

Rutland County Council

Catmose Oakham Rutland LE15 6HP
Telephone 01572 722577
Email democraticservices@rutland.gov.uk

Minutes of the **MEETING of the STRATEGIC OVERVIEW AND SCRUTINY COMMITTEE** held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on Thursday, 23rd November, 2023 at 7.00 pm

PRESENT

Councillor R Ross (Chair)
Councillor T Carr
Councillor M Chatfield
Councillor K Corby
Councillor H Edwards
Councillor S Lambert
Councillor K Payne
Councillor R Powell

APOLOGIES

Councillor L Stephenson (Vice Chair)
Andreas Menzies Roman Catholic Diocese
Peter French Diocesan Deputy Director of
Education, Dioceses of Peterborough

PORTFOLIO HOLDERS PRESENT

Councillor A Johnson Deputy Leader and Portfolio Holder for
Resources
Councillor D Ellison Portfolio Holder for Adult Care and Health

OFFICERS PRESENT

Mark Andrews Chief Executive
Angela Wakefield Strategic Director of Law and Governance
(Monitoring Officer)
Kim Sorsky Strategic Director of Adult Services and
Health
Kirsty Nutton Strategic Director of Resources (S151
Officer)
Mike Sandys Director of Public Health for Leicestershire &
Rutland
Debra Mitchell Deputy Chief Operating Officer, Leicester,
Leicestershire and Rutland Integrated Care
Board (LLR ICB)
Kevin Quinn Head of Corporate Services
Jane Narey (Clerk) Scrutiny Officer

1 WELCOME AND APOLOGIES RECEIVED

The Chair welcomed everyone to the meeting. Apologies were noted from Councillor Lucy Stephenson, Mr Peter French and Mr Andreas Menzies.

2 RECORD OF MEETING

The minutes of the meeting of the Strategic Overview and Scrutiny Committee held on the 21st September 2023 were approved as an accurate record.

3 ACTIONS ARISING

There were no actions arising from the previous meeting.

4 DECLARATIONS OF INTEREST

There were no declarations of interest.

5 PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions were received.

6 QUESTIONS WITH NOTICE FROM MEMBERS

No questions with notice with notice were received from Members.

7 NOTICES OF MOTION FROM MEMBERS

No notices of motion were received from Members.

8 CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE IN RELATION TO THE CALL-IN OF A DECISION

No call-ins were received.

9 SCRUTINY COMMITTEE RECOMMENDATIONS/OUTCOMES

Details of the recommendation regarding the Transport Network Review Business Case & Post 16 Travel Options made and the response from Cabinet were noted.

10 PLAN OF HEALTH RESPONSIBILITIES AND KEY DECISIONS

A presentation was received from Councillor Diane Ellison, Portfolio Holder for Adult Care and Health, Kim Sorsky, Strategic Director of Adult Services and Health, Debra Mitchell, Deputy Chief Operating Officer, Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) and Mike Sandys, Director of Public Health for Leicestershire & Rutland. During the discussion, the following points were noted:

- The Portfolio Holder for Adult Care and Health thanked Scrutiny Members for their questions and reported that a copy of the questions plus responses would be distributed with the minutes.
- The Strategic Director of Adult Services and Health introduced 4 additional slides to the committee which identified the good practice currently happening in Rutland – copy attached.
- The Rutland Health and Wellbeing Board had updated their Terms of Reference to include the World Health Organisation's definition of health – 'A state of complete

physical, mental and social well-being and not merely the absence of disease or infirmity.’

- The Deputy Chief Operating Officer, LLR ICB informed attendees that an additional sub-group of the Health and Wellbeing Board had been established to improve the quality and distribution of communications to members of the public.
- The role of the Health & Care Infrastructure Group was to look at the planned areas of housing/population growth within Rutland, review the implications on all health services including primary care e.g. GP practices and then align services to support the planned growth but, with limited capital funding and decreasing public funding, this was challenging.
- Rutland currently had a sufficient number of GP’s and GP appointments to support its population but there was a national issue regarding the management of the public’s expectations on accessing primary care.
- Primary care services had changed with the provision of other medical professionals e.g. Advanced Nurse Practitioners, Nurses, Pharmacists, etc so that the public could access health services without the need for a GP appointment.
- The LLR ICB Communications Officer and Rutland County Council’s Communications Team would be working in the future with GP practices within Rutland to help them improve their communications with residents regarding the different services available.

---o0o---

Councillor Diane Ellison, Kim Sorsky, Debra Mitchell and Mike Sandys left the meeting at 7.47 p.m.

---o0o---

11 CORPORATE PERFORMANCE - MID YEAR REPORT

Report No. 170/2023 was received from Councillor Andrew Johnson, Deputy Leader and Portfolio Holder for Resources, Angela Wakefield, Strategic Director of Law and Governance and Kevin Quinn, Head of Corporate Services. During the discussion, the following points were noted:

- The Deputy Leader and Portfolio Holder for Resources thanked Scrutiny Members for their questions and reported that a copy of the questions plus responses would be distributed with the minutes.
- The report demonstrated how realistic and transparent Rutland County Council was regarding its own performance.
- Some Key Performance Indicators (KPIs) were not currently available but would be as data recording improved but the overall aim was to provide a better service at a lower cost.
- More affordable housing was needed in Rutland and the Council’s Housing Services team was investigating the possibility of renovating empty houses into habitable and affordable housing for Rutland residents.
- There continued to be recruitment issues within the care services and other skilled or technical roles, but this was nationwide.
- All services were being provided to Rutland residents but where understaffed this was impacting on the welfare of the workforce.

RESOLVED

That the Committee:

- a) **NOTED** the contents of the performance report and the progress in delivering the strategic aims within the Corporate Strategy 2022-2027 as set out in Report No. 167/2023.

---o0o---

Kevin Quinn left the meeting at 8.17 p.m.

---o0o---

12 2023/24 QUARTER 2 - REVENUE AND CAPITAL FORECAST REPORT

Report No. 171/2023 was received from Councillor Andrew Johnson, Deputy Leader and Portfolio Holder for Resources, Kirsty Nutton, Strategic Director of Resources and Andrew Merry, Finance Manager. During the discussion, the following points were noted:

- The Deputy Leader and Portfolio Holder for Resources thanked Scrutiny Members for their questions and reported that a copy of the questions plus responses would be distributed with the minutes.
 - The deficit balance on the Dedicated Schools Grant (DSG) continued to be a national issue. Mark Andrews, Chief Executive confirmed that the Council had to cover the deficit in 2025-26, as central government would not be providing additional funding and that work was ongoing with the Delivering Better Value in SEND programme to decrease this deficit.
 - The Strategic Director of Resources informed attendees that approximately £300k was expected in business rates from the creation of the Mallard Pass Solar Farm though the solar power industry was reviewing a standard approach to community benefit payments.
 - The Chief Executive confirmed that he would provide a progress update on the transformation initiatives in the next Members' Briefing.
- ACTION: Mark Andrews**
- It was confirmed that the risk of increased external audit fees had been included within the budget.
 - The Strategic Director of Resources stated that cash limits had been set for all managers, with the challenge of changing services for the better whilst decreasing costs so ensuring the sustainability of Rutland County Council.

RESOLVED

That the Committee:

- a) **NOTED** the contents of the 2023-2024 Quarter 2 Revenue and Capital Forecast report as set out in Report No. 168/2023.

13 REVIEW OF THE WORK PLAN

The work plan and the list of proposed items were reviewed. During the discussion, the following points were noted:

- a) Asset Review
The Chief Executive informed attendees that the report on the Asset Review Business Cases had been delayed as up-to-date figures were being collated and the business cases reviewed. The data was expected in January 2024 when the report would be finalised and then presented to Cabinet. It was agreed that Councillor Rosemary Powell, Chair of the Asset Review Task and Finish Group

would arrange a meeting for the Chief Executive to update the Task and Finish Group on the current situation and possibly identify any actions for the group moving forward.

ACTION: Councillor Rosemary Powell

b) Levelling Up Fund (LUF)

The Chief Executive confirmed that the process for the LUF was on track and that he would ask Councillor Gale Waller, Leader of the Council to send an update briefing to all Councillors.

ACTION: Mark Andrews

14 ANY URGENT BUSINESS

There was no urgent business.

15 DATE OF NEXT MEETING

Thursday, 25th January 2024 at 7.00 p.m.

---oOo---

The Chair declared the meeting closed at 8.53 p.m.

---oOo---

SUMMARY OF ACTIONS

No.	Ref.	Action	Person
1.	12	2023/24 QUARTER 2 - REVENUE AND CAPITAL FORECAST REPORT The Chief Executive confirmed that he would provide a progress update on the transformation initiatives in the next Members' Briefing.	Mark Andrews
2.	13 a)	<u>Asset Review</u> Councillor Rosemary Powell, Chair of the Asset Review Task and Finish Group to arrange a meeting for the Chief Executive to update the Task and Finish Group on the current situation and possibly identify any actions for the group moving forward.	Councillor Rosemary Powell
3.	13 b)	<u>Levelling Up Fund (LUF)</u> The Chief Executive confirmed that the process for the LUF was on track and that he would ask Councillor Gale Waller, Leader of the Council to send an update briefing to all Councillors.	Mark Andrews

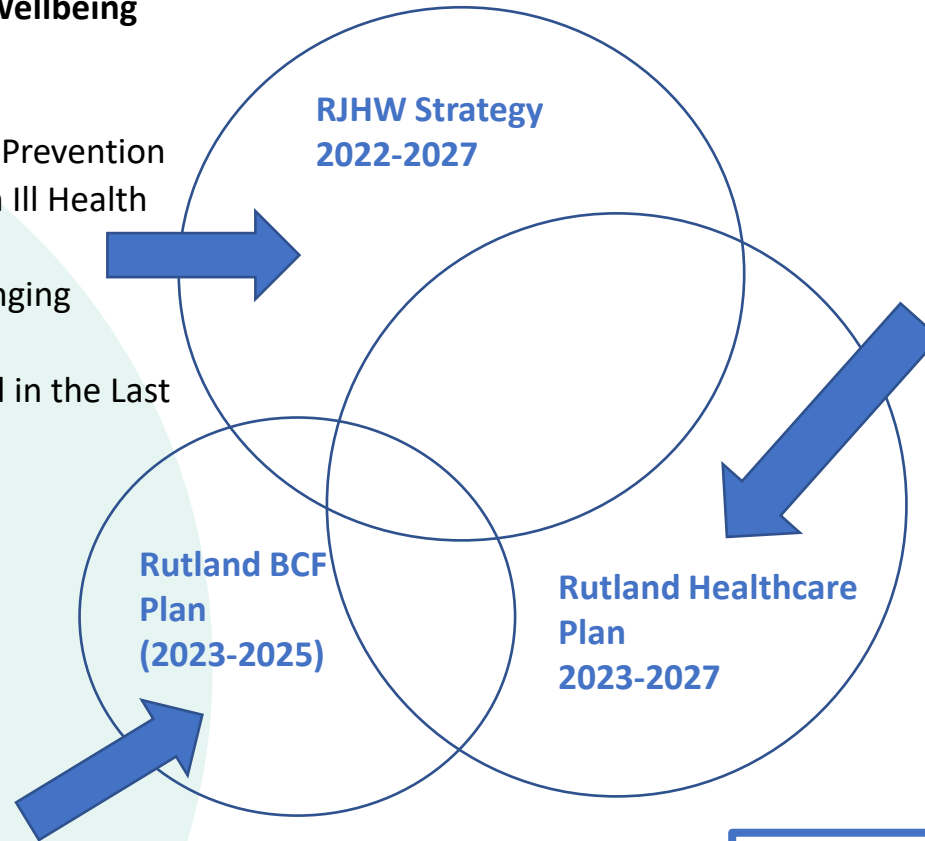
This page is intentionally left blank

Priorities of Rutland Joint Health and Wellbeing Strategy 2022-2027

- Best Start for Life
- Staying Healthy and Independent – Prevention
- Healthy Ageing and Living Well with Ill Health
- Equitable Access to Services
- Preparing for our Growing and Changing Population
- Ensuring People are Well Supported in the Last Phase of Their Lives – Dying Well
- Cross-Cutting Themes

Priorities of the Rutland Better Care Fund Plan 2023-2025

- Improve discharges
- Reduce pressure on emergency, acute and social care
- Support intermediate care, unpaid carers and housing adaptations



Priorities of the Rutland Place Healthcare Plan 2023 – 2027

- 1. Preventing Illness
- 2. Keeping People Well
- 3. Right Care, right time, right place
- 4. Integrated Community Health and Wellbeing Hubs
- 5. Optimal Pathways for Elective Care
- 6. Learning Disabilities and Autism
- 7. Mental Health
- 8. Women's Health, including Maternity
- 9. Childrens and Young People
- *Local Demographic focus from above:*
 - 1. Older Peoples Health
 - 2. Access to Healthcare
 - 3. Armed Forces Community

Integrated Governance, Delivery and Reporting

- Health and Wellbeing Board oversight of all
- Various Rutland specific Delivery Groups / Subgroups – Health and Social Care, VCSE and Community membership
- Regular partnership reporting monthly / quarterly
- Specific Delivery Plans for each of above sets of priorities

Greetham parishes pilot project (Staying Healthy and Independent - Prevention)

Purpose

- Work with a small community (4 x villages) on an asset-based community development approach.
- This acts on findings from the Rutland Health Inequalities Needs Assessment, targeting hidden need, deprivation and inequalities in population groups.
- The project aims to empower local residents to build on what they already have in their local communities to have active, supportive, healthier communities where they work together to bring about change, they want to see.

Who is involved in delivery

- Partners across Rutland working with resident 'Community Connectors' in a volunteering capacity.

How we work together

- Partners are actively engaged across health and care and are brought in for different elements of the project as required.
- The Staying Healthy Partnership oversees progress and developments.

Improvement and outcomes

- The project is in the early days with 10 Community Connectors signed up.
- Intended outcomes include:
 - A more active community support network, helping people live healthier and at home for longer.
 - The community identifying and working together to bring about change they want to see.
 - Residents living alone and with limited confidence are supported in connecting with the community.

Anticipatory Care (Older Peoples Health)

Purpose

To develop a local community-based team and integrated care model, that focuses on the pro-active de-escalation of individuals in the community who are at risk of admission to hospital, to enable individuals to keep well in the community with support wrapped around them.

Who is involved in Delivery?

- Mainly delivered at Rutland Memorial Hospital by Rutland Memory Clinic (**NHS LPT**), RISE Team, Admiral Nurses (**RCC Social Care**), a dedicated MDT facilitator (**RCC Social Care**) and Dementia Care co-ordinator (**Rutland Health PCN**).
- Outreach provision is also delivered at Barrowden and will be starting in Greetham soon which is in direct support/response of the findings of the Rutland Health Inequalities Report developed by partners in Public Health – to support hard to reach communities.

How we work together

- Local data via NHS LPT from Waiting Lists for assessments for the local Memory Clinic is being used to identify the local population cohort in scope of support i.e. current focus is those with or at risk of Dementia, this drives joint prioritisation between partners.
- An MDT approach, involving a Holistic assessment, personalised care plan development for the individual with support from a dedicated care co-ordinator who is at the centre of this process to enable joint up working.
- Regular reviews are undertaken by the MDT facilitator through MDT working and alongside Dementia Care co-ordinator to ensure any changes in need are reflected in the plan and future interventions and support going forward.

Improvement and Outcomes:

- Number of MDT discussions coordinated/clinics held inc. number of organisations involved
- Total number of individuals discussed/supported
- Dementia diagnosis rate change (expected improvement)
- Emergency admissions/bed days

Social Prescribing (BCF Priority: Reduce pressure on emergency, acute and social care)

Purpose

The aim is to support people to maintain their independence, driving preventative practice and benefiting those who may otherwise frequently attend primary or secondary health care services.

Who is involved in Delivery?

- Delivered by Social Prescribing staff that are embedded with the Rutland RISE Team.

How we work together

- Referrals from a variety of sources are received into RISE Team enabling collaborative working with the local community and a wide range of health, social care, and voluntary sector professionals. This ensures the optimum support is progressed.
- The Joy Social Prescribing software is used across the RISE Team to manage referrals collaboratively across partner organisations that deliver care locally.
- RISE core principles that guide how we work together:
 - Increase people's control over their health and lives.
 - A holistic approach focussing on individual need.
 - Promotes health and wellbeing and reduces health inequalities in a community setting, using non-clinical methods.
 - Addresses barriers to engagement and enables people to play an active part in their care.
 - Utilises and builds on the local community assets in developing and delivering the service or activity.
 - Working in a preventative pre-eligible way.

Improvement and Outcomes:

- RISE holds between 80-100 active cases, receiving 80+ referrals each month.
- Customer satisfaction is consistently at 92%.
- Social Prescribing is firmly embedded in Rutland as an essential element of improving health and wellbeing, promoting people's quality of life and reducing the need for health and social care.

Strategic Overview & Scrutiny Committee: 23 November 2023

Agenda Item 10: PLAN OF HEALTH RESPONSIBILITIES AND KEY DECISIONS

Link to the agenda - [Agenda for Strategic Overview and Scrutiny Committee on Thursday, 23rd November, 2023, 7.00 pm | Rutland County Council \(moderngov.co.uk\)](#)

Members' Questions	RCC Officer Response
<p>Question 1 Page 24: Integrated Care Hubs - please expand. How is this to be developed, and what is the current position in this regard?</p> <p>→ →</p>	<p>A key factor in this ICB priority is not to have a blueprint of one size fits all, it is about looking at the local needs, services, and infrastructure to explore opportunities for creating an Integrated Health and Care Hub. We are at the beginning of this journey in Rutland.</p> <p>Senior Leaders across Health and Social Care have been meeting to agree potential ways to improve health and care integration for the population of Rutland.</p> <p>We have agreed on a 2-year project centred around the principles of healthy aging and prevention and the Integrated Care Hub could be a vehicle to support this aim.</p>
<p>Question 2 Page 26: Rutland Strategic Health Development Board - established May 2022 is welcome. How often do they meet and what is their role in influencing future health and wellbeing needs?</p>	<p>This is a meeting held every 2 months. This forum is made up predominantly of NHS LLR and cross border statutory NHS partners. Membership also includes Rutland LA representation from wider functions such as the Local Planning Authority.</p> <p>The role of this group is strategic and focused on the NHS statutory delivery matters that relate to the healthcare plan and the management of associated interdependencies between these to enable robust partnership working at a Place level for Rutland.</p> <p>The group has a cross border focus too, this provides a vehicle for two-way partnership discussions between LLR and neighbouring ICB stakeholders around strategic plans that are relevant to the population of Rutland. This supports and influences local and cross-border developments to ensure that there is an understanding of the issues and that these are considered / addressed as part of our local delivery plans going forward.</p>

Members' Questions	RCC Officer Response
<p>Question 3 Rutland Strategic Health Development Board (RSHDB) – can fuller details be provided, specifically what need, or role does the RSHDB now fulfil, that did not exist for the county prior to May 2022? Does this represent an additional resource for Rutland? Where can Councillors find copies of its reports since May 2022?</p>	<p>Please see the response to question 2 to understand what type of resource this is; these are statutory LLR NHS resources who work across LLR however have an influence on the delivery of local improvement in Rutland Place.</p> <p>Prior to May 2022, there was no dedicated strategic forum in place for Rutland that included all NHS partners from both LLR and across borders to inform robust future planning for local services. This gap has now been bridged by the establishment of this group. The level of attendance and senior membership support this view.</p> <p>The Rutland Strategic Health Development Board reports into the Integrated Delivery Group (IDG) which is a sub-group of the Health and Wellbeing Board. The RSHDB is not a meeting conducted in public and hence the notes of the meetings are not published.</p>
<p>Question 4 As a committee, we require a means of assessing progress on the 5 Year Strategic Plan for Rutland, and the provision of sufficient detail to allow Councillors to communicate future service provision, in a meaningful way, to residents.</p> <p>i. There is a phased plan extending over 5 years, which starts in 2022/23 and was adopted in July 2023. If this Committee were to invite you back in 3 or 4 months, how would we understand what</p>	<p>i. The ICB healthcare plan is grounded in our NHS statutory duties and therefore the ICB will put arrangements in to monitor the whole plan as the delivery of this is linked to the overall function of our LLR ICB Statutory Board. Please also see response to question ii and iii.</p> <p>ii. Please also see response to question iii. The Health and Wellbeing monitoring and reporting process is a responsibility of the local Health and Wellbeing Board rather than the ICB. The ICB's overall duties (which include annual and strategic plans i.e., the 5 Year forward view) are monitored by NHS England on behalf of Central Government. The 5YFV has been mapped against the local needs of Rutland and a Health plan developed which has been signed off at the October HWB. The plan has 3 local focus areas:</p> <ul style="list-style-type: none"> • Older Peoples Health • Access to Healthcare and • The Armed Forces Community. <p>The monitoring and progressing of these specific areas will be visible through the agreed Rutland Health and Wellbeing Board monitoring and reporting mechanisms which are coordinated through the Rutland Integrated Delivery Group (RIDG).</p>

Members' Questions	RCC Officer Response
<p>progress has been made in delivery?</p> <p>ii. In the absence of a detailed and critical path-based plan how does the Health and Wellbeing Board (HWB) provide effective monitoring of the progressing and delivery of actions being managed by the Integrated Care Board (ICB) and associated bodies?</p> <p>13 iii. Is there a reason why the ICB cannot provide a detailed, critical path-based plan to the Rutland HWB, setting out the principal service developments over time, in support of their narrative updates on progress?</p>	<p>iii. The Critical Path Methodology (CPM) is a Project Management approach. The LLR ICB healthcare plan is not a project. The healthcare plan represents a Portfolio of statutory NHS strategic transformation programmes, projects, and service improvement initiatives, of which some are of a highly specialist and complex nature with national constraints that can change. It would not be feasible nor practical to obtain a Critical Path across such a portfolio arrangement. However, we recognise the importance of understanding the critical activities within a project to the overall delivery of improvement, the ICB will facilitate this so far as practical, by ensuring that these activities within projects are the ones that are fed into the Rutland Health and Wellbeing monitoring and reporting mechanisms.</p>

Response Authors:

Kim Sorsky, Strategic Director of Adult Services and Health

Debra Mitchell, Deputy Chief Operating Officer, Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB)

Mike Sandys, Director of Public Health for Leicestershire & Rutland

This page is intentionally left blank

Strategic Overview & Scrutiny Committee: 23 November 2023

Agenda Item 11: CORPORATE PERFORMANCE - MID YEAR REPORT

Link to the agenda - [Agenda for Strategic Overview and Scrutiny Committee on Thursday, 23rd November, 2023, 7.00 pm | Rutland County Council \(moderngov.co.uk\)](https://www.rutland.gov.uk/agenda-for-strategic-overview-and-scrutiny-committee-on-thursday-23rd-november-2023-7.00-pm)

Members' Questions	RCC Officer Response
<p>Question 1 4.21 - 4.25 House Building Rates low and lack of Affordable Accommodation and Homelessness (p63).</p> <p>What alternatives are being considered i.e. any empty MOD accommodation, empty space above shops etc? Should we be revisiting Council House purchase?</p>	<p>There has been low delivery of affordable housing, due partly to low building rates generally and to low levels of affordable housing coming from the latter stages of the Oakham North development. The 'silver lining' to the period where the Council did not have a five-year land supply is that there have been a large number of new consents approved with a 30% affordable housing requirement.</p> <p>For instance, there were eight fresh section 106 agreements signed in 2022/23, for an estimated total of 246 affordable homes. Construction will start shortly on 40 new affordable homes in Brooke Road, Oakham, facilitated by funding of £650,000 of commuted sums for affordable housing held by the Council.</p> <p>We have set up a corporate working group to bring empty homes back into use – this may include use for temporary accommodation for homelessness prevention or relief, or for supported housing for people with learning disabilities, or for other people in housing need.</p> <p>Regarding ad-hoc purchase of Council houses, the Council does not have the capacity to manage properties, and this is unlikely to be cost-effective, with the Council having to pay the full price of the property up-front, unless we decide to borrow. Even then, it would not be cost-effective and housing associations may not wish to take individual properties that may not meet modern standards. It is much more cost-effective to assist a housing association in making a 100% affordable housing scheme viable – this can be achieved for around £20,000 per home.</p>
<p>Question 2 Page 58 3.17 Health & Wellbeing Infrastructure. When is this 'Baseline' likely to be established and against what criteria?</p>	<p>Answered above - see 3.17 response.</p>

Members' Questions	RCC Officer Response
<p>Question 3 Page 46 – 3.17 Access to Health</p> <p>When will a KPI (or KPI's) be established and what services will this cover?</p>	<p><u>Economic Growth (1.4-1.8):</u> The metrics pertaining to economic growth were reviewed ahead of this financial year, in line with the new Economic Strategy. Consequently, we have added two new KPIs to the scorecard (1.7 & 1.8) to recognise its importance. However, as these are new a period of data collection is required before they can be reported. A diverse and sustainable economy remains a key focus for the Council.</p> <p><u>Health (3.17):</u> Currently there is no single indicator to reliably report customer feedback in accessing health care (3.17). Therefore, moving forward this will be removed as a standalone indicator from 2024. However, Healthwatch Rutland is funded by and accountable to Rutland County Council. They have statutory functions which include obtaining the views of people about their needs and experience of local health and care services. Reports collate the views and provide recommendations to commissioners and providers. All services locally commissioned are within the remit and Healthwatch Rutland ensure they are prioritising based on need. They aim to understand the perspectives of cross boundary services where appropriate.</p> <p>Recent reports and qualitative feedback include:</p> <ul style="list-style-type: none"> • Living with Dementia in Rutland • Visit report – Corby Urgent Care Centre • Visit report – Stamford Minor Injuries Unit • Let's talk Maternity report – Rutland. • Experiences of the Urgent Care Centre in Oaham <p>Priorities for 2023/24 are:</p> <ul style="list-style-type: none"> • Scope our research project to understand how the quality of people's communication with health and care services affects their health outcomes and wellbeing. • Continue our Enter and View work expanding the scope to mental health settings. • Further develop our outreach programme to engage all voices in the local community. <p>The work outlined above supports the engagement and qualitative feedback collected from the Integrated Care Board in respect of the services they are responsible for commissioning. All Healthwatch Rutland reports are available here https://www.healthwatchrutland.co.uk/</p>

Members' Questions	RCC Officer Response
<p>Question 4 What type of investment proposals are being explored and how might they be implemented?</p>	<p>These are currently being developed in more detail by officers. Examples include:</p> <ul style="list-style-type: none"> • Investment in IT equipment for staff but operational IT such as meeting room equipment like in the Chamber tonight. • Stabilisation plans for Highway services. • Investment in data management for better decision making as per the Transformation and Modern Council agenda. • Increase HR resource to support transformational change to deliver changes to service delivery and savings.
<p>Question 5 3.11 Challenges</p> <p>Please explain what is meant by the first paragraph. How is work prioritised, what is and is not progressing, what is the impact and risk of what is not? Is this risk fed into the strategic risk register? How do we keep track of it?</p>	<p>As part of the transformation programme Officers have been considering how best services can be delivered in line with our medium-term financial plan. This means considering what and how services are delivered which is being done so in consideration of the Councils strategic priorities and statutory duties to deliver services. This means some areas within the original Delivery Programme (Appendix A) may not progress or are paused until suitable resources can be found.</p> <p>The key deliverables are tracked in the Delivery Programme and discussed by the Corporate Leadership Team. At this stage there are only three actions (outlined in Appendix A) which have not been delivered as per the original delivery programme timescales.</p> <p>Any significant risk to the Council would be captured within the Strategic Risk Register, however the level of risk to the Council would dictate whether an action within the Delivery Programme is undertaken. Therefore, those of a higher risk are less likely to have not been completed.</p>
<p>Question 6 3.12 Vacancies</p> <p>This is an ongoing issue that comes up in every report but it appears to be a bigger problem. A comment is made that we are seeing a drop in performance where there was previously no issue e.g. Adult Social</p>	<p>Vacancy rates within the Council have reduced and rates overall are in line with regional and national levels. However, due to our small staff teams one or two vacancies can have a disproportionate impact on a service.</p> <p>Turnover in Adult Social Care did grow in the first 2 quarters, however key vacancies have now been successfully recruited for. It will, however, take time for new staff to be fully inducted and trained for these positions, at which point it is anticipated performance will improve.</p>

Members' Questions	RCC Officer Response
<p>Care, this involves people and is of huge concern. Can you please let us know what specifically is being done about the issue of recruitment and retention in this area and generally in the Council.</p>	<p>To improve recruitment and retention more broadly we are working proactively to improve the effectiveness of the recruitment process, this has included shortening the application process and adapting the process to better reflect the requirements of the role e.g. recruitment for Community Support Workers included inviting applicants in for a 'familiarisation' walk around to better understand the role in Rutland. Other activities include:</p> <ul style="list-style-type: none"> • <u>Recruitment workshops for managers:</u> HR held a Marketing and advertising 'surgery' in September, followed by a session on Assessment and Selection on 12 October. The sessions were designed to help managers think more broadly and creatively about attraction and assessment. • <u>Childrens Social Care Recruitment:</u> Strategy meeting held to explore a range of initiatives all aimed at prompt marketing and processing of candidates – all can be mobilized. Part of regional workforce group – exploring national and regional initiatives. • <u>JGP Applicant Tracking System:</u> Adopting a different approach to applying and use of the supporting statement for applications. We have expanded the functionality to improve multiple job postings and candidates are now able to apply for multiple vacancies. We are adopting an application process of a mixture of pre application questions, submission of CV's and a short application form.
<p>Question 7 3.14: Power BI.</p> <p>Are there financial implications for the rollout of this tool, especially in light of point 3.16? If so, what is the plan and is it in budget?</p>	<p>Yes, the introduction of Power BI will require an annual licensing fee in order to make performance reports accessible to the organisation. In addition, business intelligence staff will be required to adjust their service offer to meet the demands for the work.</p> <p>The additional cost of the Power BI license fee has been planned for within the Cash Limits framework, which required a redistribution of resources within the Corporate Services function.</p>
<p>Question 8 3.16: A review of the Corporate Strategy and presumably supporting performance indicators is due next year.</p>	<p>No. Power BI is used primarily as a visual tool for complex and large data sets to make the information more accessible. The focus of its implementation, and use, is within service areas to help provide performance information to inform decisions and drive their activity. The detailed Power Bi reports will be available to support, for example, Scrutiny sessions and any deep dive performance discussion.</p>

Members' Questions	RCC Officer Response
<p>Will the automation driven through Power BI be sufficiently advanced to underpin the collection of data and reporting for the new scorecard or will this still be manual?</p>	<p>The Council performance framework is a simple data overview with little depth; therefore it is not conducive with Power BI. As part of the Corporate Strategy refresh, we will be reviewing the Performance Framework and streamlining the number of KPIs reported.</p>

Response Authors:

Kirsty Nutton, Strategic Director of Resources and S151 Officer
 Andrew Merry, Head of Finance

Angela Wakefield, Strategic Director of Law & Governance
 Kevin Quinn, Head of Corporate Services

This page is intentionally left blank

Strategic Overview & Scrutiny Committee: 23 November 2023

Agenda Item 12: 2023/24 QUARTER 2 - REVENUE AND CAPITAL FORECAST REPORT

Link to the agenda - [Agenda for Strategic Overview and Scrutiny Committee on Thursday, 23rd November, 2023, 7.00 pm | Rutland County Council \(moderngov.co.uk\)](https://www.rutland.gov.uk/agenda-for-strategic-overview-and-scrutiny-committee-on-thursday-23rd-november-2023-7-00-pm)

Members' Questions	RCC Officer Response
<p>Question 1 Page 11 – Finance & corporate costs – which shows a £1250 positive – as is noted, this is far and away the most significant contributor to the improved financial performance.</p> <p>a) Do Forecasts for the Full Year simply assume the positive Variance to Date and if so, why?</p> <p>b) Would public understanding be improved by simply comparing the Budget Interest Rate with the Actual Average Rate to Date, as percentages? In terms of the explanatory comment given on Market Rates, would a comparison with the Base Rate average assumed in the Budget (spot rate or otherwise) and the Actual Rate average for the 6mths to the end of Q2 not also improve understanding?</p>	<p>a) The forecast is a year-end position. It is based on assumptions for both Cash Flows and interest rates for the remainder of the year as well as reflecting the experience on both to date.</p> <p>Therefore, if cash balances are greater than forecast such as a grant payment is received from central government unexpectedly, or interest rates increase or remain greater than our treasury advisors thought the forecast could improve.</p> <p>b) Yes, this can be included in future we welcome all feedback. The information being supplied to Cabinet and in turn the public has been reviewed and a revised presentation is being adopted for the 2023/24 financial year in line with the Cabinets recognition of greater transparency. Therefore, all feedback is welcome and will be incorporated where necessary.</p> <p>The Treasury Management Strategy shows the assumptions approved by Full Council. The Council assumed average cash balances for the year to be £41m with interest rates at 4.6%. Cash balances have been on average £50m with average interest rates achieved to date of 5.4% by way of comparison as suggested.</p> <p>The change in assumptions on interest rates reflects the national and global economic position with inflationary controls exercised by the Bank of England. Updated assumptions are being built into the budget setting process.</p> <p>Further information on treasury management is provided in Appendix B with measurements as to how the Council is performing against a series of Council agreed treasury management indicators.</p>

Members' Questions	RCC Officer Response
<p>Question 2 Page 12 – Key Budget Variances</p> <p>A) Adult Social Care (and see Appendix A – Directorate Appendices) – it is noted that ‘Service users have increased by 16 within residential provision which represents a 15% increase since Q1. A review is underway to understand the reason for this spike and to inform how the Council can mitigate this increase in cost alongside implications for future year budgets.’ Will the analysis seek to establish specific relationships (e.g. age; comorbidity; income; etc) to inform the medium-term outlook for provision?</p>	<p>Yes.</p> <p>A review of the impact of these clients has been undertaken, identifying the findings, actions and areas for follow-up. The Director assesses need against budget available as part of sound financial management decisions within the Directorates budgets for both in year performance, but also to ensure the assumptions made as part of the budget setting process remain valid. This information is then also used to inform service delivery opportunities and improvements in both outcomes for clients and budgetary impacts.</p>
<p>2B) Children’s Social Care (and others) – we have both savings and costs arising from shortages of staffing. It was reported at Cabinet that we have now filled 60 of the 67 vacancies. Do we not require an overall staff turnover rate as a KPI for our manpower planning on the Performance Dashboard to provide insight on retention?</p>	<p>Yes, and agreed. It is recognized by both Cabinet and the Corporate Leadership Team that a Workforce Strategy is key. A review is currently underway, with timescales needing to be extended due to the retirement of the Head of HR and a new incumbent starting.</p> <p>The performance report contains a section for Organisational Health. KPI’s are included in relation to workforce on the following areas:</p> <ul style="list-style-type: none"> • Sickness • Turnover • Satisfaction • Vacancy levels <p>The Staff Turnover rate target is less than 12.6%, with 8.3% as the rate to date. If performance continues, the same trend turnover would be above the target rate at 16.6%. Further explanation is provided in this indicator. Both Cabinet and the Corporate Leadership Tam have recognized this issue as noted in section 3.11 – 3.14 with the consideration of staff retention and recruitment proposals underway.</p>

Members' Questions	RCC Officer Response
<p>Question 3 Page 15 – Capital Position Repairing holes in the road only serves to re-instate the asset to its specified condition if that. It does not enhance the asset in any way. Why is this Capital?</p> <p>23</p>	<p>In the public sector this is also the generally accepted and cost-effective approach. As part of the budget setting process, all members of the Council have to decide on the balance of priorities for Council funding such as decisions between the level of care a resident receives and the timeliness of road repairs as advised by Officers. The Cabinet are currently considering such options as part of the budget setting process and the budget they will present to Full Council.</p> <p>The Council operates to the same accounting rules as the private sector when it accounts for the assets on the balance sheet. Therefore, all works made from capital funding enhance the roads' overall condition and is more than a repair – though we appreciate this may not look to be the case.</p> <p>The Council receives capital grant allocations from central government and whilst it is called 'pothole' funding, given that it is a capital grant the Council ensures that the spend is of a capital nature. This expenditure is checked as appropriate spend against the grant as part of the external audit by Grant Thornton. Should the expenditure be deemed as not capital by the auditors, a charge against revenue funds and Council Tax would occur. Therefore the Council Officers design road works to maximise the use of grant received from central government.</p>
<p>Question 4 Page 18 – para 7.3 – Reserves are an 'as at' amount, an absolute number that are not forecast to be augmented. Are the target savings shown at 2023/24 prices? The savings shown in the graph are annual and for the two years 26/27 and 27/28 total £6.9m; is this credible?</p>	<p>The amounts shown are as per the current Medium Term Financial Strategy, as approved by the Council in February 2023.</p> <p>As previously noted, all assumptions which were used are being updated as part of the budget setting process.</p> <p>The Council has assumed that Council Tax is increased each year to the maximum allowable. It has also made assumptions on the level of grant receipt from government, alongside other income receipts from Business Rates and Fees and Charges. Therefore, with all other assumptions equal the £4m savings is the requirement for Council to deliver savings on service delivery to match income receipts in 2027/28.</p> <p>As outlined in 7.4 – 7.5 the Leadership Team and Cabinet know that the saving requirement for the Council is challenging. Transformation of service delivery is required for the Council to be financially sustainable. The current way of operating services is not affordable in the medium to long term.</p>

Members' Questions	RCC Officer Response
	<p>As part of this recognizing the scale of this challenge Full Council agreed to the Financial Sustainability Strategy that saw tactical use of reserve balances to provide the capacity to mitigate some of the risk.</p> <p>All Council's across the Country are in a similar position.</p>

Response Authors:

Kirsty Nutton, Strategic Director of Resources and S151 Officer
 Andrew Merry, Head of Finance

Angela Wakefield, Strategic Director of Law & Governance
 Kevin Quinn, Head of Corporate Services