

Rutland County Council

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Minutes of the **MEETING of the ADULTS AND HEALTH SCRUTINY COMMITTEE**
held via Zoom on Thursday, 31st March, 2022 at 7.00 pm

PRESENT: Councillor G Waller (Chair)
Councillor R Powell (Vice Chair)
Councillor P Ainsley
Councillor K Bool
Councillor J Fox
Councillor L Toseland

APOLOGIES: Councillor W Cross

PORTFOLIO HOLDER PRESENT: Councillor D Wilby Portfolio Holder for Education and Children's Services

OFFICERS PRESENT: Jane Narey Scrutiny Officer

IN ATTENDANCE: Dr Janet Underwood Chair, Healthwatch Rutland

1 WELCOME AND APOLOGIES RECEIVED

Apologies were received from Councillor W Cross, Councillor L Toseland, John Morley, Fiona Myers and Councillor S Harvey

Councillor Waller informed attendees that, due to difficulties in getting the updated data regarding dentistry in Rutland and the correct people to brief Scrutiny Committee, it had been proposed that the item be postponed until the next meeting. She stated that she had spoken with Councillor Ainsley and they had agreed to have a joint scrutiny meeting to discuss dentistry in Rutland.

2 RECORD OF MEETING

The minutes of the meeting held on the 17th February 2022 were confirmed as an accurate record.

3 DECLARATIONS OF INTEREST

No declarations of interest were received

4 PETITIONS, DEPUTATIONS AND QUESTIONS

There were no petitions, deputations or questions.

5 QUESTIONS WITH NOTICE FROM MEMBERS

The Scrutiny Officer confirmed that questions had been received from Committee members regarding agenda item 10 – Adult Services Performance Data and Risk Register.

She confirmed that written responses from Officers would be collated and distributed to the committee members and published with the minutes.

6 NOTICES OF MOTION FROM MEMBERS

No notices of motion were received from members.

7 CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION

No call ins were received.

8 ACCESS TO PRIMARY CARE FOR RUTLAND RESIDENTS

A verbal update and a short presentation (copy attached) were received from Dr Sara Hall, GP Partner and Teri White, Hub Manager from Lakeside Healthcare Stamford. During the discussion, the following points were noted:

- Teri White confirmed that her role as ‘Hub Manager’ was the equivalent of a ‘Practice Manager’ but that a Hub Manager managed more than one site or medical practice.
- It was reported that the Patient Participation Group (PPG) used a ‘mystery shopper’ style of action to investigate the different processes within the medical practice and then provided feedback.
- Dr Hall confirmed that the medical practice had seen a huge increase in the number of patients contacting the surgery during to the pandemic.
- Post pandemic the medical practice was still dealing with a large number of people including an increased number of people with mental health issues resulting from the lockdown.
- Lakeside Healthcare Stamford was the first surgery in the UK to use a Swedish system (Doctrin) to manage digital contact with patients. This had proved very successful with patient satisfaction ratings recorded as 95% of users being happy with the new system after only 1 week of the system going live.
- Patients were encouraged to use the digital access where possible. This would then free up the phone lines and the GP’s so allowing them to deal with those patients who actually required a face-to-face GP meeting.
- The practice was currently not at full capacity with regard to its GPs but there was a national shortage of medically qualified staff.
- Dr Hall stated that the surgery was aware that patients were reluctant to use the new ‘triage’ system instead of the previous system of everyone having an appointment with a GP but the new triage system meant better and quicker treatment for patients.
- The message to patients that they would not be receiving a second-class service if they did not see a GP needed to be more strongly emphasised. Patients would probably be better off seeing a more specialised trained member of staff than a GP

e.g. Respiratory specialist Nurse, Diabetic Specialist Nurse, Musculo-skeletal Physiotherapist etc.

- Councillor Wilby thanked the team at Lakeside Healthcare Stamford for all their hard work especially during the pandemic as the vaccination and testing sites had been run exceptionally well.
- Dr Hall confirmed that the surgery had seen approximately 1000 patients leave in the past 12-18 months, with people registering to Wansford surgery and Empingham surgery. However, some patients were now returning to Lakeside Healthcare Stamford and the surgery had approximately 29,000 patients registered at the practice.
- It was confirmed that St Mary's Medical Practice in Stamford had been closed and used purely for vaccinations during the pandemic. Over 20,000 vaccinations had been done but the site had since been re-opened for GP use.
- Some patients did not understand that the role of a 'Receptionist' had changed to that of a 'Care Navigator' or that they were medically trained to triage patients to the most suitable care provider. Better communication with patients was needed to educate the public to the new ways of working in a modern medical practice.
- Teri White confirmed that more communication was being done with staff and patients and that the number of complaints received by the practice had dropped significantly over the past four months.

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Councillor Toseland joined the meeting at 7.58 p.m.

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- Dr Hall confirmed that the Clinical Commissioning Group (CCG) was responsible for providing GP services within an area but that Lakeside Healthcare Stamford was in discussions with them and South Kesteven District Council regarding the proposed new housing development to the northeast of Stamford.
- Councillor Waller thanked Dr Hall and Teri White for their time and stated that she would have liked to have seen a member of the PPG at the meeting but hoped that a member would attend a future meeting along with Dr Hall and Mrs White when they returned to update the Scrutiny Committee on the results of their latest CQC inspection.
- The Scrutiny Committee thanked Dr Hall and Teri White for their informative presentation and passed on their thanks to all the staff at Lakeside Healthcare Stamford for their ongoing hard work.

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Dr Hall and Mrs White left the meeting at 8.04 p.m.

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RESOLVED

That the Committee:

- a) **RESERVED** the right to invite Lakeside Healthcare Stamford back to a scrutiny committee meeting following the results of their recent CQC inspection report.

9 PRIMARY CARE TASK & FINISH GROUP: FINAL REPORT

The report from the Primary Care Task and Finish Group was presented by Councillor P Ainsley, Chair of the Primary Care Task and Finish Group. During the discussion, the following points were noted:

- This report followed on from the preliminary report. It detailed recommendations and proposed actions and would also be presented to the Rutland Health and Wellbeing Board and Council.
- The final approved report would be distributed to the medical practices, the PCN and the LLR CCG.
- The report had been produced in a very short space of time with the whole process only taking 72 days from beginning to end.
- Councillor Ainsley emphasised that it had never been the intention of the group to dictate what needed to improve and by who.
- Councillor Ainsley personally thanked members and officers for their hard work and support in producing the final report.
- Scrutiny Committee thanked members of the Group for all their hard work in doing an outstanding job in producing the report.

RESOLVED

That the Committee:

- a) **ENDORSED** the Report of the Primary Care Task and Finish Group and its recommendations in section 8 save that in 8.1.e the references to Public Health and RCC were omitted and that an additional recommendation be added stating 'That the Rutland PPG's contact Lakeside Healthcare Stamford PPG to share good practice for the best interests of Rutland residents'.
- b) **REQUESTED** that Council approve the amended report and commends it to LLR CCG, Lincolnshire CCG, RCC's Health and Wellbeing Board, each Rutland GP practice and their PPGs, with a request that the recommendations in section 8 be actioned by the appropriate body.
- c) **DETERMINED** that the scrutiny process in Rutland would follow up this work with a further public survey by January 2023 to gauge public satisfaction with improvement in the key areas identified.

10 ADULT SERVICES PERFORMANCE DATA AND RISK REGISTER

The Chair confirmed that this item was FOR INFORMATION ONLY.

11 REVIEW OF THE FORWARD PLAN AND ANNUAL WORK PLAN

- The Forward Plan and the draft Annual Work Plan for 2022/2023 were discussed.
- Councillor Waller proposed that 'Rutland Medical Practice Estates' be added for discussion in the new municipal year.
- Dr Underwood suggested contacting Sarah Prema, Executive Director of Strategy and Planning at the LLR CCGs, as she had produced a report following a review of the estates at medical practices.

RESOLVED:

That the Committee:

- a) **ADDED** to the annual work plan 'A review of the estates at the Medical Practices within Rutland'.

12 ANY OTHER URGENT BUSINESS

There was no urgent business.

13 DATE AND PREVIEW OF NEXT MEETING

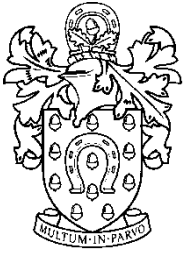
Future meeting dates would be confirmed at the meeting of Annual Council on the 9th May 2022.

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The Chairman declared the meeting closed at 8.29 pm.

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QUESTIONS WITH NOTICE FROM MEMBERS

MEETING: Adults and Health Scrutiny Committee

MEETING DATE: 31 March 2022

AGENDA ITEM: 10	Report - Adults Social Care – Scorecard 2021/22
Q1	<p data-bbox="240 521 1477 560">QUESTION</p> <p data-bbox="240 595 1477 633">2) How effectively and quickly are we working?</p> <ul data-bbox="288 672 1477 947" style="list-style-type: none"> • 2.01, Contacts processed within 2 working days. The target is 80% and the percentage target appears to be decreasing. - Why is this and how can we help? • 2.03, The average amount of days taken to complete assessment (from allocated to complete,) the target is 28, and the number of days this is taking seems to be increasing. (In January it was 38 days.) – How is this now? What do officers feel is causing this to increase? <p data-bbox="240 974 1477 1012">RESPONSE</p> <ul data-bbox="288 1050 1477 1928" style="list-style-type: none"> • 2.01 – The primary reason for contact targets decreasing is the increasing number of contacts we receive through the Prevention and Safeguarding Team. In particular safeguarding adult concerns. They are, by nature, more complex and take longer to process due to the need for detailed information gathering/fact finding. We have seen an increase in the number of safeguarding concerns sent in by providers (Care Homes/Domiciliary Care) which require more information gathering in order to appropriately apply our safeguarding thresholds to these concerns. We monitor the contacts that remain open so they are not left without oversight. • 2.03 – This KPI refers to the timescales between the first contact someone makes with ASC to the closure of an assessment. Whilst we aim to complete this process within 28 days there are several factors which can affect this KPI. In January we saw several assessments go over the 28 estimated timescale due to: <ul data-bbox="288 1608 1477 1928" style="list-style-type: none"> • The adults preferred date for visit being 1-2 weeks after they first rang to make a referral • The adult being in hospital so not being ready for us to assess • Multi-agency working with partner agencies prior to the assessment being started. • The complexity of the adults’ care and support needs (requirement to wait for information from health partners) • This has reduced to an average of 20 days in Februarys most recent data.
Q2	<p data-bbox="240 1951 1477 1989">QUESTION</p> <p data-bbox="240 2024 1477 2056">3) Customer Outcomes</p>

	<ul style="list-style-type: none"> • 3.04, the target is 35%, but the need and demand for direct payments appears to be increasing. Why is the target lower if need is increasing or appears more? (From April – January the percentage was above the target percentage.) • 3.10, the overall satisfaction target is 90% and this appears to be decreasing (from July onwards,) Why is it felt this is? What could be done to help manage expectations from service users?
	<p>RESPONSE</p> <ul style="list-style-type: none"> • 3.04 – taken from a national average – this could be amended locally to aim for a higher percentage target for DPs. • 3.10 – We often work with very small numbers in this KPI so any slight average scoring will lower the satisfaction but quite a large percentage. We are considering the method of establishing feedback from adults we support at present to provide more qualitative feedback rather than the quantitative scoring system we use at present.
Q3	<p>QUESTION</p> <p>4) Safeguarding</p> <ul style="list-style-type: none"> • 4.01 and 4.02, Why are the numbers so different from the total safeguarding alerts to the ones that are processed? (Annually out of 430 alerts received, only 37 were processed.) I expect there is a simple and good reason for this. I just want to have better understanding of the reason behind this. • 4.09, for those who felt the desired outcome was fully or partially met, from November onwards, the percentage of those who would agree with this, is decreasing. Why is this? Is this a case of managing expectations, or is it more? <p>RESPONSE</p> <ul style="list-style-type: none"> • Whilst we respond to and oversee all safeguarding concerns/alerts, we apply a regional decision-making tool to ensure that the higher risk concerns progress to a formal safeguarding enquiry. This ensures that we only intervene via formal safeguarding procedures in the most serious cases of abuse and/or neglect and so this would generally be a much smaller proportion of cases out of the total concerns we receive (due to the breadth of safeguarding concerns we receive alerts for). In Rutland we do see a higher proportion of concerns (compared to national figures) to formal enquiries due in part to the oversight arrangement we have in place with our providers and our preventative approach. • This is another KPI in which we are working with very small numbers often no more than 4/5 people. Due to the nature of adult safeguarding we are not always able to meet an adults desired outcomes (as this can vary dependant on the type of abuse and/or neglect). Whilst we aim to support the person to achieve their outcomes it is not always possible as there are cases in which the need to protect/intervene is not in line with the persons wishes.
Q4	<p>QUESTION</p> <p>6) Housing</p>

- Are the number of new and live applications increasing? How is the demand of this looking currently? (6.11 and 6.14)

RESPONSE

- The number of new applications to join the housing register is steadily increasing, there are currently 272 live applications with an additional 44 at some stage of the-registration process (awaiting further information/proofs etc). There were 60 new applications in March 2022.
- There has been a rise in the number of approaches to the Housing Options prevention and homeless services with a rise in Section 21 notices, family/relationship breakdowns and notably, unaffordability issues where people are finding it increasingly difficult to cover the cost of rising monthly rental payments with the ever increasing cost of everyday necessities such as food, petrol and gas/electricity, this is likely to worsen moving forward. There has also been an increase in MARAC cases. All of these factors will impact the housing register and the number of applications.
- We are also seeing residents of the Women's Aid dispersal units applying to RCC for housing and due to these being domestic abuse cases there is a duty to house despite there being not being a 'local connection' to the area under the usual criteria.
- There are a number of households within Rutland that are acting as sponsors for Ukrainian families and individuals by providing accommodation. Should any of these arrangements break down for any reason there would likely be a homeless duty owed to the excluded Ukrainians which would entitle them to an eventual offer of Social Housing.

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LAKESIDE HEALTHCARE
at Stamford

Lakeside Stamford Update 31st March 2022

Dr Sara Hall & Teri White

Where we were

- Retirement of Partner GP's
- Recruitment of new Partners an issue due to lack of availability
- No management structure in place
- Lack of non-clinical staff
- Poor patient perception
- Bad publicity
- New telephone system to embed
- Increased workload due to limited hospital care

Where we are

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- New Management Structure
- Partner and Salaried GP recruitment
- Alignment of non-clinical staff and roles
- Nursing recruitment
- Admin/sec/reception/dispensary recruitment
- Safe & effective medication review process
- New processes in admin/reception
- Better and more effective staff communication
- Full PPG engagement

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