutland

Overall, how easy was it make an appointment?

Questions	1	2	3	4	5
1 = not at all easy, 5 = very easy					

Overall, how satisfied were you with your level of care?

Questions	1	2	3	4	5
1 = not at all satisfied, 5 = very satisfied					

Please enter a few words detailing your experience when engaging with your medical practice or surgery:

Can we contact you for more information?

(Choose any one option)

Yes

No

Answer this question only if you have chosen Yes for Can we contact you for more information?

Please give your email address:

Answer this question only if you have chosen Yes for Can we contact you for more information?

Please give your phone number:

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Primary Care Survey Dataset volume 2

Short Survey Responses and Maps

9 December 2021 to 10 January 2022

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Appendix 5

RUTLAND

Responses: 902 Date: 09/12 to 10/01/2022

Rutland Surgeries have 41624 registered patients, which includes 3529 patients outside the combined commissioning CCG

Who were you making an appointment for?	Self		A child		Neighbour or friend		Some one with additional needs		Elderly Relative	
	782	88%	59	7%	1	0%	8	1%	35	4%
How did you last make an appointment?	In Person		Phone		App		Website			
	20	2%	693	77%	28	3%	161	18%		
When you called, did you get an engaged tone?	Yes		No							
	345	50%	345	50%						
How many times did you call before you got an answer?	First Attempt		2nd Attempt		>2					
	232	40%	35	6%	320	55%				
How long until your call was answered?	<5 mins		5 to 15		15 to 30		>30			
	164	24%	260	38%	145	21%	119	17%		
Were you triaged ?	Yes		No							
	562	81%	131	19%						
Did you find the receptionist helpful?	Yes		No							
	582	84%	131	19%						
How long did you wait for an appointment?	Same day		<48 hours		<72 hours		Within a week		Over a week	
			< 3 days		46%		A week or more		54%	
	181	20%	163	18%	71	8%	150	17%	337	37%
Who was your appointment with? (Other (please specify))	GP		Nurse		Nurse P		Pharmacist		Other	
	450	50%	119	13%	229	25%	11	1%	87	10%
Did you see the person you wanted to?	Yes		No							
	465	52%	437	48%						
Was your appointment face to face, or remote?	F2F		Telephone		Home Visit		Virtual			
	358	40%	528	59%	15	2%	6	1%		
Were you happy with your level of care?	Yes		No							
	559	63%	333	37%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	5		4		3		2		1	
			Easy		43%		Not Easy		57%	
	141	16%	91	10%	158	18%	129	14%	383	42%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	5		4		3		2		1	
			Satisfied		59%		Not Satisfied		41%	
	224	25%	107	12%	200	22%	100	11%	271	30%
Overall, how satisfied were you with your level of care? 1 = not at all satisfied, 5 = very satisfied:	5		4		3		2		1	
			Satisfied		62%		Not Satisfied		38%	
	225	25%	147	16%	189	21%	119	13%	222	25%

Appendix 5

EMPINGHAM MEDICAL CENTRE

Responses: 150

Date: 09/12 to 10/01/2022

The centre has 9027 registered patients, which includes 1335 patients outside the commissioning CCG

Who were you making an appointment for?	Self		A child		Neighbour or friend		Some one with additional needs		Elderly Relative	
	138	95%	6	4%	0	0%	1	1%	0	0%
How did you last make an appointment?	In Person		Phone		App		Website			
	1	1%	147	98%	0	0%	2	1%		
When you called, did you get an engaged tone?	Yes		No							
	18	12%	128	88%						
How many times did you call before you got an answer?	First Attempt		2nd Attempt		>2					
	87	82%	9	8%	10	9%				
How long until your call was answered?	<5 mins		5 to 15		15 to 30		>30			
	97	68%	44	31%	1	1%	1	1%		
Were you triaged ?	Yes		No							
	130	88%	17	12%						
Did you find the receptionist helpful?	Yes		No							
	125	85%	22	15%						
How long did you wait for an appointment?	Same day		<48 hours		<72 hours		Within a week		Over a week	
	< 3 days 42%						A week or more 58%			
	33	22%	22	15%	8	5%	12	8%	75	50%
Who was your appointment with? (Other (please specify))	GP		Nurse		Nurse P		Pharmacist		Other	
	92	61%	10	7%	40	27%	1	1%	7	5%
Did you see the person you wanted to?	Yes		No							
	95	63%	55	37%						
Was your appointment face to face, or remote?	F2F		Telephone		Home Visit		Virtual			
	56	37%	91	61%	0	0%	3	2%		
Were you happy with your level of care?	Yes		No							
	108	72%	41	28%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	5		4		3		2		1	
	Easy 68%						Not Easy 32%			
	57	38%	20	13%	25	17%	17	11%	31	21%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	5		4		3		2		1	
	Satisfied 63%						Not Satisfied 37%			
	51	34%	15	10%	29	19%	15	10%	40	27%
Overall, how satisfied were you with your level of care? 1 = not at all satisfied, 5 = very satisfied:	5		4		3		2		1	
	Satisfied 75%						Not Satisfied 25%			
	63	42%	20	13%	29	19%	16	11%	22	15%

Appendix 5

OAKHAM MEDICAL PRACTICE

Responses 536

Date: 09/12 to 10/01/2022

OMP has 15,507 registered patients, which includes 9 patients outside outside the commissioning CCG

Who were you making an appointment for?	Self		A child		Neighbour or friend		Some one with additional needs		Elderly Relative	
	449	86%	42	8%	1	0%	3	1%	30	6%
How did you last make an appointment?	In Person		Phone		App		Website			
	13	2%	391	73%	22	4%	110	21%		
When you called, did you get an engaged tone?	Yes		No							
	298	77%	91	23%						
How many times did you call before you got an answer?	First Attempt		2nd Attempt		>2					
	61	17%	21	6%	286	78%				
How long until your call was answered?	<5 mins		5 to 15		15 to 30		>30			
	26	7%	145	37%	119	31%	100	26%		
Were you triaged ?	Yes		No							
	313	80%	78	20%						
Did you find the receptionist helpful?	Yes		No							
	230	59%	161	41%						
How long did you wait for an appointment?	Same day		<48 hours		<72 hours		Within a week		Over a week	
			< 3 days 43%				A week or more 56%			
	114	21%	81	15%	38	7%	86	16%	215	40%
Who was your appointment with? (Other (please specify))	GP		Nurse		Nurse P		Pharmacist		Other	
	259	48%	79	15%	133	25%	4	1%	61	11%
Did you see the person you wanted to?	Yes		No							
	234	44%	302	56%						
Was your appointment face to face, or remote?	F2F		Telephone		Home Visit		Virtual			
	185	35%	337	63%	2	0%	12	2%		
Were you happy with your level of care?	Yes		No							
	286	54%	244	46%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	5		4		3		2		1	
			Easy 28%				Not Easy 72%			
	30	6%	35	7%	83	15%	87	16%	301	56%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	5		4		3		2		1	
			Satisfied 52%				Not Satisfied 48%			
	98	18%	61	11%	121	23%	66	12%	190	35%
Overall, how satisfied were you with your level of care? 1 = not at all satisfied, 5 = very satisfied:	5		4		3		2		1	
			Satisfied 53%				Not Satisfied 47%			
	80	15%	87	16%	116	22%	80	15%	173	32%

MARKET OVERTON AND SOMERBY SURGERY

The surgery has 4920 registered patients, which includes 456 patient outside the commissioning CCG

Who were you making an appointment for?	Self		A child		Neighbour or friend		Some one with additional needs		Elderly Relative	
	80	90%	5	6%	0	0%	1	1%	3	3%
How did you last make an appointment?	In Person		Phone		App		Website			
	2	2%	85	92%	3	3%	2	2%		
When you called, did you get an engaged tone?	Yes		No							
	14	16%	71	84%						
How many times did you call before you got an answer?	First Attempt		2nd Attempt		>2					
	43	75%	1	2%	13	23%				
How long until your call was answered?	<5 mins		5 to 15		15 to 30		>30			
	23	27%	34	40%	19	22%	9	11%		
Were you triaged ?	Yes		No							
	66	78%	19	22%						
Did you find the receptionist helpful?	Yes		No							
	62	73%	23	27%						
How long did you wait for an appointment?	Same day		<48 hours		<72 hours		Within a week		Over a week	
	< 3 days 47%				A week or more 53%					
	15	16%	19	21%	9	10%	18	20%	31	34%
Who was your appointment with? (Other (please specify))	GP		Nurse		Nurse P		Pharmacist		Other	
	53	58%	11	12%	16	17%	1	1%	11	12%
Did you see the person you wanted to?	Yes		No							
	47	51%	45	49%						
Was your appointment face to face, or remote?	F2F		Telephone		Home Visit		Virtual			
	31	34%	58	63%	3	3%	0	0%		
Were you happy with your level of care?	Yes		No							
	62	69%	28	31%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	5		4		3		2		1	
	Easy 57%				Not Easy 43%					
	14	15%	12	13%	26	28%	14	15%	26	28%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	5		4		3		2		1	
	Satisfied 61%				Not Satisfied 39%					
	21	23%	12	13%	23	25%	13	14%	23	25%
Overall, how satisfied were you with your level of care? 1 = not at all satisfied, 5 = very satisfied:	5		4		3		2		1	
	Satisfied 68%				Not Satisfied 29%					
	26	28%	16	17%	21	23%	11	12%	16	17%

Appendix 5

Responses: 124

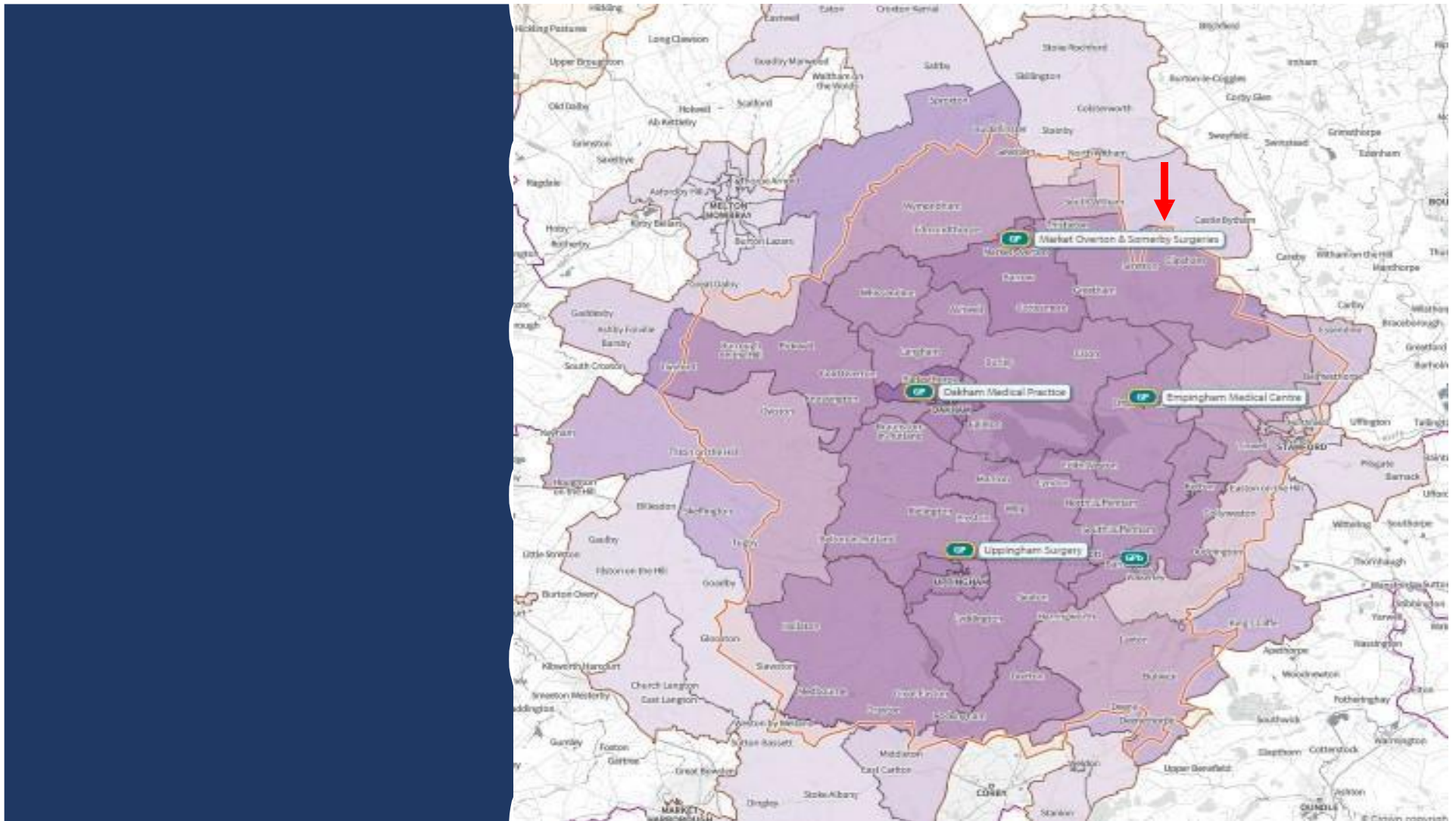
Date: 09/12 to 10/01/2022

UPPINGHAM SURGERY

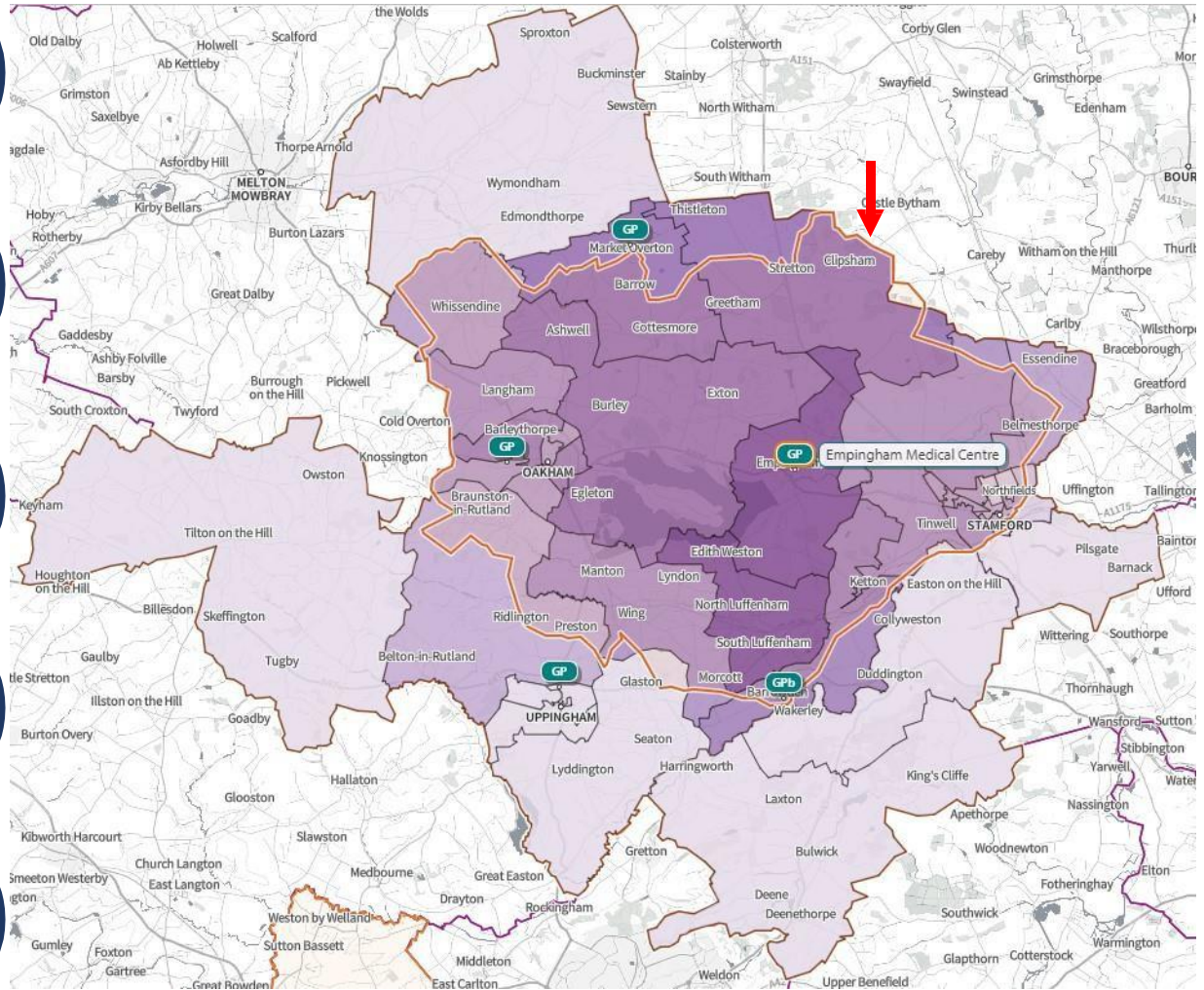
Uppingham has 12170 registered patients, which includes 1729 outside outside the commissioning CCG

Who were you making an appointment for?	Self		A child		Neighbour or friend		Some one with additional needs		Elderly Relative	
	115	92%	6	5%	2	2%	0	0%	2	2%
How did you last make an appointment?	In Person		Phone		App		Website			
	4	3%	70	56%	4	3%	46	37%		
When you called, did you get an engaged tone?	Yes		No							
	15	21%	55	79%						
How many times did you call before you got an answer?	First Attempt		2nd Attempt		>2					
	41	73%	4	7%	11	20%				
How long until your call was answered?	<5 mins		5 to 15		15 to 30		>30			
	18	26%	37	53%	6	9%	9	13%		
Were you triaged ?	Yes		No							
	53	76%	17	24%						
Did you find the receptionist helpful?	Yes		No							
	56	80%	14	20%						
How long did you wait for an appointment?	Same day		<48 hours		<72 hours		Within a week		Over a week	
	< 3 days 61%						A week or more 39%			
	19	15%	41	33%	16	13%	32	26%	16	13%
Who was your appointment with? (Other (please specify))	GP		Nurse		Nurse P		Pharmacist		Other	
	52	42%	19	15%	40	32%	5	4%	8	6%
Did you see the person you wanted to?	Yes		No							
	89	72%	35	28%						
Was your appointment face to face, or remote?	F2F		Telephone		Home Visit		Virtual			
	84	68%	39	31%	1	1%	0	0%		
Were you happy with your level of care?	Yes		No							
	103	84%	20	16%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	5		4		3		2		1	
	Easy 71%						Not Easy 29%			
	40	32%	24	19%	24	19%	11	9%	25	20%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	5		4		3		2		1	
	Satisfied 81%						Not Satisfied 19%			
	54	44%	19	15%	27	22%	6	5%	18	15%
Overall, how satisfied were you with your level of care? 1 = not at all satisfied, 5 = very satisfied:	5		4		3		2		1	
	Satisfied 81%						Not Satisfied 19%			
	56	45%	22	18%	23	19%	12	10%	11	9%

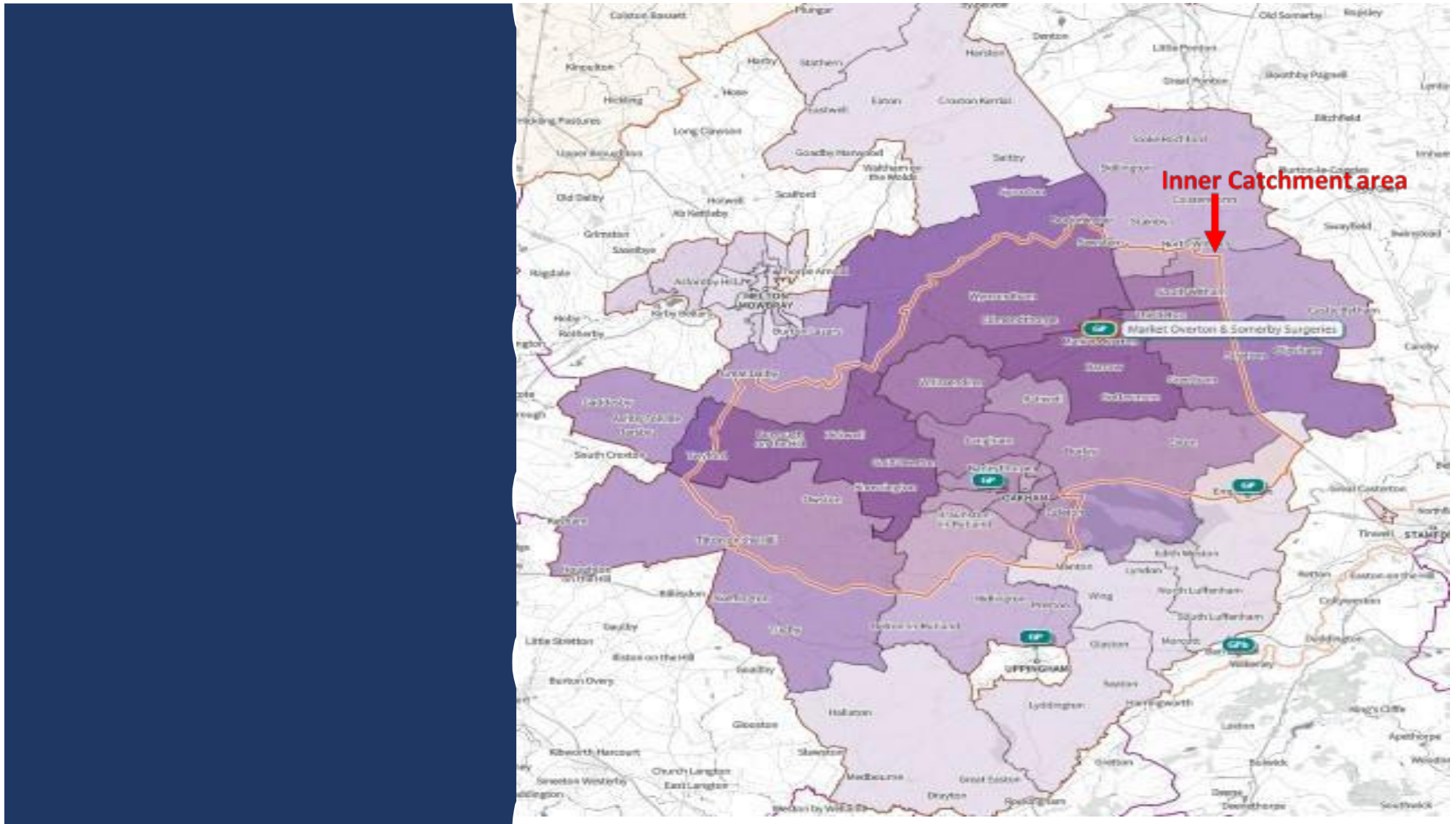
MAP - RUTLAND SURGERIES CATCHMENT



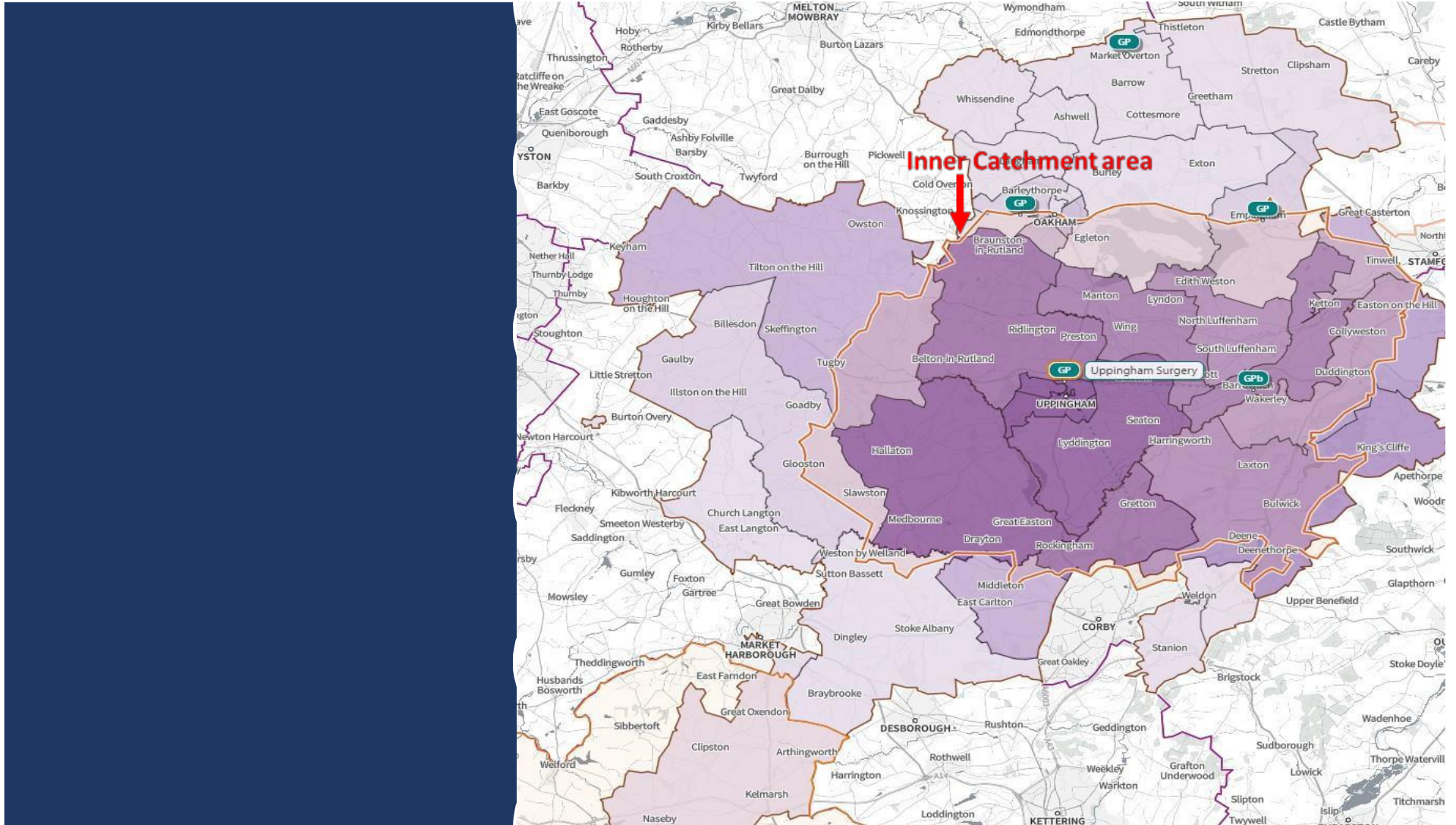
MAP – EMPINGHAM MEDICAL CENTRE CATCHMENT



MAP – MARKET OVERBY AND SOMERBY CATCHMENT



MAP – UPPINGHAM SURGERY CATCHMENT

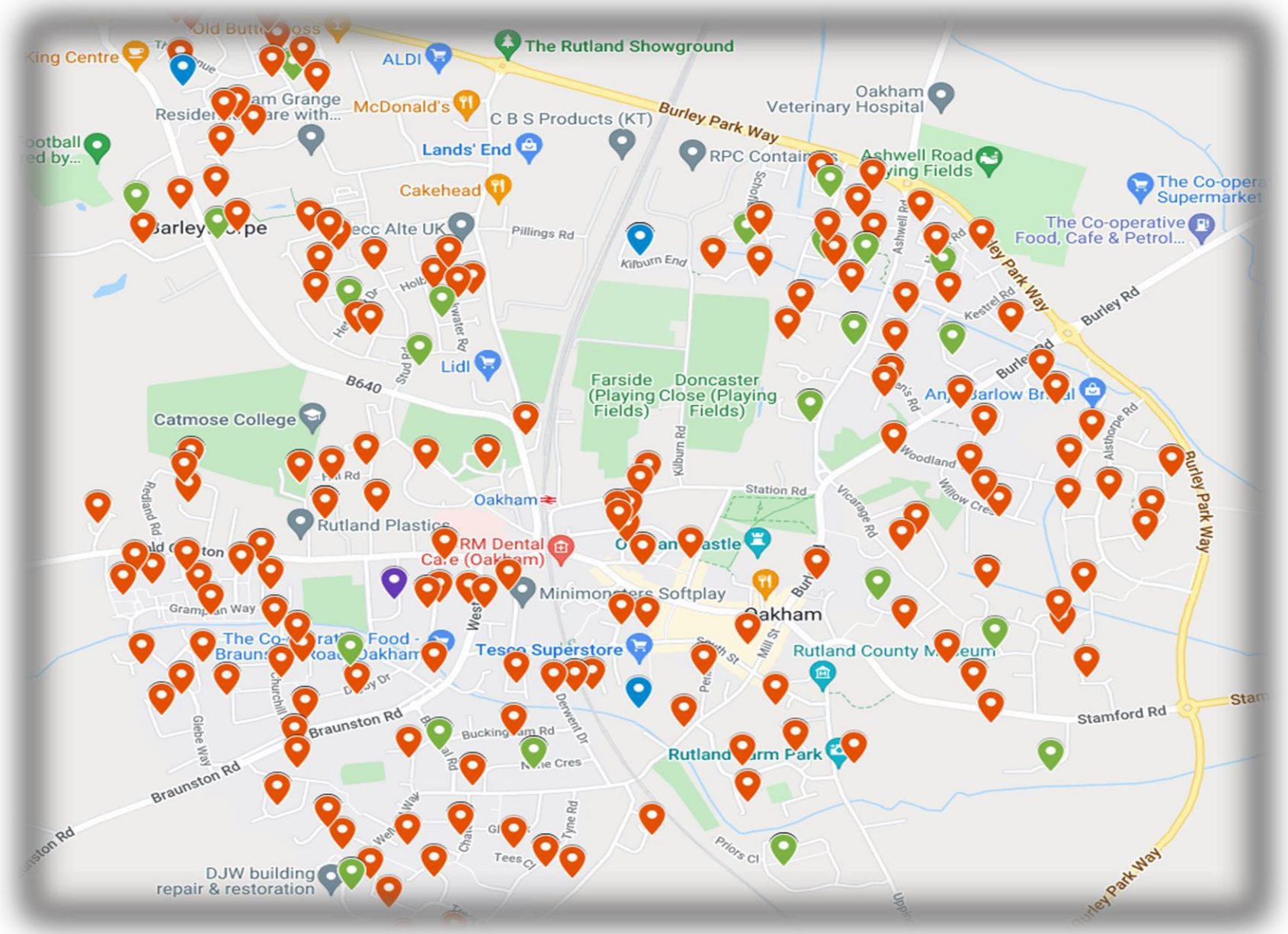


Appendix 6

Survey Responses by Postcode Oakham

-  Oakham Medical Centre
-  Empingham Medical Centre
-  Uppingham Surgery
-  Market Overton and Somerby Surgery
-  Other - not located in Rutland

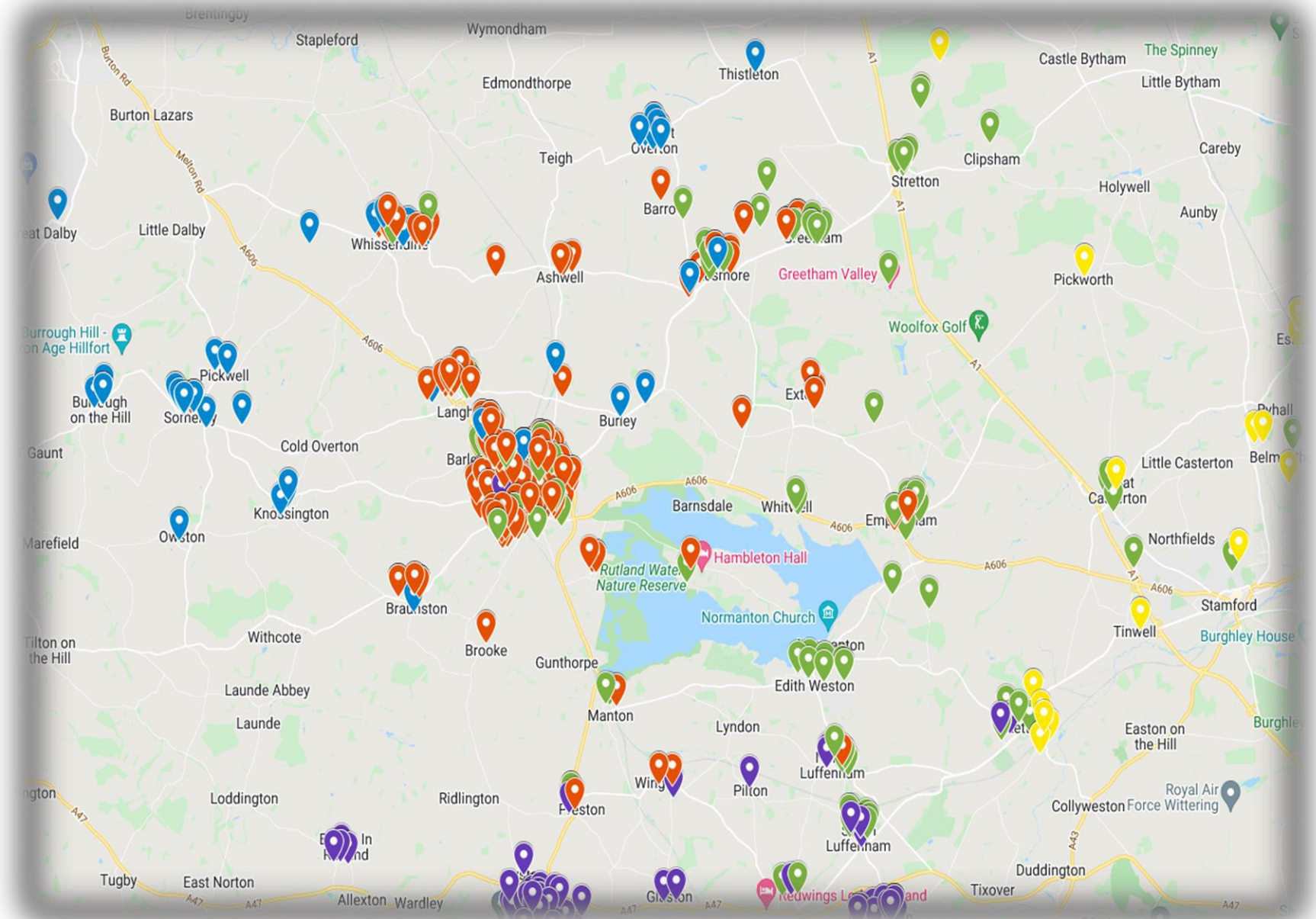
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Appendix 6 Survey Responses by Postcode Rutland

-  Oakham Medical Centre
-  Empingham Medical Centre
-  Uppingham Surgery
-  Market Overton and Somerby Surgery
-  Other - not located in Rutland

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COUNCIL

11 April 2022

REVIEW OF OVERVIEW AND SCRUTINY ARRANGEMENTS

Report of the Monitoring Officer

Strategic Aim:	All	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr O Hemsley, Leader and Portfolio Holder for Policy, Strategy, Partnerships, Economy and Infrastructure	
Contact Officer(s):	Marie Rosenthal, Interim Deputy Director for Corporate Governance (Monitoring Officer)	01572 827347 mrosenthal@rutland.gov.uk
Ward Councillors	N/A	

DECISION RECOMMENDATIONS

That Council approve the recommendations of the Constitution Review Working Group that:

1. The Council relaunch the Scrutiny function, championed by the Scrutiny Commission, the Leader of the Council, and the Chief Executive, with a Rutland Scrutiny Improvement Plan setting out the ambition and expectations for the function based on a partnership of mutual respect, transparency, and constructive challenge.
2. The Council should move away from the existing 3-committee and commission system for overview and scrutiny to a single Strategic Overview and Scrutiny Committee as outlined in 4.2.3 and detailed in Appendix A.
3. There will be a review and report back to Council on the effectiveness of the Strategic Overview and Scrutiny Committee in the early summer of 2023 after a full municipal year's operation.
4. The Monitoring Officer be authorised to make the necessary and consequential changes to the Constitution as part of the pending review of the Constitution.

1 PURPOSE OF THE REPORT

- 1.1 To propose a revised scrutiny function following the review requested by the Council on 13 December 2021 and conducted by the Constitution Review Working Group (CRWG) as part of their wider review of the Constitution.

2 BACKGROUND

- 2.1 The purpose of Scrutiny is to provide a means to hold decision makers to account and to investigate and inquire into issues of interest and relevance to local people. Overview and scrutiny committees were introduced in 2000 as part of new executive governance arrangements to ensure that members of an authority who were not part of the executive could hold the executive to account for the decisions and actions that affect their communities.
- 2.2 Overview and scrutiny committees have statutory powers to scrutinise decisions the Executive is planning to take, those it plans to implement, and those that have already been taken/implemented. Recommendations following scrutiny enable improvements to be made to policies and how they are implemented. Overview and scrutiny committees can also play a valuable role in developing policy.

3 REVIEW OF RUTLAND SCRUTINY FUNCTION 2021/22

- 3.1 Following the publication of statutory guidance in May 2019 and the terms of reference for a review of the Constitution agreed by Audit and Risk Committee on the 30 November 2021 and full Council on the 13 December 2021, the Monitoring Officer was asked to review how the Council currently operates scrutiny and to advise on improvements that would build on the statutory guidance and assist the Council to deliver on its objectives.
- 3.2 The review began in November 2021 with an all-member survey and during subsequent months was conducted via a series of remote interviews with the Scrutiny Commission, the CRWG, members, and senior officers, and included a desk top analysis of past agendas, minutes, the volume of meetings, other council arrangements and Rutland Task and Finish Group outputs.
- 3.3 The CWRG met on the 12 January, 9 February and 23 March 2022 to consider the Scrutiny review. At its meeting on 23 March 2022, it agreed to recommend that the Council should move away from the existing 3-committee and Commission system for overview and scrutiny to a Single Strategic Overview and Scrutiny Commission as outlined in 4.2.3 and detailed in Appendix A of this Report.
- 3.4 Members recognised the significance of the proposed change and if Council approved the proposal, there should be a comprehensive review of its effectiveness after a full municipal year's operation.
- 3.5 The CRWG are scheduled to report back to the Annual Meeting of Council on 8 May with recommended changes to the Constitution to ensure that it is up to date and fit for purpose. If Council agrees the proposed changes to the scrutiny function, these will be included in the report for approval.

4 OVERALL CONCLUSIONS AND RECOMMENDATIONS

4.1 CONCLUSIONS

- 4.1.1 The conclusions and recommendations are drawn from the detailed findings set out in Section 5.
- 4.1.2 The overwhelming view is that there is a strong case for change. Most members responding to the all-member survey did not believe the current arrangements were

effective in providing Value for Money.

4.1.3 The evidence suggests:

- 1) A lack of shared understanding of the role across all Members – a view echoed by Members, SMT and the Monitoring Officer.
- 2) There are a significant number of meetings given our scale and these led to very few recommendations that have resulted in service improvement or that have helped to achieve corporate or partnership priorities.
- 3) That while the Members' Survey suggested members did not believe the current arrangements were effective in providing Value for Money, there are examples from SMT of where it can be done well.
- 4) The number of meetings is not helping to focus or prioritise work and Members are asking for alternative structural options.
- 5) There is limited evidence of public involvement.
- 6) There has not been sufficient training or development for Members.
- 7) Some members view the quality of the chairing of meetings to be mixed.
- 8) Agenda setting is not driven by Scrutiny objectives or a forward view and can be very reactive or follow the Cabinet agenda.

4.2 RECOMMENDATIONS

4.2.1 This review provides an opportunity to reinvigorate and strengthen the overview and scrutiny function at Rutland. The Council could develop a principles-based approach to reset and drive scrutiny, adopting an improvement plan reflecting the principles of good scrutiny embedded in the 2019 statutory guidance:

- Effective overview and scrutiny should provide constructive 'critical friend' challenge;
- Amplify the voices and concerns of the public;
- be led by independent people who take responsibility for their role; and
- drive improvement in public services.

4.2.2 The delivery of a comprehensive member development programme will be key to support scrutiny chairs in better chairing and leadership of the scrutiny function and to ensure all scrutiny members aware of their roles and responsibilities and the powers available to them as scrutiny committees.

4.2.3 There should be a radical change moving from three service scrutiny committees to one strategic body with commissioning powers to set up small Working Groups, Task and Finish Groups, Single Issue Panels and /or Inquiries to undertake detailed challenge work within their respective remits – detailed in Appendix A.

4.2.4 There should be a focus at each meeting on a limited number of substantive items, which reflect priorities for the members concerned. A focus on performance results

to identify successes and areas for development or future work, supporting the successful delivery of the Corporate Plan.

- 4.2.5 There should be more public involvement in identifying topics for review and giving evidence and items for 'noting' or 'comments' should either be directed elsewhere or consider later in the meeting when the priority items have been discussed.
- 4.2.6 There should be established an informal joint meeting between the Cabinet and the Scrutiny Commission, to suggest topics where cabinet would welcome an in-depth study from overview and scrutiny and to discuss the proposed scrutiny work programme.
- 4.2.7 Greater use of virtual meetings technology and, where appropriate, social media to engage the public, service providers and external partners and encourage elected member active participation.
- 4.2.8 Virtual technology, in-house training and briefings should be used for scrutiny Chairs and members on appointment and on-going, including subject updates as required and skills development.
- 4.2.9 Committees should conduct an annual self-evaluation to be accountable to the council and the public.

5 REVIEW OF EFFECTIVENESS DETAILED FINDINGS

5.1 The Scrutiny Commission review

- 5.1.1 The Scrutiny Commission met on the 18 January and 1 March 2022 to consider the Member Survey and to carry out an informal review of the effectiveness of the scrutiny function by discussing the strengths and weaknesses of the current arrangements.
- 5.1.2 The Commission considered that scrutiny is well managed and runs well with hard working members and excellent support from Governance. There are high levels of officer support and engagement, and Task and Finish groups are effective and satisfying for members.
- 5.1.3 The Commission identified several areas for improvement. These included:
 - no shared understanding about the purpose of scrutiny.
 - a weak Induction process for new scrutiny members.
 - a level of member complacency and a resistance to change.
 - the need to engage better with the public and to follow up on recommendations for action; and
 - making better use of existing constitutional provisions (for example, call-in procedures or inviting the portfolio holders to give account at scrutiny).

5.2 Monitoring Officer Review

- 5.2.1 The Centre for Governance and Scrutiny (CFGs) suggest several measures to evaluate scrutiny effectiveness. These are:

- The presence of at least 70% of scrutiny recommendations accepted and implemented within the last three years (noting that the national average is 62%).
- Whether respondents recognise a constructive relationship between the executive and scrutiny.
- Whether respondents consider that scrutiny has a positive impact.

5.2.2 The CFGS state “Councils demonstrating any one of these single characteristics is a sign of scrutiny’s effectiveness, but these characteristics in combination form our ‘effectiveness measure’ and make a very convincing case for scrutiny working successfully within a council. It is difficult to establish conclusively that scrutiny in such councils is always more effective, but we continue to explore effectiveness as we work to better understand political culture and the practical impact of scrutiny work.”

5.2.3 An analysis of scrutiny recommendations by Committee over the last two years reveals that over 90% of the reports that went to the Scrutiny Committees were to be noted or similar with little evidence that they led to recommendations that have resulted in service improvement or that have helped to achieve corporate or partnership priorities.

5.2.4 It was interesting to note Members themselves were unable to point to much constructive work despite the number of meetings held. The volume of meetings over during 2021/22 averaged two a month as per the table below.

MEETING	No. of Meetings Held in 2019/20	No. of Meetings Held in 2020/21	No. of Meetings Held in 2021/22	TOTAL
Adults & Health Scrutiny Committee	5	4	7	16
Children & Young People Scrutiny Committee	5	6	6	17
Growth, Infrastructure & Resources Scrutiny Committee	8	6	7	21
Scrutiny Commission	7	2	6	15
Biodiversity Task and Finish Group	6	0	0	6
Primary Care Task and Finish Group	0	0	3	3
TOTAL	31	18	29	78

5.2.5 The evidence suggests that is not the number of meetings or opportunities that hamper effective Scrutiny but something else. Clearly, having meetings that do not contribute substantially is not a good use of resources.

5.2.6 There are problematical aspects of the range of activities undertaken by the three scrutiny committees in the way they operate. There is also a low-key approach to policy development and performance review. The way in which topics for in depth ‘task group’ scrutiny is selected would benefit from more evidence-based rigour. The Committees also need to review how they allocate their time amongst the various potentially beneficial activities they could carry out:

- policy development (i.e., where no policy currently exists) including the budget
- policy review (of an extant policy)
- performance monitoring and review
- effective ‘critical friend’ challenge to executive decisions or decision intentions

- external scrutiny (i.e., scrutiny of topics for which the council does not hold the primary responsibility)
- contributing to budget formulation

5.2.7 Under all these headings, although there have been achievements (often reflecting the work of ‘task groups’), there is a good deal of scope for improvement.

5.2.8 Does the current structure help or hinders effective Scrutiny? 20 years after the introduction of executive government, the Rutland scrutiny committees are still operating in a similar fashion to the traditional ‘service committees’ which they replaced. Agendas, settings, and functions are similar, in a way which is inappropriate, given the fundamentally different role of overview and scrutiny committees.

5.2.9 The main danger with an overview and scrutiny structure which matches departmental responsibilities is that overview and scrutiny activities tend to become focused predominantly on the statutory responsibilities of the council, at the expense of wider issues of community concern which do not fit conveniently into the span of responsibilities of the scrutiny committees.

5.3 **Senior Management Team Review**

5.3.1 The Senior Management Team met on 2 March 2022 to discuss the scrutiny review. Their views can be summarised as follows:

5.3.2 “It feels like there is a lack of member understanding of what the Scrutiny role is about. This is reflected both in the agenda items and the nature and style of questioning.

5.3.3 In more recent times, there is a tendency for agendas to “shadow” whatever Cabinet is doing or planning to do and there have been a number of reports “to note”. This doesn’t feel like best use of the time. There is no reason why Scrutiny should not have its own agenda driven by issues it wants to investigate not always driven by Cabinet.

5.3.4 There have been several Task and Finish Groups – it appears that they invariably suffer from a lack of sustained commitment from Members involved. The Poverty review was a particular example. Participating in such groups should mean investing time in research and engaging with relevant stakeholders to bring something back into topics. Turning up to meetings is not enough.

5.3.5 Being challenged and held to account is part of life as an Officer. The way this is done is often unhelpful and meetings can often be quite hostile which is unnecessary.”

5.3.6 That said all Directors have found Scrutiny helpful in talking through ideas and issues in relation to initiatives and Policy Development. They agreed that using the experiences and skills of Members is something that we should do more of.

5.3.7 The Directors pointed to several examples where they thought Scrutiny added real value. These included:

- Launch of MyAccount - a session was held with Members to get a view on its functionality and design. Subsequent to the Scrutiny meeting itself, officers

invited one of the panel members in with expertise in the area to give further input which shaped the end product. From an officer viewpoint, using the experience pool of Members was really helpful in getting feedback and giving a different perspective.

- The Rutland Family Hub - This will allow families to access face-to-face and digital support from public, private, and voluntary organisations at a single place. Scrutiny offered constructive comments on how to deliver this. Scrutiny was also helpful, in relation to the Children's Services Offer.
- Waste re-procurement - Scrutiny helped identify areas to be explored through the public consultation process and considered the issues and implications of the Environment Act's requirements for new waste collections services.
- Parking Strategy - Scrutiny worked with the Portfolio Holder prior to the development of the parking strategy to identify key issues for residents and communities that should be considered and addressed,
- Minerals and Waste Contract - whilst it would have been valuable for Scrutiny to have considered the issue earlier in the process it did make a number of recommendations regarding the monitoring and management of the contract.

5.4 **CRWG Review**

5.4.1 At its meeting of 9 February 2022, the CRWG considered the outcome of the review. It noted that the Member Survey had revealed dissatisfaction with the current arrangement especially in relation to value for money. During the discussion on the 9 February, the following points were noted:

- Councillor Waller expressed concerns that the authority was not currently doing what it should be and encouraged a change was needed with Scrutiny. Councillor Waller's preference would be to have one Overview and Scrutiny Committee meeting 11 times a year. The Constitution would need to be clear what the roles and responsibilities of the Group were.
- Councillor Oxley felt Scrutiny needed to be made more open and transparent and to allow non-executive Members to feel they could make a positive contribution to the running of the Council.
- Councillor G Brown acknowledged Scrutiny was not working, he raised concerns about the Charing and what aspects were put forward to be discussed. Members needed to be made more involved in discussions and given much more detail.
- Councillor Baines concurred with other Members that Scrutiny needed a radical change. He went on to say he felt a single Committee would work better or the option of two Committees merely splitting between People and Places to allow for Member's strengths and interests to be used in the correct areas.
- Councillor R Powell agreed a change needed to be made with Scrutiny, she suggested looking at what output the Council wanted from Scrutiny and how to make sure it did its job properly.
- Councillor Waller stated Members are not clear what Scrutiny's function is. She

stated two committees with a Policy development and Performance basis split might be more suited for the authority.

- The Governance Manager, Tom Delaney mentioned that one Committee could work well with Task and Finish groups to support the Committee more in non-formal ways.
- Councillor Oxley asked for more options on how other smaller authorities were working their Scrutiny function.
- Councillor Hemsley asked the Monitoring Officer to explore further examples and models for the Group to look at.
- The Monitoring Officer advised she would write a more detailed report recommending a single committee. The report would be brought to the 23rd of March meeting.
- Councillor Oxley enquired about how the Political Balance would work within the model. The Monitoring Officer would explore this in the report.

5.4.2 On 9 February 2022, the CRWG concluded that the scrutiny function would benefit from consideration of structural change and invited the Interim Monitoring Officer to outline possible options for change based on the review findings.

5.4.3 The CRWG met on the 23 March 2022 to consider the revised proposals for structural change of the overview and scrutiny function set out in this report. The CRWG agreed to recommend the proposals to Council for adoption in time for the Annual Meeting of Council on 8 May 2022 and subject to a review of effectiveness during 2023/4.

6 FINANCIAL IMPLICATIONS

6.1 The single scrutiny committee may involve some reduced clerking and administrative costs depending on the volume of activity.

6.2 There may also be an impact in terms of allowances payable, but this can be determined when arrangements are agreed and the membership of any future committee resolved.

7 LEGAL AND GOVERNANCE CONSIDERATIONS

7.1 As detailed in the Report.

8 ALTERNATIVE OPTIONS

8.1 As set out in Appendix A

9 DATA PROTECTION IMPLICATIONS

9.1 A Data Protection Impact Assessments (DPIA) has not been completed because there are no risks/issues to the rights and freedoms of natural persons.

10 EQUALITY IMPACT ASSESSMENT

10.1 An Equality Impact Assessment (EqIA) has not been completed.

11 APPENDICES

11.1 Appendix A – Alternative Structures

12 BACKGROUND PAPERS

12.1 Council Constitution

12.2 Centre for Public Scrutiny – Good Scrutiny Guide

12.3 Overview and scrutiny: statutory guidance for councils and combined authorities.
Published 7 May 2019

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

APPENDIX A – ALTERNATIVE STRUCTURES

1 THE SCRUTINY COMMISSION

Some of the issues identified in the Report could be remedied if the Scrutiny Commission played a more proactive role with increased powers to sponsor specific task and finish work and consult more widely with the cabinet and the public on work programming. The role of the Scrutiny Commission is limited as specified in the Constitution at Procedure Rule 193 set out below. It has no powers to establish task and finish work. Its current role is:

- 1) To approve an annual scrutiny work programme, including the programme of any Sub Committee appointed by a Scrutiny Committee, to ensure that there is efficient use of all Committees' and sub-Committees' time, and that the potential for duplication of effort is minimised.
- 2) Where matters fall within the remit of more than one Scrutiny Committee or Sub-Committee, to determine which of them will assume responsibility for any issue, and to resolve any issues of dispute between Scrutiny Committees.
- 3) To receive requests from the Cabinet and/or the full Council for reports from Scrutiny Committees and to allocate them if appropriate to one or more Scrutiny Committees.
- 4) To put in place and maintain a system to ensure that referrals from scrutiny to the Cabinet, either by way of report or for reconsideration are managed efficiently and do not exceed the limits set out in this Constitution.
- 5) At the request of the Cabinet, to make decisions about the priority of referrals made in the event of reports to the Cabinet exceeding limits in this Constitution, or if the volume of such reports creates difficulty for the management of Cabinet business or jeopardises the efficient running of Council business.
- 6) To have the powers of a Scrutiny Committee in relation to Cabinet decisions made but not implemented as set out in section 21(3) of the Local Government Act 2000, as do all other Scrutiny Committees. See Procedure Rule 206 (Call-In of decisions).

The Scrutiny Commission needs to improve liaison with the Leader and cabinet and be given more wide-ranging powers if it is to continue to ensure that the Scrutiny Committees are held accountable for their roles and responsibilities.

2 ALTERNATIVE OPTIONS

- 2.1 Overview and scrutiny legislation recognises that councils are democratically elected bodies who are best placed to determine which overview and scrutiny arrangements best suit their own individual needs. This gives the Council flexibility to decide which arrangements to adopt. The only mandatory requirement is that there must be at least one committee responsible for the function.
- 2.2 Whatever structure is adopted, the Council needs to ensure that scrutiny has a clear role and focus and can clearly demonstrates how it adds value as a strategic function of the Council. This means that the scrutiny function concentrates on

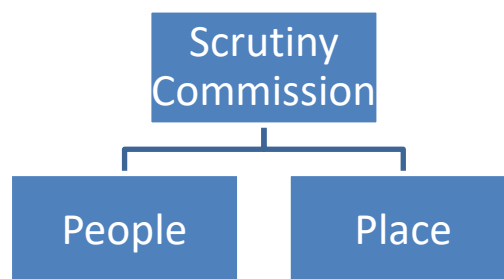
delivering work that is of genuine value and relevance to the work of the wider Council and is not stuck in unnecessary bureaucracy and meetings.

- 2.3 Structural change is not always the solution, but it can reinvigorate arrangements which have become unproductive. Because of the problems associated with the directorate/committee link there is merit in a serious consideration of alternative overview and scrutiny structures. However, these will only succeed if there is a closer alignment with what overview and scrutiny is seeking to achieve.
- 2.4 As alternatives to the status quo, two options are identified and discussed below. They are all based on the evidence that there is a trend across the country with smaller authorities towards more streamlined structures, with fewer committees. One of the main reasons for this trend being the realisation that if a Council wishes to have more than one scrutiny committee, there will always be a need to co-ordinate the various committees' work to make best use of the total resources available.
- 2.5 The other reason is the size of the Council with 27 members. Up to 10 can form the cabinet leaving 17 members not all of whom will wish to be active in overview and scrutiny. The rule of thumb on the optimum numbers for a committee is 9 which means Rutland has insufficient members to form more than 2 effective scrutiny committees alongside the remaining standing committees of Planning and Licensing Audit and Risk, Employment and Appeals and the Conduct Committees.
- 2.6 On that basis it is suggested that there are two options for change, modify the existing arrangement or move to one overarching committee. These are explored in more detail below.
- 2.7 **Option 1 - The Single Scrutiny Committee (recommended option)**
 - 2.7.1 This would be a more radical change moving from three service scrutiny committees to one strategic body with commissioning powers to set up small Working Groups, Task and Finish Groups, Single Issue Panels and /or Inquiries to undertake detailed challenge work within their respective remits.



- 2.7.2 Membership could be all non-executive members who wished to involve themselves in overview and scrutiny or a specified number of 9 members on a politically proportionate basis. This would result on current proportionality with 4 Conservative, 2 Independent, 1 Lib Dem and 1 Non-aligned, and 1 seat leftover for groups to agree. It should be chaired by a member of an opposition group to ensure independence from the administration and proper scrutiny of the executive.
- 2.7.3 This model provides a high degree of flexibility and avoids creating an overly bureaucratic system. It needs to be coupled with a work programme of activity designed to enable Councillors to participate according to personal motivation, interest and perhaps prior or current expertise.
- 2.7.4 The single Committee would need to take particular care to involve the statutory co-optees for educational matters: (Diocesan Representatives and Parent Governor Representatives). More work would need to be done to ensure proper focus on the statutory responsibilities for Crime Prevention and Health Scrutiny as part of the Council's wider responsibility in relation to health improvement and reducing health inequalities for their area and its inhabitants.
- 2.7.5 The Single Committee would also be responsible for key decision call ins, Councillor Calls for Action, performance review.
- 2.7.6 This single Committee would be responsible for devising a meaningful overview and scrutiny programme which could, include Working Groups, Task and Finish Groups, Single Issue Panels and/or Inquiries. This new approach would result in more satisfying roles for scrutiny councillors to get under the surface of issues and gain deeper and better understanding of the subject resulting in better and clearer recommendations to cabinet and other partner organisations.
- 2.7.7 Working Groups are not required to be politically proportional and should instead be any 3-5 non-executive members with a particular interest in the subject matter. That way Members beyond those on the Scrutiny Committee could become more involved.

2.8 **Option 2 - Modified status-quo**



- 2.8.1 The role of the Scrutiny Commission would be strengthened. It would encompass the current Resources/Finance functions of the GIR Scrutiny Committee. It would have lead responsibility for performance review, (including the performance of partnerships) a more explicit link with the Cabinet and a strengthened capacity to commission external scrutiny reviews, and a more explicit responsibility to ensure that overview and scrutiny in Rutland operates consistently and effectively.
- 2.8.2 It is recommended that the Scrutiny Commission is comprised of nine members including the Chairs and Vice Chairs of each of the two new overview and scrutiny

committees, but that the Commission's Chair and Vice Chair should not hold other scrutiny chairing responsibilities.

2.8.3 The Scrutiny Commission would ensure scrutiny has a profile in the wider community especially during the work planning stage and more generally over the municipal year.

2.8.4 Part of its new role would also include communicating scrutiny's role and purpose to full Council on a regular basis. The Scrutiny Commission should decide when it would be appropriate to submit reports for wider debate in this way, considering the relevance of reports to full Council business, as well as full Council's capacity to consider and respond in a timely manner. Such reports would supplement the annual report to full Council on scrutiny's activities and raise awareness of ongoing work.

2.8.5 It is suggested that the strengthened Commission would work with two new standing committees with more specific briefs:

- People comprising seven members working on Children and Families with Health and Social Care – This would cover all the council/public services in Rutland which are delivered and experienced personally – e.g., education, child protection, social housing, action on homelessness including physical health and the need for social care.
- Place would also comprise seven members and have similar responsibilities to the GIR Scrutiny Committee but would have a strengthened profile in relation to Crime and Disorder issues.

2.8.6 Another alternative considered, but not recommended as it will create more committees would have been to refocus the committees across the 5 priorities within the new Corporate Plan. These are:

- 1) A Special Place: Sustaining a vibrant rural county that harnesses the enterprise of its businesses, the ambition and creativity of its residents, and the passion of its local communities.
- 2) Sustainable Lives: Living sustainably and combatting the climate crisis through the power of choice, the removal of barriers, and real collective action.
- 3) Healthy and well: Promoting health, happiness, and well-being for people of all ages and backgrounds.
- 4) A county for everyone: Celebrating diversity and ensuring everyone can live well, be heard, and overcome any challenges they may face.
- 5) A modern and effective Council: Transforming the way we work to deliver services fit for the future

ENDS

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COUNCIL

11 April 2022

APPOINTMENT OF DIRECTOR FOR LEGAL AND GOVERNANCE AND MONITORING OFFICER

Report of the Chief Executive

Strategic Aim:	All	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr O Hemsley, Leader of the Council and Portfolio Holder for Policy, Strategy, Partnerships, Economy and Infrastructure	
Contact Officer(s):	Mark Andrews, Chief Executive	mandrews@rutland.gov.uk 01572 758339
	Carol Snell, Head of Human Resources	csnell@rutland.gov.uk 01572 720969
Ward Councillors	N/A	

DECISION RECOMMENDATIONS

That Council:

1. On the recommendation of the Chief Officer Appointment Committee, approves the appointment of Angela Wakefield as Director for Legal and Governance and Monitoring Officer.

1 PURPOSE OF THE REPORT

The purpose of the Report is to seek Council approval to the appointment of Angela Wakefield to the post of Director (Legal and Governance) and Monitoring Officer.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 Under Section 5 of the Local Government and Housing Act 1989, the Council is required to designate a Monitoring Officer. The Monitoring Officer has several statutory duties and responsibilities relating to the Council's Constitution and arrangements for effective governance.

2.2 Following the resignation of Philip Horsfield last year, the decision was taken to fill the role on an interim basis pending a permanent appointment to minimise the risk of Council not having a Monitoring Officer. Marie Rosenthal was appointed as Interim Monitoring Officer on the 11 October 2021 and has been working with

members on a review of the Constitution and improving the Governance and Legal service.

- 2.3 The Officers Employment Procedure Rules regulate the recruitment and appointment of statutory Chief Officers by the Chief Officer Appointment Committee.

3 APPOINTMENT PROCESS

- 3.1 Penna recruitment agency was appointed in January 2022 to carry out an executive search of suitable candidates for the role across the country alongside an advertisement campaign. A longlist of nine candidates were initially considered with six candidates being taken forward for assessment and initial interview during February.
- 3.2 The Chief Officer Appointment Committee met on 11 March 2022 to interview the shortlisted candidates who were recommended for consideration.
- 3.3 Angela Wakefield was unanimously agreed for appointment. Angela is currently Monitoring Officer at Slough Borough Council with previous experience as Solicitor to the Council and Monitoring Office at East Staffordshire Borough Council.
- 3.4 Satisfactory references have been received and a potential start date in May has been tentatively agreed.

4 COMMENCEMENT

- 4.1 Following the Chief Officer Appointment Committee on 11 March 2022, a conditional offer of employment has been made to Angela Wakefield. The offer is conditional on the decision of this Council meeting.

5 CONSULTATION

- 5.1 In line with the requirements within the Council's Officers Employment Procedure Rules, an email was sent to all Cabinet Members on 11 March 2022.
- 5.2 Cabinet have all confirmed that they support the appointment.

6 ALTERNATIVE OPTIONS

- 6.1 The alternative option is for the Council to undertake a further recruitment process. This is not recommended.

7 FINANCIAL IMPLICATIONS

- 7.1 There are no financial implications arising from this Report. The cost of the post is within the existing budget.

8 LEGAL AND GOVERNANCE CONSIDERATIONS

- 8.1 These are contained within the main body of the report.

9 DATA PROTECTION IMPLICATIONS

- 9.1 A Data Protection Impact Assessments (DPIA) has not been completed as the

information contained in the report is information that will be publicly available.

10 EQUALITY IMPACT ASSESSMENT

- 10.1 An Equality Impact Assessment (EqIA) has not been completed in relation to the specific appointment. However, the Council is required to have regard to its equality duty in making all decisions. The appointment process has been in accordance with the Council's Officer Procedure Rules and Recruitment Policy.

11 COMMUNITY SAFETY IMPLICATIONS

- 11.1 There are no Community Safety implications arising from the report.

12 HEALTH AND WELLBEING IMPLICATIONS

- 12.1 There are no Health and Wellbeing implications arising from the report.

13 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 13.1 It is recommended by the Chief Officer Appointment Committee that Council appoints Angela Wakefield to the post of Director of Legal and Governance and Monitoring Officer.

- 13.2 The reasons for the recommendations are as set out in the report.

14 BACKGROUND PAPERS

- 14.1 There are no additional background papers.

15 APPENDICES

- 15.1 There are no appendices.

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