

# Public Document Pack



## Rutland County Council

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**Meeting:** PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL

**Date and Time:** Thursday, 1 October 2015 at 7.00 pm

**Venue:** COUNCIL CHAMBER, CATMOSE, OAKHAM,  
RUTLAND, LE15 6HP

**Clerk to the Panel:** Corporate Support 01572 758311  
email: [corporatesupport@rutland.gov.uk](mailto:corporatesupport@rutland.gov.uk)

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**Helen Briggs**  
**Chief Executive**

### A G E N D A

#### 1) RECORD OF MEETING

To confirm the record of the meeting of the People (Adults & Health) Scrutiny Panel held on the 9<sup>th</sup> July 2015 (previously circulated).

#### 2) DECLARATIONS OF INTEREST

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have 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.

#### 3) PETITIONS, DEPUTATIONS AND QUESTIONS

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 217.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

**4) QUESTIONS WITH NOTICE FROM MEMBERS**

To consider any questions with notice from Members received in accordance with the provisions of Procedure Rule No 219 and No 219A.

**5) NOTICES OF MOTION FROM MEMBERS**

To consider any Notices of Motion from Members submitted in accordance with the provisions of Procedure Rule No 220.

**6) CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION**

To consider any matter referred to the Panel for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

**SCRUTINY**

Scrutiny provides the appropriate mechanism and forum for members to ask any questions which relate to this Scrutiny Panel's remit and items on this Agenda.

**7) BETTER CARE TOGETHER: OUTLINE OF PLANS FOR CONSULTATION**

To receive Report No. 181/2015 from Mary Barber, Programme Director, Better Care Together  
(Pages 5 - 12)

**8) QUARTER 1 PERFORMANCE MANAGEMENT REPORT**

To receive Report No. 150/2015  
*(Previously circulated under separate cover)*  
(Pages 13 - 52)

**9) QUARTER 1 FINANCE MANAGEMENT REPORT**

To receive Report No. 153/2015  
*(Previously circulated under separate cover)*  
(Pages 53 - 100)

**10) EARLY WARNING PAPER**

To receive Report No. 77/2015 from Mark Andrews including CQC inspection

reports from April 2015 onwards.  
(Pages 101 - 140)

**11) MANTON HALL CARE HOME**

To receive Report No. 179/2015 from Mark Andrews, Deputy Director for People  
(Pages 141 - 148)

**12) ADULT SOCIAL CARE STRATEGY**

To receive Report No. 167/2015 from Mark Andrews, Deputy Director for People  
(Pages 149 - 168)

**13) CARE ACT: CHARGING ARRANGEMENTS**

To receive Report No. 143/2015 from Mark Andrews, Deputy Director for People  
(Pages 169 - 176)

**PROGRAMME OF MEETINGS AND TOPICS**

**14) SCRUTINY PROGRAMME 2015/16 & REVIEW OF FORWARD PLAN**

To consider Scrutiny issues to review.

Copies of the Forward Plan will be available at the meeting.

**15) ANY OTHER URGENT BUSINESS**

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

**16) DATE AND PREVIEW OF NEXT MEETING**

Thursday, 3 December 2015 at 7 pm

Agenda items:

- HMP Stocken: Evaluation Report (Mark Andrews)
- Public Health: Sexual Health Strategy (Mike Sandys)
- Adult Services Complaints: Annual Report (John Morley)

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**TO: ELECTED MEMBERS OF THE PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL**

Mrs L Stephenson (Chairman)

Miss R Burkitt

Mr W Cross

Mr A Mann

Mr A Stewart

Mr A Walters

Mr G Conde

Mr R Gale

Mr C Parsons

Miss G Waller

#### **OTHER MEMBERS FOR INFORMATION**

Mr R Clifton

Portfolio Holder for Health and Adult Social Care

Mr M Andrews

Deputy Director for People



# Better care together

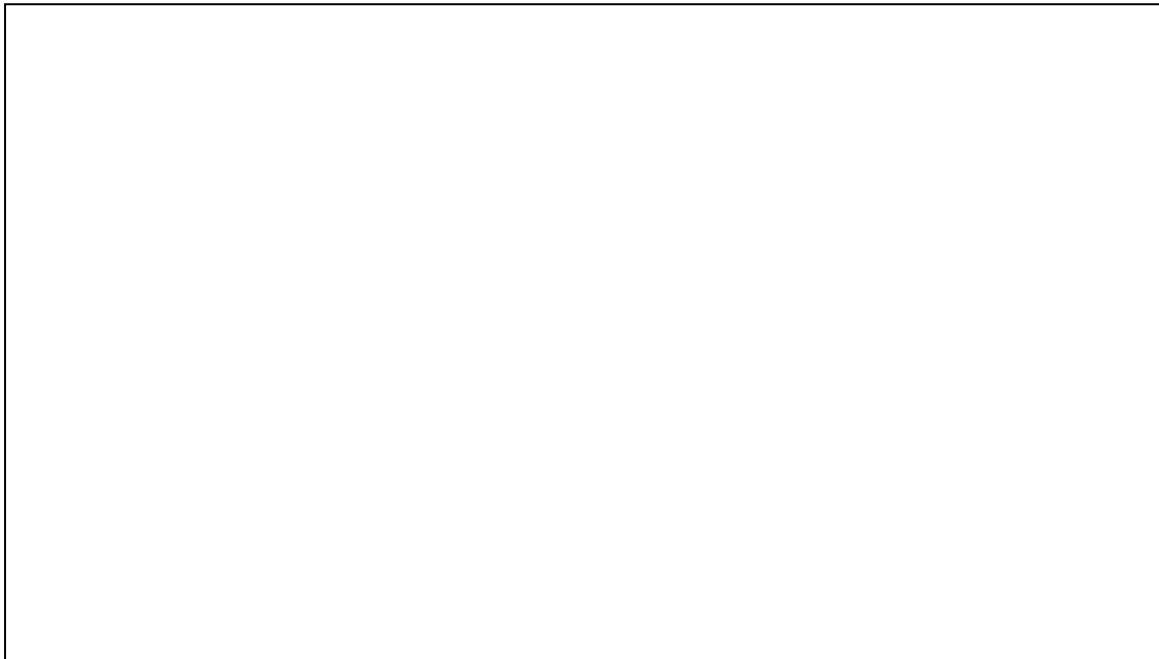
Leicester, Leicestershire & Rutland health and social care

## Report to Rutland People (Adult) Scrutiny Panel

September 2015

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**Owner: Mary Barber**



## 1. Purpose

This document provides an update for the Health Overview and Scrutiny Committee on the progress of the Better care together programme focussing on the preparation for Public Consultation.

## 2. BCT Programme present status:

The Better care together programme was launched in January 2014 with the goal to transform the way that health and social care services are delivered across Leicester, Leicestershire and Rutland (LLR). The plan is to do this via a collaboration of nine health and social care organisations who are known as “the partners”. These partners are the three health provider organisations supporting LLR, the three Clinical Commissioning Groups (CCG) for the region, and the three Local Authorities (LA). After a significant design and development process involving patients, public, clinical staff and officers from all of the partner organisations the programme is approaching the point where the CCGs will request permission from NHS England to move into a process of Public Consultation on areas of the programme s change plans.

The target date for the initiation of public consultation is the 30<sup>th</sup> of November 2015 and it will last fourteen weeks. It will commence once NHS England are assured that the Department of Health’s (DH) four tests of service reconfiguration have been fulfilled. It is not possible to estimate the length of the NHS England assurance process, however the goal is to complete it in October 2015. If the process takes longer then the initiation of public consultation will move back on a week for week basis (taking into account the Christmas period). Timing is important from a point of view of moving into consultation so that the necessary changes to the health and social care services can be made, but this needs to be balanced with the quality of the consultation documentation.

Where proposed changes to health and social care services do not require public consultation, for example where they are increases to existing services known to benefit patients, these changes are continuing in parallel to the consultation process.

## 3. BCT Strategic Objectives:

The BCT programme is a broad programme having an impact on most settings of care. Its principle is that by combining changes across care settings and organisations it will be possible to create a health and care service that overall provides higher quality care and an overall more sustainable system.

The strategic objectives of the programme agreed at its initiation remain valid and are outlined below.

- Deliver high quality, citizen-centred, integrated care pathways, delivered in the appropriate place and at the appropriate time by the appropriate person, supported by staff/citizens, resulting in a reduction in the time spent avoidably in hospital;
- To reduce inequalities in care (both physical and mental) across and within communities in Leicester, Leicestershire and Rutland (LLR) Local Health and Social Care Economy (LHSCE);

- To increase the number of those citizens with mental, physical health and social care needs reporting a positive experience of care across all health and social care settings;
- To optimise both the opportunities for integration and the use of physical assets across the health and social care economy, ensuring care is provided in appropriate cost effective settings, reducing duplication and eliminating waste in the system;
- All health and social care organisations in LLR to achieve financial sustainability, by adapting the resource profile where appropriate;
- To improve the utilisation of workforce and the development of new capacity and capabilities where appropriate, in the people and the technology used.

The remainder of this update will cover the areas of the programme that are anticipated to be discussed with the public as part of a public consultation process and highlight how the proposed changes will impact the quality of services delivered in Rutland. It will also cover areas of the programme that the programme anticipates to use the consultation process as an opportunity to engage with the public and gather feedback but are not topics for consultation.

#### **4. Patient centred care:**

Integrated care combines a range of disciplines across the NHS, social services and voluntary organisations to create person-centred care. Person-centred care recognises that an individual is best placed to make decisions about their own health, lifestyle, and the level and location of treatment. Successful integrated person-centred care, will tend to keep a person in their own home for as long as possible, and focus on proactive prevention strongly led by the person's desires and wishes with a broad spectrum of choice

The BCT programme aims to increase the delivery of integrated care, starting with improving public and patient ability and capability to self-care and access the right services at the right time, through providing a greater level of services presently provided in an acute hospital setting in community and primary care settings, to providing improved specialist care in the acute hospital.

The combined plans of the partner organisations will over time and where appropriate shift care from the acute hospitals into community settings, and as a result the acute care provider will be able to reconfigure to provide more high quality specialist care and an overall sustainable operation.

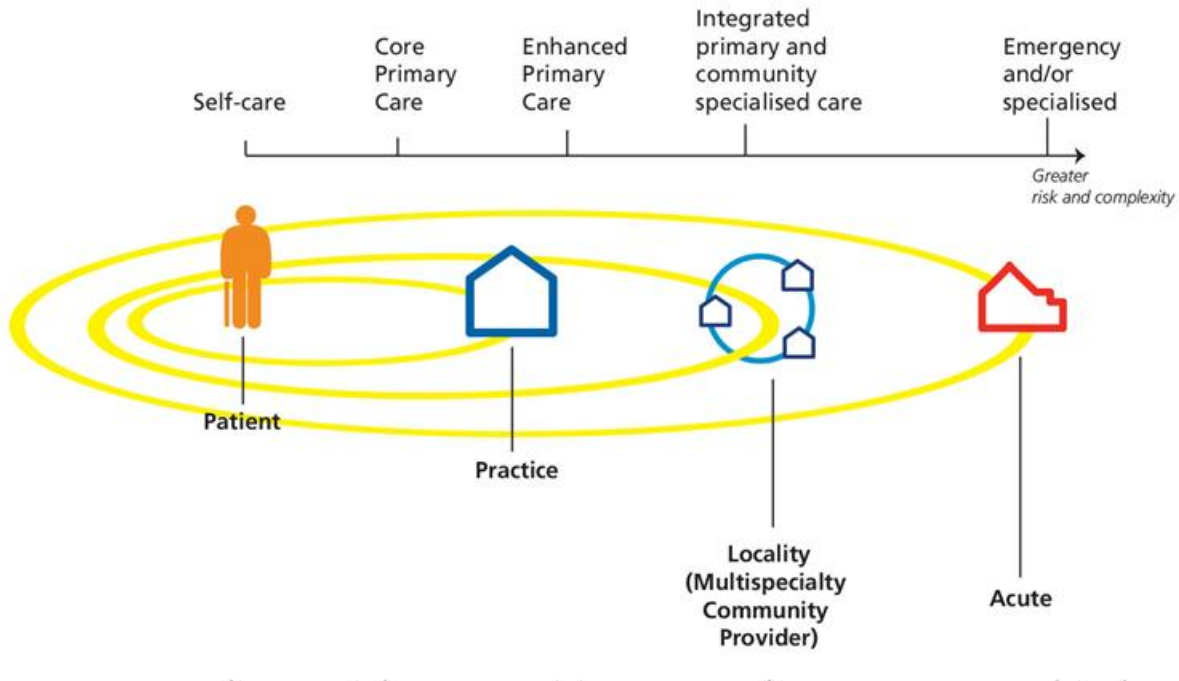


Fig 1: Settings of care focussed on the patient.

## 5. Proposed consultation topics

Shifting care in this way creates a number of changes that will meet the criteria of requiring Public Consultation. The areas where BCT presently believes that Public Consultation is required are described below.

- **Community services offering**

Overall the community services offering across the region will change in a number of ways in order to increase the quality of services from a patient perspective, reduce the negative impact of acute hospital stays, particularly for elderly patients, and improve the sustainability of the overall health and care system. Over two to three years the following changes will be enacted.

**Increased services in community settings:** One of the main drives of BCT as mentioned above is to increase person centred care, and it is therefore not solely about in-hospital care. The changes to in-patient care will be described below however it is also important to describe the drive for prevention, self-care and increase in day care services.

There will over time be an increase in the screening services available in community settings to increase early diagnostics and treatment. There will be more clinics for individuals with long term conditions in community settings and an increase of about 40% of planned procedures and out-patient treatment provided in community hospitals and as day surgery. There will also be an increase in the level of crisis support in a person's own home. These changes combined are expected to reduce the flow of patients into the acute hospitals and accident and emergency. There are already early signs of success being seen from the work already initiated via the Better Care Fund.



**Increased number of Intensive Community Services (Beds at home);** Leicestershire Partnership Trust presently offers a service known as Intensive Community Service (ICS) where they provide care to patients rehabilitating in their own home. They presently provide this service to 126 patients at any time (126 “beds”). The plan is to increase the availability of this service by 250 “beds” so that many more patients can be given the opportunity to rehabilitate in their own home and their own environment. This service will be provided across LLR and will provide care as close to home as possible, that is, in a patient own home. This change will replace some of the present in-patient rehabilitation beds provided by LPT via its community in-patient hospital services. However the total number of in-patient beds LPT provide will not reduce but will increase by nine beds as will be described below.

LPT will maintain five rehabilitation wards of twenty one beds across the region spread to allow access from both counties and city.

**Creation of a sub-Acute in-patient service in LPT:** There is both national and local evidence that some patients are treated in an acute setting when they no longer require that level of care and as a result they can deteriorate unnecessarily. The BCT programme via its partners LPT and the University of Hospital Leicester (UHL), plan to create a service in community hospitals to which appropriate patients can be transferred once they no longer need acute care but they may not yet be ready for rehabilitation. This is known as sub-acute care and is a new and emerging model of care. LPT will create four wards of twenty one beds across the region, distributed to allow access from both counties and the city. They will do this by converting four of their present rehabilitation wards and providing rehabilitation services via the ICS services described above.

In order to improve the quality of this provision and the rehabilitation in-patient care, in line with CQC and NICE guidance, LPT will rationalise the number of hospital from which they delivery in-patient services. In-patient services will be delivered from paired wards of 21 beds each. This will mean that the number of hospitals from which these services are delivered will reduce from eight to six.

Additionally once the additional ICS services and the sub-acute services are up and running their will be a reduction in the bed numbers at UHL. It is expected that UHL will transfer 250 beds worth of activity to LPT as a result of these changes.

- **Women’s and Maternity Services offering**

Women’s and maternity services are presently delivered via the Leicester General and Leicester Royal Infirmary sites as well as maternity being delivered via a standalone midwifery service at St Mary’s Melton Mowbray and via region wide home birth services.

To improve the quality, safety and equity of service delivery it is presently being considered, following significant public engagement, that women’s and children’s services should be brought together onto one site, which is likely to be Leicester Royal Infirmary. Rationalisation of maternity services are also being considered with the goal to have one stand-alone midwifery unit situated so that it is accessible to as wide a number of the public of LLR as possible and also

close enough to the acute hospital to deal with the significant number (circa 30%) of transfers for first time pregnancies.

- **Reduction in acute sites from three to two**

In order to achieve a sustainable system the published strategic plan for UHL is to move from three sites to two by 2019. It is expected that the site that will be largely vacated is the General hospital site and the evidence for this has been discussed over the last few years with various stakeholders and will be re-played as part of the BCT consultation.

UHL future model of care is to have one site that is a major emergency site and the present changes to emergency department at UHL are the start of this programme of change, and one site that carries out largely but not exclusively planned operations and care. UHL patients presently experience issues with cancellations to operations and delays to care when the emergency flows into UHL create a situation where services that are anticipated to be used for scheduled operations and procedures are utilised by emergency admissions. To reduce this impact on patients UHL are considering the option of a planned care day case hub potentially at the Glenfield site and this plus the increases in community based planned care outlined above is expected to reduce the level of cancellations and delays to patients.

## **6. Potential topics for further public engagement**

There are a number of changes to health and social care services encompassed within the BCT change programme that either do not require consultation as they are an increase in an existing service or may require consultation in the future but are presently in the early stages of decision making and design. These will be included in the BCT consultation so that the public can gain an overarching understanding of the whole five year change and how it impacts them in their locality. An update on a number of these areas is provided below.

**Primary Care:** One of the challenges of Better Care Together is that a system which can accept movement of care from the acute sector to primary care at a population level is created, whilst retaining primary care's efficiencies. The emerging model of primary care outlines the role of the GP as part of wider community response, identifying where the GP can add greater value and how the wider practice and community teams actively support the delivery of care.

For example in the East Leicestershire and Rutland area a new model of wrap around services is being piloted around populations of 30-40,000 patients. This model puts the GP at the centre of health care provision with the supporting services necessary to support patients to access the right services first time. This has started with each population hub having a number of key professionals including; A health and social care co-ordinator who works as a navigator to ensure that all of the available local authority and third sector services are accessible when patients need it most, Pharmacists working with GPs to ensure quality cost effective prescribing including reviewing patients in care homes. This service will soon be expanded to include, physiotherapy, community nursing, community psychiatric services and geriatric input. The outcome will be a truly patient-centred resourced service closer to a patient's home.

**Mental Health:** The mental health work-stream focusses on keeping people well and providing crisis support when needed and rehabilitation support to prevent re-occurrence. The focus on avoiding crisis will lead to the further development of the crisis house services and to improving

the support that low need patients can receive from their GP. This will ideally reduce the number of admissions to acute hospital beds and as a result help the repatriation of out of area placements.

The focus on resilience and recovery will build on existing locality networks and create additional recovery colleges in City localities.

**Learning Disabilities:** Similarly to the Mental Health work-stream the focus of the Learning Disabilities work is on keeping people well and out of crisis situations. Additional out-reach services are being developed which will for some individuals reduce the need for in-patient care.

## 1. Conclusion

The BCT change programme encompasses a number of clinically led change projects that together will improve the overall quality of care for the people of Leicester City and the sustainability of the health and care system for LLR in total. Health and social care organisations across England presently face an unprecedented forecast increase in demand for health and social care services and a flat or reducing budget. This situation is the catalyst for the changes described in this paper and these will be discussed with the public during late 2015 and early 2016.

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## CABINET

18<sup>th</sup> August 2015

### Performance Management Report – Quarter 1 2015/16

#### Report of the Chief Executive

Strategic Aim:	All	
Key Decision: No	Forward Plan Reference: FP/290515/01	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr Roger Begy, Leader of the Council	
Contact Officer(s):	Jason Haynes, Performance and Application Support Team Manager	Tel: 01572 720962 jhaynes@rutland.gov.uk
	Helen Briggs, Chief Executive	Tel: 01572 758201 hbriggs@rutland.gov.uk

#### DECISION RECOMMENDATIONS

That Cabinet:

1. Notes the overall position in relation to performance for the first quarter of 2015/16 and the actions being taken to address areas of underperformance.

#### 1. PURPOSE OF THE REPORT

- 1.1 To report to Cabinet on the Council's performance for the first quarter of 2015/16.

#### 2. BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 This is the first quarterly Corporate Performance Management report of 2015/16, highlighting performance for the year to date. It is intended to update Cabinet in performance:

- Against our strategic aims and objectives;
- Of the Customer Services team;
- On the sickness absence targets; and
- On Safeguarding

It is also intended to provide an update on a number of projects that the Authority is involved in delivering; this information is provided in the Project Update appendix to the report (**Appendix E**)

### 3. OVERALL SUMMARY

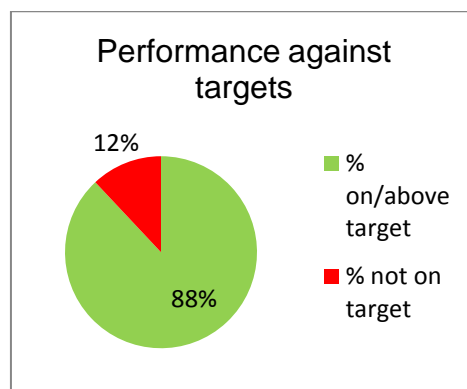
3.1 This report brings together an update on progress across a number of areas:

#### Performance against our Corporate Aims and Objectives

3.2 **Appendix A** contains detailed information on the Council's performance in relation to a number of local and statutory indicators covering the Council's Aims and Objectives, summarised below.

#### Overall Performance Summary

The performance against targets graph represents how many indicators are currently above and below target. 88% of indicators are on/above target in Quarter 1. This will be monitored throughout 2015/16 to show direction of travel through the year.



#### Corporate Health

3.3 392 Freedom of Information requests were received during Quarter 1, and 95.4% of them were answered within the 20 day deadline (LI004 % of FOI requests replied to within 20 days). Whilst below the target of 100%, this continues the good performance seen in the last quarter of 2014/15 and performance is expected to improve throughout 2015/16.

Quarter	No of FOI Requests	Completed on time	Quarter %	Cumulative %
1 13/14	173	124	71	71
2 13/14	166	32	19	46
3 13/14	212	132	62	52
4 13/14	295	249	84	63
1 14/15	323	291	90	90
2 14/15	244	224	91	91
3 14/15	240	224	93	92
4 14/15	382	367	96	95
1 15/16	392	373	95	95

The FOI's received during Quarter 1 can be broken down as follows:

Directorate	Number of FOI's	Number/% over 20 day deadline	
People	83	12	25.3%
Resources	90	2	2.22%
Places (Inc. Land Charges)	219	5	2.28%

The FOI team continue to robustly chase FOI's that are approaching the 20 day deadline to reduce the number that are exceeding this. An annual report on the FOI process has been produced and is going to Senior Management Team in September. The specific business areas where compliance is an issue have been identified and processes have been put in place to improve performance, these improvements are expected from Quarter 2 onwards.

Delivering Council Services within our MTFP

Q1	9	0	2
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- 3.4 There were 11 meetings held during Quarter 1, all agendas (LI031) and draft minutes (LI032) have been published on time for these meetings,

During Quarter 1 we received a total of 40 complaints, 37 (93%, LI034) of which were dealt with during the 10 day response period. This is an improvement on Quarter 4 due to guidance being reissued on the correct process and the Governance Team proactively monitoring performance throughout the quarter. The stage 1 complaints received can be broken down as follows:

	Places	Resources	People*
Stage 1 Total	22	6	12*
Number exceeding 10 day response target	2	1	1*
% within 10 day response target	91%	85%	92%*

\*Peoples Directorate stage 1 complaints follow a separate social care protocol

5 of these complaints were escalated to stage 2, 1 of which was responded to outside of the response target time due to the complexity of the issue being dealt with.

	Places	Resources	People*
Stage 2 Total	0	1	4*
Number exceeding 10 day response target	n/a	1	0*
% within 10 day	n/a	0%	100%*

response target			
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\*Peoples Directorate stage 2 complaints follow separate social care protocols with a different statutory timescale.

We also received comments and compliments as set out below, these are passed onto Heads of Service within the relevant departments to discuss with staff involved.

#### Comments - Total 5

	Places	Resources	People
Total for Directorate	4	1	0

#### Compliments – Total 23

	Places	Resources	People
Total for Directorate	8	9	6

The Resources Scrutiny Panel discussed the reporting of complaints and compliments at their meeting in July. The feedback received will be used to develop a comprehensive report which Scrutiny will consider later in the year.

#### Creating a Brighter Future for All

Q1	12	1	0
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- 3.5 5.8% of the eligible population of Rutland are currently claiming benefits as of latest published figures for November 2014 (PI152, working age people in receipt of benefits). In comparison, the average for the East Midlands is 11.9%, and the national average is 12.5%.

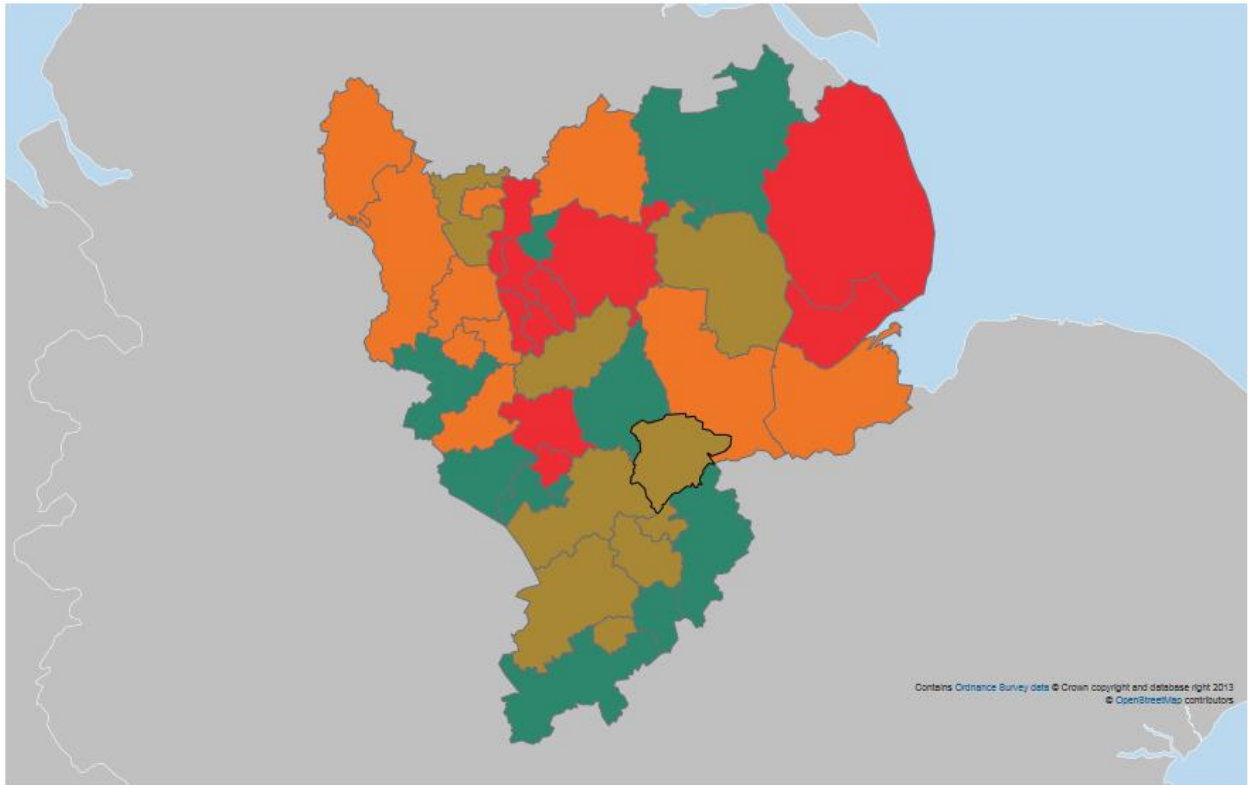
78.3% of the working age population of Rutland is currently in employment (PI151). Of these 20.7% are self-employed. As at the end of June there were 134 people in Rutland eligible to claim Jobseekers Allowance, 18.7% (25) have been claiming JSA for over 12 months (information taken from NOMIS website).

The table below compares the overall employment rate in Rutland with a number of our statistical neighbours and also how each has changed since last quarter.

Local Authority	Overall Employment Rate Q1	Change since previous quarter
West Berkshire	83%	+0.8%
Wiltshire	79.5%	+0.4%
Central Bedfordshire	78.6%	-3%
Rutland	78.3%	-1.4%
Cheshire West	75.5%	+1.5%
Cheshire East	74.6%	-0.9%
Bath and NE Somerset	74.6%	+1.3%



The map below shows the overall employment rate across the East Midlands at the end of Q1, with authorities above 78.5% shown in green, Rutland is marked with a black border.



Creating a Safer Community for All



- 3.6 There have been 3 people killed or seriously injured on our roads so far this year (PI047). Of these 1 was a fatality. There have been no children killed or seriously injured in road traffic accidents (PI048) in Rutland during Quarter 1.

Building our Infrastructure



- 3.7 32 affordable homes have been delivered (PI155) so far this year, against a target of 20, a further 23 are under construction and if all are completed on time we will be well above target for 15/16. At the same point last year only 6 affordable homes had been completed.

Meeting the Health and Wellbeing Needs of the Community



3.8 Recently updated statistics for Child Poverty (LI127 Child Poverty in Rutland, under 16's) show that this has declined again in Rutland and is currently 7.8% (from previously reported 8.4%). This equates to 455 individuals.

The table below shows the actual number of children and how this compares across the East Midlands:

Area	Count	Value
England	1,912,310	19.2
East Midlands region	151,375	18.2
Derby	12,095	23.8
Derbyshire	21,860	16.3
Leicester	19,055	26.9
Leicestershire	13,130	11.5
Lincolnshire	20,545	16.5
Northamptonshire	22,110	15.8
Nottingham	18,625	33.7
Nottinghamshire	23,500	16.9
Rutland	455	7.8

Looking at all children under 20 shows a similar picture with 505 children (7.3%) classed as in poverty in Rutland compared to a national average of 18.6%

63% of those receiving a period of reablement (LI138) have not required any on-going commissioned services, this indicator measures the effectiveness of the reablement service and despite a small decrease compared to Quarter 4 last year (70%) good performance in this area is being maintained and stays above the 50% target.

A dashboard, summarising performance against a number of Public Health indicators is included as **Appendix D**

For a number of indicators trend data is currently unavailable as we currently only have 1 or 2 years data. As Public Health supply us with more data, trend analysis will be added where appropriate.

Creating a Sustained Environment



3.9 Estimated recycling rates (PI192) remain above our 59% target at 62.54%. Household waste figures (PI191 representing the number of kilograms of household waste collected per household) at 122kg per household are below rates from the same period last year when it was 127kg.

## Sickness Monitoring

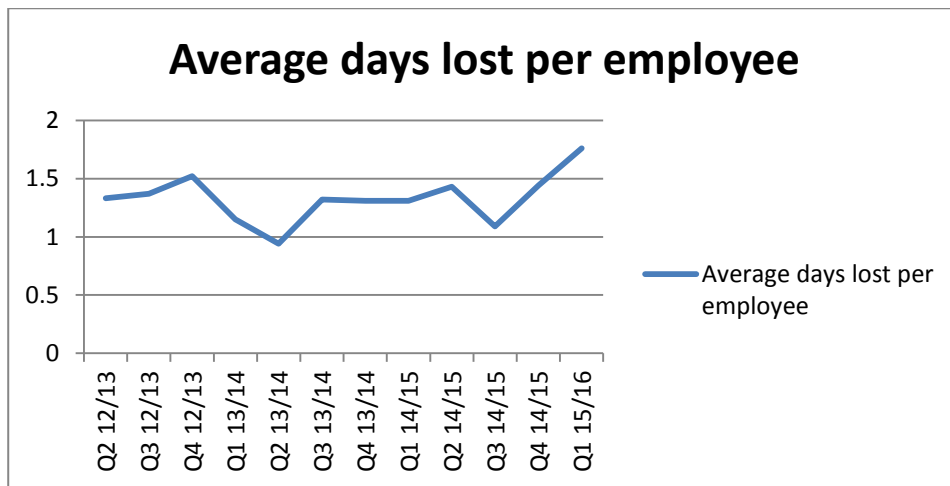
3.10 The following table summarises sickness monitoring information:

	Days lost through Sickness	Number of employees	Days lost per employee	Days lost per month
Q1 2015/16	797	453	1.76	266
Q4 2014/15	653	452	1.44	218
Q3 2014/15	494	456	1.08	165
Q2 2014/15	662	462	1.43	221
Q1 2014/15	628	478	1.31	209
<b>TOTAL</b>	<b>2437</b>	<b>462</b>	<b>1.32</b>	<b>203</b>

Average days lost per employee have increased for the second quarter in a row to 1.76 (from 1.44 in Q4). The tables below show the number of short and long term instances of sickness in the last three quarters:

	Total Sickness Occurrences	Long Term	Short Term
2014/15 Quarter 1	121	10	111
Quarter 2	89	14	75
Quarter 3	105	5	100
Quarter 4	89	12	77
2015/16 Quarter 1	92	13	79

The chart below shows average days lost per employee over the last three years, and shows that it has been steadily declining over that period although the last two quarters have reversed this trend, and the current 1.76 days lost per employee is the highest it has been in the last 3 years.



This increase is primarily due to long term absences during the quarter, the Human Resources team are actively managing these cases in collaboration with managers. Of the 13 instances of long term absence during Quarter 1, 10 have now returned to work with 1 employee having now left and 2 remaining absent. The highest reason for absence has remained consistent as Stress related (accounting for 33.6% of total absences) with other musculo—skeletal problems (including conditions such as injuries and pain in the body’s joints, ligaments, muscles, nerves, tendons, neck and back pain) being second highest at 21% of all absence. The total number of days lost per employee for the last four quarters (5.71 days) is lower than the national average for Local Government employees of 8 days.

More detailed information relating to sickness is contained in **Appendix A**.

### Customer Services

3.11 Compared to the same time last year volumes in all areas have reduced but performance in a number of areas is still below target, a new Customer Services Manager has been appointed and is in the process of reviewing the service provision of the team and identifying whether the current set of indicators are the best way to measure performance in this area and if so, how performance can be improved during 2015/16. A number of improvements have already been identified as part of this review:

- Creating new service level agreements for the department with “key customers” within the authority.
- New audit processes have been implemented.
- A new cheque and mail and a new parking payment procedure are now in place.
- Managers are working with existing software providers to identify processes within the department that can be automated.
- Call volume data is being analysed to identify peak times, and hours of work are being reviewed to ensure resource meets demand during these periods.
- A new callback system is being trialled to reduce the number of return callers.

The daily averages for CST for Quarter 1, when compared to the same time last year were as follows:

	Daily Average	
	Q1 2015/16	Q1 2014/15
<b>Calls</b>	303	327
<b>Enquiries</b>	92	114
<b>Emails</b>	52	58

Call volume figures contain those calls dealt with directly by Customer Services, calls that are forwarded through to other departments for resolution and general switchboard calls.

Detailed performance information for Customer Services is contained in **Appendix B**.

### Safeguarding

- 3.12 The quarterly safeguarding report is now included as an appendix to this report. This report provides an overview of safeguarding activity in Rutland and aims to highlight good practice and identify areas for development/improvement.

More detailed information is contained in **Appendix C**.

### Outstanding Audit Recommendations

- 3.13 At the end of Quarter 1 there were 49 open audit recommendations (compared to 73 at the end of Quarter 4), 23 of these were overdue for implementation (4 high risk, 15 medium risk and 4 low risk).

Of the four high risk recommendations:

An action regarding the development of project management arrangements to involve ICT in new projects was agreed. This recommendation is being progressed and a suite of standard project templates is being developed. It is anticipated that this recommendation will be completed in Quarter 2.

One recommendation relates to the Agresso system to improve controls for setting up new users, amending user privileges and reviewing users' roles. The Agresso contractor that was employed to address this action has now left and no further action has been taken. A new consultant was appointed in July 2015 and critical tasks will be prioritised to address this action.

Two recommendations relate to safe driving at work. Internal Audit recommended the introduction of a "Safe Driving at Work Policy" and the need for driver documentation checks. New policy and procedures have been produced and will be presented to the next meeting of the Joint Safety Committee.

#### **4. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 4.1 88% of indicators measured during Quarter 1 were on or above target, with measures in place to improve performance where targets are not currently being met. Main areas of concern have been highlighted in this report and the remedial action being undertaken to improve performance has been identified. Performance will be monitored during Quarter 2 and direction of travel will be reported to show where improvements have been made.
- 4.2 Overall performance based on activity in the first quarter is satisfactory.

#### **5. APPENDICES**

- Appendix A – Quarterly Performance Report
- Appendix B – Customer Services
- Appendix C – Safeguarding
- Appendix D – Public Health Dashboard
- Appendix E – Project Update

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

Rutland County Council  
Quarterly Performance Report  
Quarter 1  
2015/16

## Corporate Health Summary

All sickness absence information is collected and stored in the Agresso HR/Finance system including reasons for absence. Sickness information is reported, recorded and managed through the current policy and procedures, with support from Human Resources where this becomes necessary. Return to work interviews are held after each sickness absence instance and these provide a record of the management process.

The table below shows the number of days lost by each directorate in Quarter 4, expressed as total days per directorate and days lost per employee.

Directorate	Days lost through Sickness	Headcount as at 1 <sup>st</sup> January 2015	Headcount as at 31 <sup>st</sup> March 2015	Average	Days lost per employee
PEOPLE	600	224	223	223.5	2.68
PLACES	96	141	145	143	0.67
RESOURCES	101	86	87	86.5	1.17
<b>TOTAL</b>	<b>797</b>	<b>451</b>	<b>455</b>	<b>453</b>	<b>1.76</b>

24

In Quarter 1, the average number of days lost has increased to 1.76 (from 1.44 in the previous quarter).

### Quarter 1: Long term and short term sickness

The table below shows the incidence of short and long term sickness absence within the Council for Quarter 1. Long term sickness is defined as more than 20 working days, and short term sickness is defined as 20 working days or less. Data shown is for the number of occurrences, (each non-continuous sickness period).

Directorate	Total Occurrences	No of employees	Long Term	Short Term
PEOPLE	56	47	8	48
PLACES	17	17	3	14
RESOURCES	19	15	2	17
<b>TOTAL</b>	<b>92</b>	<b>79</b>	<b>13</b>	<b>79</b>



## Comparison

The table below compares the sickness for quarter 1 of 2015/16 to that of the previous 3 quarters.





Year	Days lost through Sickness	Average No of employees	Days lost per employee	Days lost per month
Q1 2015/16	797	453	1.76	266
Q4 2014/15	653	452	1.44	218
Q3 2014/15	494	456	1.08	165
Q2 2014/15	662	462	1.43	221
<b>QTR AVERAGE</b>	<b>652</b>	<b>445</b>	<b>1.43</b>	<b>218</b>

## Corporate Health Indicators

2 indicator is currently above target

2 indicators are on target

0 indicator currently not meeting target

Indicator	Target	Cumulative Year to Date	RAG Rating	Comments
LI001 - % of invoices paid on time (30 calendar days from receipt)	95%	90.7%		90.7% of invoices were paid within 30 days of receipt during Quarter 1. A large batch of telecommunication invoices were received that required some more detailed checks which led to a delay in processing.
LI003 - % of audits to be delivered by year end	90%	5%		5% of the annual audit plan has been completed by the end of Quarter 1 with 1 report in draft, 2 audits at the fieldwork stage and a further 3 being planned.
LI004 - % of FOI requests replied to within 20 days	100%	95.4%		392 FOI requests were received during Quarter 1, of these 19 were answered outside of the 20 day deadline.
LI005 – Average number of days to respond to Ombudsman complaints	28 days	-		No complaints have progress to Local Government Ombudsman during Quarter 1.
LI006 – The % of the RCC workforce who are female	-	77.1%		This information is captured Quarterly to provide a summary of the composition of the workforce at Rutland County Council.
LI007 – The % of the RCC workforce who are aged 16-24	-	2.1%		
LI008 – The % of the RCC workforce who are aged over 65	-	6.94%		
LI009 – The % of the RCC workforce who are members of an ethnic minority	-	1.87%		
LI010 – The % of the RCC workforce who are disabled	-	3.5%		


## Delivering Council Services within our MTFP

9 indicators are currently above target

0 indicators are on target










2 indicator currently not meeting target





Indicator	Target	Cumulative Year to Date	RAG Rating	Comments
LI020 - % of Council Tax received	32%	34.1%		Above target for Quarter 1
LI021 - % of NNDR received	32%	37.4%		Above target for Quarter 1
LI022 – Benefits claims – speed of processing	22 days	15 days		All claims during Quarter 1 were processed within an average 15 days.
LI024 – Issue monthly financial reports within 4 days of month end	100%	100%		All management reports issued within agreed timescales
LI025 – Statement of accounts produced by 30 <sup>th</sup> June each year	Achieved			The Statement of Accounts was produced and published by the 30 <sup>th</sup> June. They are now available on the website to view.
LI029 - % of sundry debt recovered	90%	92.4%		92.4% of sundry debt has been recovered so far this year.
LI031 - % of agendas and reports published 5 days before meetings	100%	100%		11 agendas and reports were due during Quarter 1 with all agendas and reports published on time during the quarter.
LI032 - % of draft minutes issued to officers with 5 days of the meeting followed by publication on the Council's website within 7 days of the meeting	100%	100%		There were 11 scheduled meetings during Quarter 1, and minutes were delivered on time for all of these.
LI033 - % of priority 1 faults closed within SLA	95%	100%		No priority 1 calls have been logged during Quarter 1.
LI034 - % of stage 1 complaints answered with 10 day response target	100%	93%		There were 40 complaints during Quarter 1, and 37 were answered within target time.

Indicator	Target	Cumulative Year to Date	RAG Rating	Comments
LI035 - % of stage 2 responses issued within 10 working days	100%	80%		5 complaints were at stage 2, 1 of which didn't get a response within 10 working days due to the complexity of the issue.

# Creating a brighter future for all – Overall Performance

13 indicators are currently above target	0 indicators are on target	0 indicators currently not meeting target
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Indicator	Target	Cumulative Year to Date	RAG Rating	Comments
PI060 – Percentage of single assessments for children’s social care carried out within 35 days of commencement	80%	82%		90 single assessments were conducted during Quarter 1. Of those 82% have been closed within timescales.
PI062 – Stability of placements for looked after children: number of moves	6%	0%		At the end of June there were 34 LAC children, none of whom have had 3 placement moves or more in the last 12 months
PI064 – Child protection plans lasting 2 years or more	5%	0%		No change on previous quarters, there are currently no child protection plans lasting more than 2 years
PI065 – Percentage of children becoming the subject of Child Protection plans for a second or subsequent time within the previous two years	5%	3%		At the end of June 33 children were on child protection plans. 1 of these children has had 2 previous plans.
PI066 – Looked after children cases which were reviewed within required timescales	100%	100%		All Looked After Children reviews have been completed within timescales.
PI067 – Percentage of child protection cases which were reviewed within required timescales	100%	100%		All children subject to a CP plan have been reviewed within timescales
PI068 – Percentage of referrals to children’s social care going to assessment	75%	87%		Out of 100 referrals during Quarter 1, 87 went onto single assessment
PI109 – Delivery of Ofsted Action Plan for children’s centres	100%	100%		Work ongoing to deliver Action Plan, currently on target.
PI151 – Overall employment rate (working age)	79.7%	78.3%		16,400 (78.3%) of the working age population of Rutland are currently employed.  In comparison, the average across the East Midlands is 73.5%

Indicator	Target	Cumulative Year to Date	RAG Rating	Comments
PI152 – Working age people in receipt of benefits	7.3%	5.8%		<p>5.8% (1,300) of the working age population are currently receiving benefits. (November 2014)</p> <p>This breaks down as follows:</p> <ul style="list-style-type: none"> <li>150 claiming Job Seekers Allowance</li> <li>620 claiming ESA and Incapacity Benefits</li> <li>90 lone parents</li> <li>170 carers</li> <li>30 on other income related benefits</li> <li>200 disability</li> <li>50 bereaved</li> </ul>
LI085 – Percentage of NEET (Not in Employment, Education or Training) performance for Rutland  30	2%	0.7%		<p>This is the percentage of 16-18 year olds not in education, employment and training (NEET). NEET performance remains good with numbers reducing further since the end of Quarter 4. There are currently 6 young people known as NEET to the service.</p>
LI126 – Youth provision participation	150	222		<p>Service continuing to have a large number of contacts with young people, this figure is based on contact levels with the service and not individuals</p>
LI163 – Percentage of payments by results claimed for targeted Troubled Families	50%	70%		<p>We have made a claim for 70% of our 30 targeted families.</p>



## Creating a safer community for all

### – Overall Performance

2 indicators are currently above target






0 indicators are on target

0 indicators currently not meeting target

Indicator	Target	Cumulative Year to Date	RAG Rating	Comments
PI047 – People killed or seriously injured in road traffic accidents	6	3		Data for 1 <sup>st</sup> April to 30 <sup>th</sup> June 2015 shows that there have been 3 KSI casualties (1 fatal and 2 serious)
PI048 – Children killed or seriously injured in road traffic accidents	1	0		There have been no child injuries during the period 1 <sup>st</sup> April to 30 <sup>th</sup> June 2015.

## Building our infrastructure – Overall Performance

5 indicators are currently above target	0 indicators are on target	0 indicators currently not meeting target
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Indicator	Target	Cumulative Year to Date	RAG Rating	Comments
PI154 – Net additional homes provided	38	52		There were 52 house completions for the period from 1 <sup>st</sup> Apr 2015 and 30 <sup>th</sup> June 2015.
PI155 – Number of affordable homes delivered.	20	32		32 affordable homes have been completed during Quarter 1, with a further 23 under construction and on target to be completed this year.
PI157(a) – Processing of planning applications – Major Applications	60%	62.5%		All planning application indicators are above target. In addition many of those that were not within time were the subject of agreed extensions of time with applicants. For example all majors had agreed extensions of time so the figure that will be published by the Government is 100%.
PI157(b) – Processing of planning applications – Minor Applications	65%	71%		
PI157(c) – Processing of planning applications – Other Applications	80%	86.3%		










## Meeting the health and wellbeing needs of the community – Overall Performance





6 indicators are currently above target

3 indicators is on target

2 indicators currently not meeting target

Indicator	Target	Cumulative Year to Date	RAG Rating	Comments
LI105 - % of blue badge applications processed within 4 weeks of application	80%	48%		There has been a 50% increase in applications during Quarter 1, from 50 average to 75 (90 in April) average, which combined with staff sickness during the period has led to some delays in the processing of applications and a drop in performance compared to last quarter (63%).
LI107 – Hospital discharges are safe and effective with patients assessed within timescales	80%	100%		On the basis that we have received no fines. New manager is currently working to more accurately capture this data.
LI111 - % of carers signposted to developed non-statutory services following carers assessment	80%	79%		Training of other staff in the assessment process has had an impact on performance, which should move back above target next quarter.

Indicator	Target	Cumulative Year to Date	RAG Rating	Comments
<p>LI127 – Child poverty in Rutland</p> <p>34</p>	9%	7.8 %		<p>Children living in poverty has fallen from 8.4% and currently stands at 7.8% for Rutland. This reduction aligns to falls in child poverty nationally with Rutland still significantly below the national level which currently stands at 19.2%.</p> <p>The Child poverty strategy is now in place and poverty pledges have been provided by key partners, focussing on key issues such as affordable homes and energy efficiency. Although the poverty levels are low in comparison to regional and national data there are areas in Rutland with much higher levels of child poverty than the average for the County and as such services are targeting those areas with information and support.</p>
LI130 – Reduction in the length of temporary stays in B&B	18	20		Currently 20 days
LI134 – % of urgent OT referrals assessed within 2 working days	100%	83%		1 case was assessed outside of target due to a request from the service user themselves to delay the assessment to a time that suited them.
LI135 – % of high priority OT referrals assessed within 28 days	75%	71%		Based on 27 referrals. The target was missed by only one assessment. Staff vacancies and training of new staff have had an impact on performance this quarter, expected to move back above target in Quarter 2 as new staff are now in place.




Indicator	Target	Cumulative Year to Date	RAG Rating	Comments
LI136 – % of medium priority OT referrals assessed within 4 months	80%	100%		Quarter 2 performance may be impacted as some of these cases will not meet target if not assessed within the next month and the team are prioritising high risk cases while new staff are trained.
LI138 – % of reablement service users not requiring an on-going commissioned service	50%	63%		A small decrease on Q4 (70%) but maintaining good performance.
LI172 – % of Safeguarding Adults referrals screened within one working day	80%	100%		All alerts were looked at and screened by the Senior Practitioner or Team Manager on the day they are received.
LI173 - % Adult Social Care reviews for people with a learning disability completed annually	75%	100%		11 reviews were due within Quarter 1, and all were completed within timescales.

## Creating a sustained environment – Overall Performance

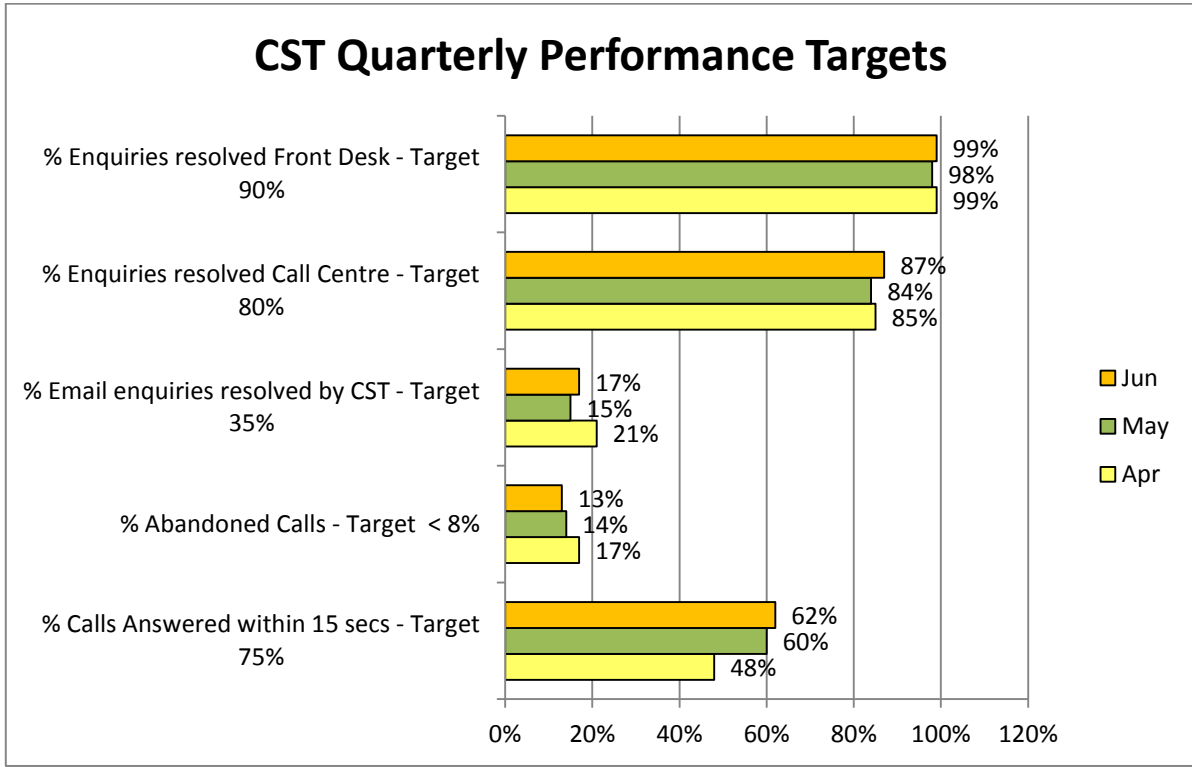
3 indicators are currently above target

0 indicators are on target

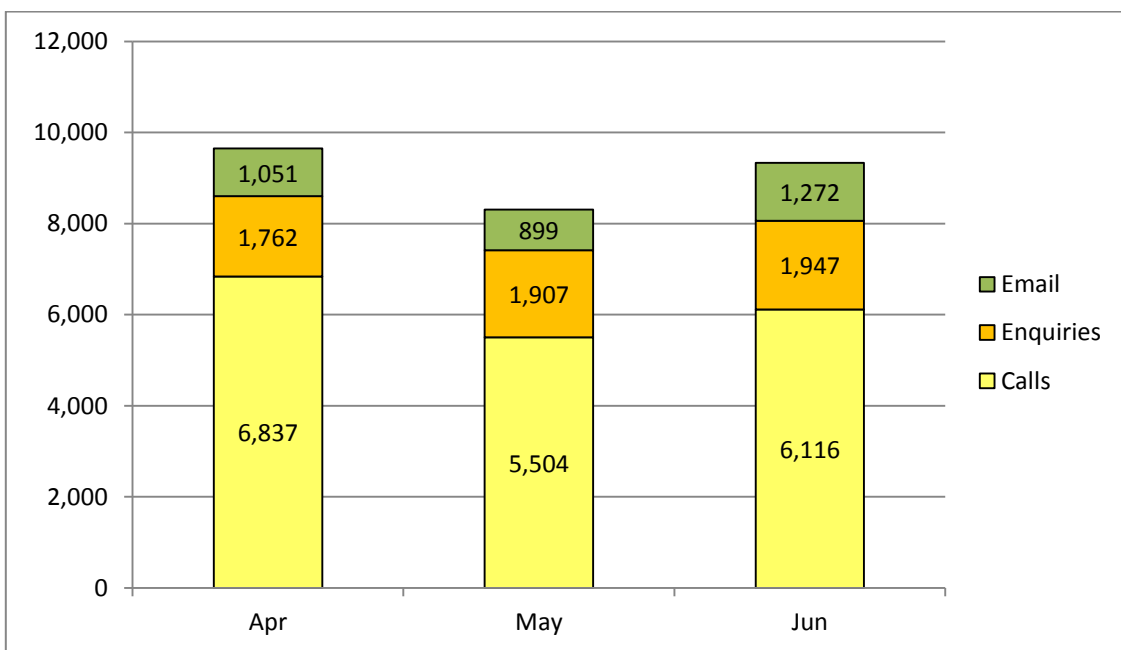
0 indicators currently not meeting target

Indicator	Target	Cumulative Year to Date	RAG Rating	Comments
PI191 – Residual household waste per household	130	122		Above target, based on estimated figures.
PI192 – Percentage of household waste sent for reuse, recycling and composting	61%	62.54%		Above target, based on estimated figures.
PI193 – Percentage of municipal waste land filled	5%	0%		Above target, based on estimates figures.

### CST Quarter 1 Performance



### Volumes

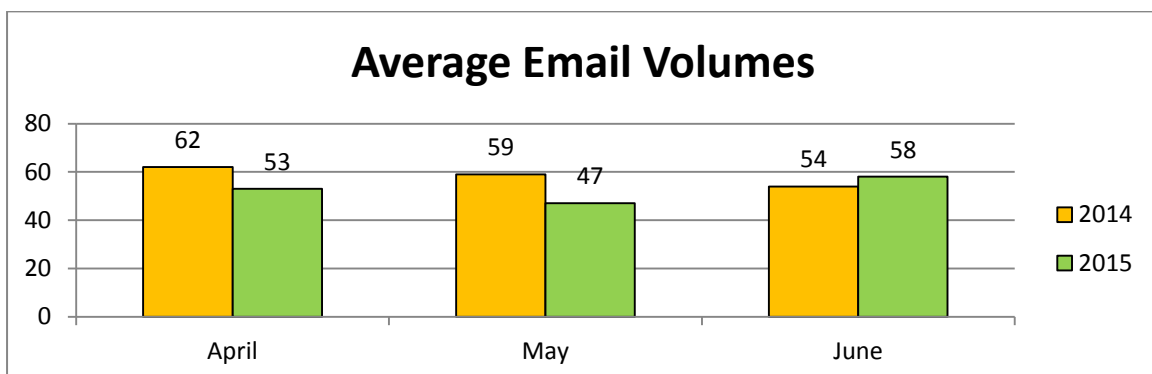
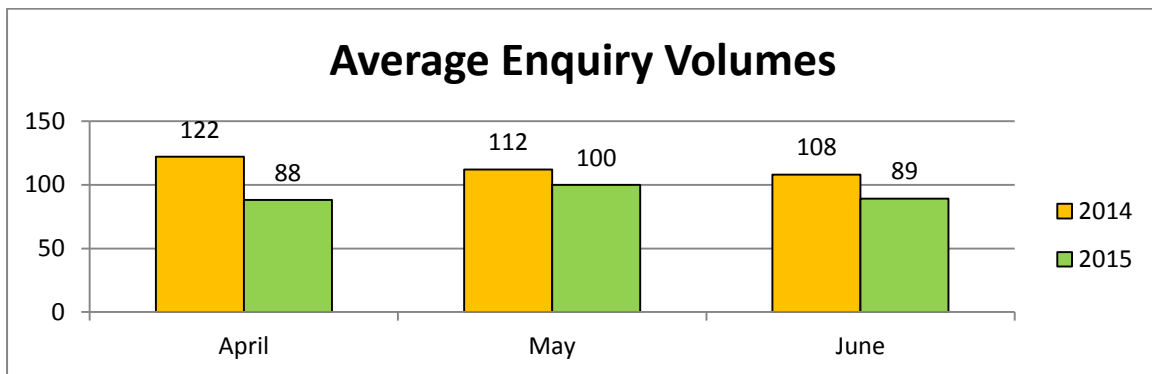
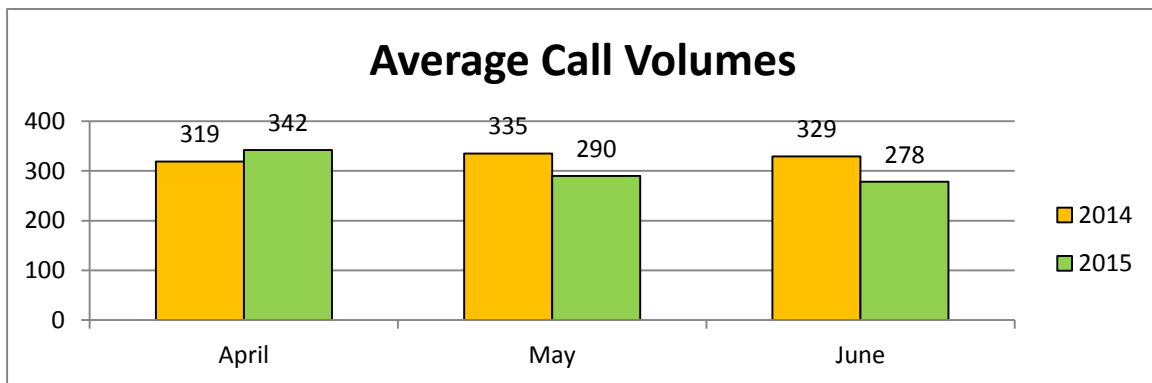


## Volumes – Daily Average

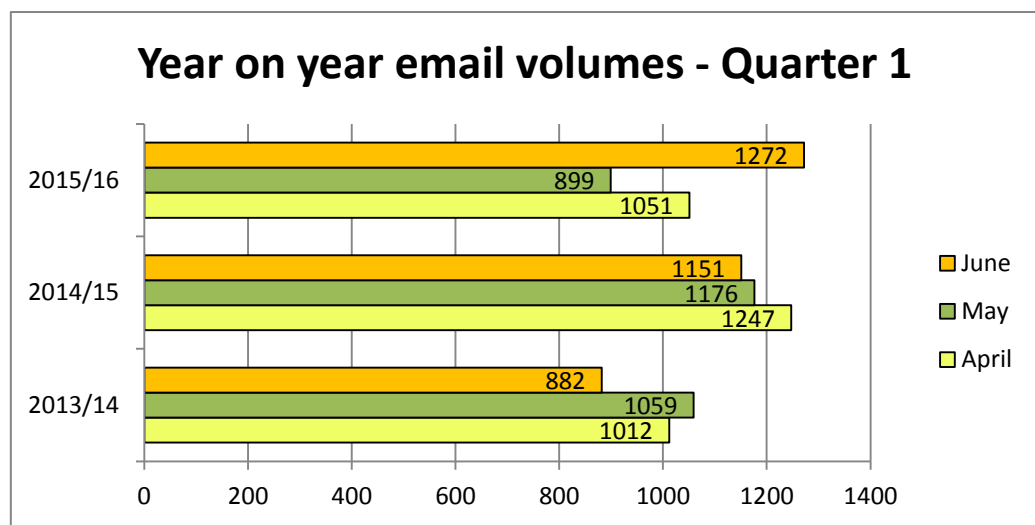
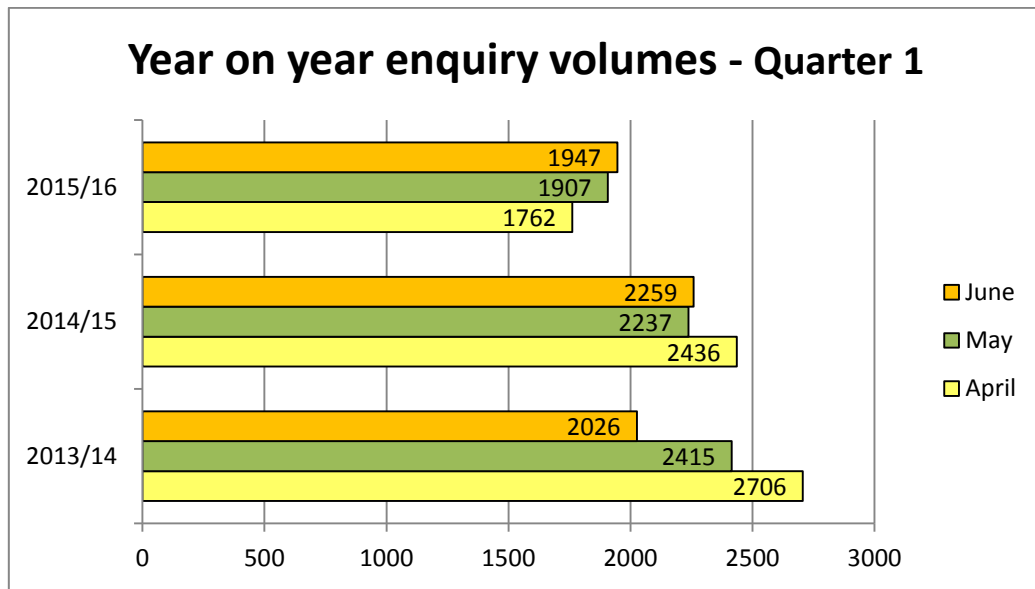
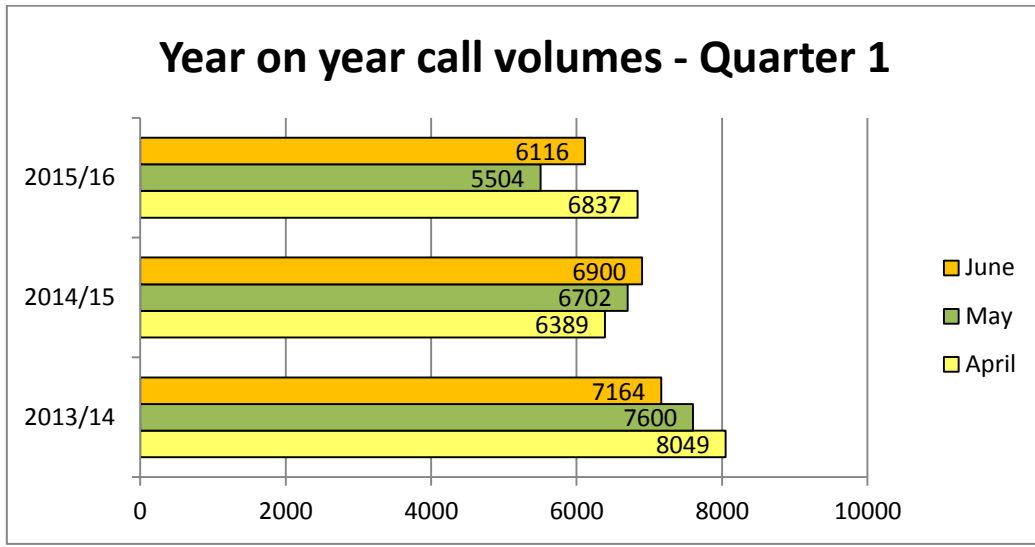
Compared to the same time last year (see below) there has been a general reduction in volume across all areas throughout Quarter 1.

### Volumes – Daily Average comparison

The charts below show a comparison of the daily average volumes with the same period last year.







## Year on Year Volumes – Q1 2015/16







## GovMetric Q1 2015/16

### GovMetric Summary

<b>Face to Face</b>				Overall Rating
No. of respondents	363	60	75	 Good
%age of respondents	73%	12%	15%	

<b>Telephone</b>	This process is under review as the time taken to assist a customer to leave feedback is affecting the advisors' ability to process calls quickly. The new Customer Service Manager is reviewing Govmetric to establish a better way of providing this service to our customers without compromising our service overall.		
No. of respondents			
%age of respondents			

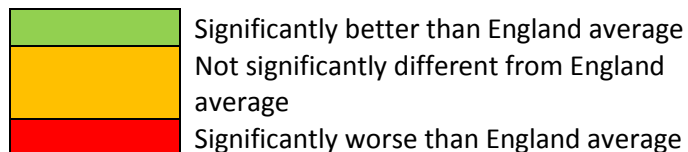
<b>Web</b>				Overall Rating
No. of respondents	85	25	74	 Average
%age of respondents	46%	14%	40%	

Of the respondents who left feedback on the website, 22 left comments:

- 15 were related to the layout and content of the site and mentioned missing links, pages being out of date or difficulty finding information
- 5 were feedback on the Libraries service, and difficulties with renewing books online.
- 2 were positive feedback on the waste and recycling section and the information that's available there.



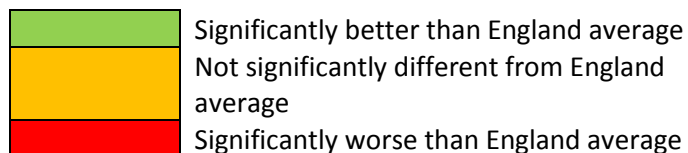
Public Health performance dashboard



Outcome	Indicator	Frequency	When was data last published.	Number per year	Current Value	National Average	Trend - Rutland
A healthier population with increased life expectancy and a reduction in health inequalities	Life Expectancy - Male	Annual	2011-13	n/a	81.2	79.4	
	Life Expectancy - Female	Annual	2011-13	n/a	85.7	83.1	
	Healthy Life Expectancy - Male	Annual	2011-13	n/a	66.1	63.3	No trend data currently available
	Healthy Life Expectancy - Female	Annual	2011-13	n/a	71.3	63.9	No trend data currently available
	Cardiovascular Disease (under 75) - mortality rate	Annual	2011-13	23	65.7	78.2	

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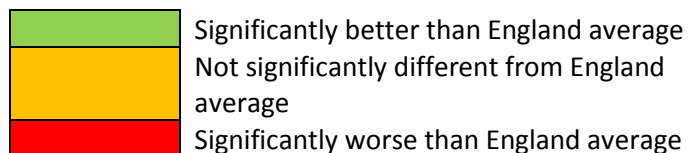
Public Health performance dashboard



Outcome	Indicator	Frequency	When was data last published.	Number per year	Current Value	National Average	Trend - Rutland
	Cancer (under 75) – mortality rate	Annual	2011-13	44	119.33	144.4	<p>06-08 07-09 08-10 09-11 10-12 11-13</p>
The prevalence of obesity is reduced and people are more physically active	Proportion of children in Reception classified as overweight and obese	Annual	2013-14	60	16.4	22.5	<p>07-08 08-09 09-10 10-11 11-12 12-13 13-14</p>
	Proportion of children in Year 6 classified as overweight and obese	Annual	2013-14	96	29.20	33.5	<p>07-08 08-09 09-10 10-11 11-12 12-13 13-14</p>
	Proportion of adults (16+) who are overweight and obese	Annual	2012	63	65.58	63.78	No trend data currently available

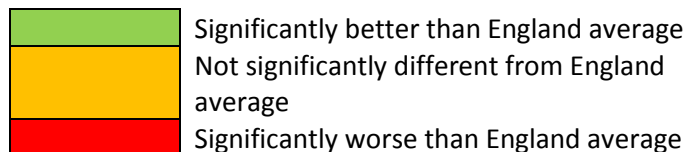
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Public Health performance dashboard



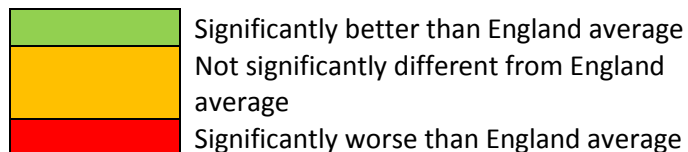
Outcome	Indicator	Frequency	When was data last published.	Number per year	Current Value	National Average	Trend - Rutland
Smoking prevalence and the harm caused is reduced	Smoking prevalence	Annual	2013	n/a	22.3	18.4	
The harm caused by alcohol and drugs is reduced	Rate of hospital admissions for alcohol related harm	Quarterly	Q4 2012/13	684	1265.77	1951.1	
To help prevent heart disease, stroke, diabetes and kidney disease	Heath Check uptake	Quarterly	Q4 2014/15	1193	49.7%	49%	
To increase the level of wellbeing	People with a low satisfaction score	Annual	2011/12	n/a	14.86	24.27	No trend data currently available
	People with a low worthwhile score	Annual	2011/12	n/a	12.81	20.08	No trend data currently available
	People with a low happiness	Annual	2011/12	n/a	19.21	29.02	No trend data currently available

Public Health performance dashboard



Outcome	Indicator	Frequency	When was data last published.	Number per year	Current Value	National Average	Trend - Rutland
	score						
	People with a high anxiety score	Annual	2012/13	n/a	25.44	20.98	No trend data currently available
To reduce hospital admissions for falls	Injuries due to falls (aged 65 or over) - overall	Annual	2013/14	166	1924	2064	No trend data currently available
To increase control of chlamydia	Chlamydia diagnosis adults aged 15-24	Annual	2014/15	78	1713	n/a	No trend data currently available
To improve health outcomes and increase healthy life expectancy	% of children living in households where income is less than 60% of median household income	Annual	2012	490	7.8%	19.2%	
	Under 18 conception rate	Annual	2013	8	8.2	24.3	

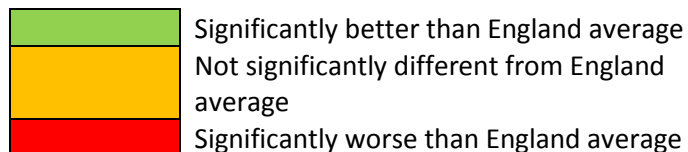
Public Health performance dashboard



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	Healthy Life Expectancy - Male	Annual	2011-13	n/a	66.1	63.3	No trend data currently available
	Healthy Life Expectancy - Female	Annual	2011-13	n/a	71.3	63.9	No trend data currently available
	Cardiovascular Disease (under 75) - mortality rate	Annual	2011-13	23	65.7	78.2	

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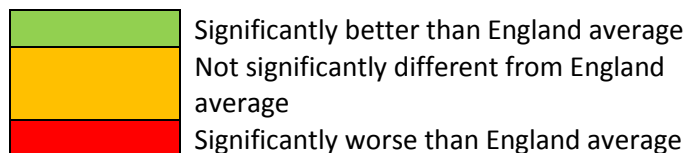
Public Health performance dashboard



Outcome	Indicator	Frequency	When was data last published.	Number per year	Current Value	National Average	Trend - Rutland
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The prevalence of obesity is reduced and people are more physically active	Proportion of children in Reception classified as overweight and obese	Annual	2013-14	60	16.4	22.5	
	Proportion of children in Year 6 classified as overweight and obese	Annual	2013-14	96	29.20	33.5	
	Proportion of adults (16+) who are overweight and obese	Annual	2012	63	65.58	63.78	No trend data currently available

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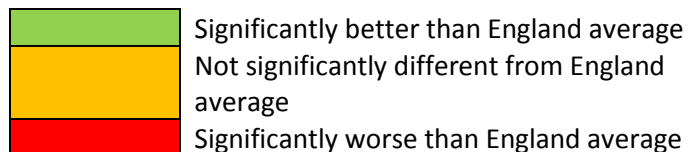
Public Health performance dashboard



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	People with a low worthwhile score	Annual	2011/12	n/a	12.81	20.08	No trend data currently available
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Public Health performance dashboard



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To increase control of chlamydia	Chlamydia diagnosis adults aged 15-24	Annual	2014/15	78	1713	n/a	No trend data currently available
To improve health outcomes and increase healthy life expectancy	% of children living in households where income is less than 60% of median household income	Annual	2012	490	7.8%	19.2%	
	Under 18 conception rate	Annual	2013	8	8.2	24.3	

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## Appendix E

### PROJECT UPDATE

Project	Status	RAG
Oakham Enterprise Park Business	Tenancy across the site has continued to grow with 96.4% (81 units, totalling 91,155sqft or 94.5% of floor space) now let or with leases being prepared. There is firm interest in a further 2% (3 units, 5,319sqft or 5.5% floor space) and there are no units without significant interest. These revised figures include the 18 new office suites which only became available on 1 <sup>st</sup> April & exclude the Active Rutland Hub. The Events Zone is also excluded and growing steadily with significant filming interest. There are currently some issues around compliance and repair of aging utility infrastructure but these are being managed. The project is keeping pace with its business plan and key objectives are on target to be met.	
Oakham Enterprise Park Sport	Active Rutland Hub is now complete and occupied. The Royal visit and opening have taken place successfully. The final budget for construction has been reviewed and was on target with no overspends. Bookings and space allocation are progressing well.	
Broadband	<p>The Digital Rutland project is progressing well and we have submitted our revised State aid Intervention Area to BDUK's National Competence Centre (NCC) for approval following the open market review and public consultation processes. Once State Aid approval is granted, additional areas which will form Phase Two of the project will be discussed with BT to further extend the reach of the programme.</p> <p>We are also currently discussing the next areas of Phase One of the project to be captured with BT and are anticipating the work to commence in the coming months, aiming for a delivery of December 2015.</p>	
Castle HLF Bid	Consultants have been appointed and final design work is underway. A revised programme has been agreed by HLF and Project Board, with the Castle closing for works between September and Easter 2016.	
Welfare Benefit Reform	Local Council Tax Support Scheme and discretionary fund – reviewed for 2014/15 and no changes were made to the current approved scheme. A further review was taken to	

Project	Status	RAG
	<p>Resources Scrutiny on 4<sup>th</sup> September 2014 and to Cabinet on 7<sup>th</sup> October 2014 where members recommended considering changing the scheme from 2015/16 onwards to reduce the amount of the discretionary fund to £50k. There was a proposal made to discount child benefit in the calculation of income for the Discretionary Fund This was approved along with other policy changes by member at Cabinet on 20<sup>th</sup> January 2015.</p> <p>The Local Welfare Crisis provision – Members approved a revised policy and continuation of the scheme on 20<sup>th</sup> January 2015. The scheme is being funded from the welfare earmarked reserve.</p> <p>Single Fraud Investigation Service has been successfully implemented in Rutland from October 2014; a report was taken to Cabinet on 16<sup>th</sup> September 2014 190/2014.</p> <p>Universal Credit – expected date of implementation for Rutland area is Autumn 2015, an initial meeting has been arranged with DWP representatives on 14/7/2015, some details and indicative funding has been received, it is envisaged that further information will be available as discussions progress.</p> <p>The budget of 8<sup>th</sup> July 2015 included further welfare reforms, Officers are reviewing the impact of the Welfare Reform and Work Bill and will continue to do so as the details emerge through regulations.</p>	
Corporate Website Development	A project plan is being developed and procurement options are being assessed. A report will be presented to Cabinet to approve the procurement and the establishment of a formal project board at the appropriate time.	
<p>School Place Planning –</p> <p>To monitor the continued growth within the County balanced against the number of pupil places required at all levels within the education system</p>	<p>SCAP report completed utilising the latest School data refreshed in May 2015.</p> <p>Brooke Hill school extension on track and due for completion in August 2015.</p> <p>Uppingham C of E full quotes obtained for modular and brick built extensions places not required in September 2015 as changes made to UCC catchment area.</p> <p>English Martyrs progressing with their own build.</p> <p>New Primary School Oakham only one School has shown interest Catmose College we have been working with them on suitable options.</p> <p>Secondary provision for the County is adequate</p>	

Project	Status	RAG
	<p>although few spaces at Catmose and UCC. Catmose in discussions re utilising additional space provided by the return of RALs and the Cafeteria area.</p> <p>RCC consulting on closure we are currently working on options for Post 16 training with CBEC and Catmose college.</p>	
Liquidlogic Implementation	<p>The case management transformation programme (CMTP) has been developed to encompass the implementation of the Liquidlogic system. Planning has commenced and a governance structure put in place for the delivery of the plan. Programme plan timescales are going to be tight with an implementation expected at the end of March 2016, due to two current risks:</p> <ul style="list-style-type: none"> <li>- Capacity within the organisation and the staff required to help will be challenging.</li> <li>- The contract has not yet been signed which will delay the commencement of the programme from Liquidlogic's perspective.</li> </ul> <p>However, work is progressing on our side, with project teams identified and a project environment set up with an agreed PID and other associated documentation.</p>	
Care Act Implementation	<p>Programme Plan timescales have been achieved for Phase 1 on the whole &amp; Rutland CC is Care Act Compliant. The only key area outstanding being in relation to obtaining signatures on key documents in relation to our work at HMP Stocken - Partnership Delivery Agreement, Information Sharing Protocol and Memorandum of Understanding. (The service is operational and all parties have agreed to the content). This has been held up by Nott's Healthcare wanting to change the specification for the provision of the support worker function (a matter than has subsequently been resolved) These document should be signed over the next few weeks.</p> <p>Work is progressing on reviewing our Charging Policy and a report will be going to SMT July. This will outline a number of proposals for consideration and also outline our responsibilities in relation to consulting with the public. Work has commenced on agreeing a Workforce Implementation Plan for Adults and a Quality Assurance System. The outline Project Plan for Phase 2 is also currently in development.</p>	

Project	Status	RAG
Better Care Fund	<p>The final new schemes became operational from 1<sup>st</sup> April, including the Community Agents and Memory Advisor role. Following recruitment the Integrated Care Co-ordinator scheme is now re-established. The Learning disability scheme has been altered to a plan focusing on Falls prevention and outcomes for people with a learning disability will be addressed across a number of the schemes in a more integrated way.</p> <p>The S75 pooled budget agreement was approved by both Cabinet and CCG Board on 17<sup>th</sup> March and the Partnership Board has now had its first meeting.</p> <p>The First Better Care Fund quarterly report (incl. pay for performance metric) was submitted to NHS England at the end of May relating to the period from January to March 2015. This indicates that our position and performance is similar to the majority of other areas. Rutland is one of the 23 of the 35 areas in the region that has received the Pay for performance pot available for quarter 4.</p> <p>Performance data for April and May is showing</p> <ul style="list-style-type: none"> <li>• A reduction in permanent admissions to residential care (total of 5 in these 2 months)</li> <li>• an significant reduction in delayed discharges from hospital, after a spike of 428 days delay in March there were 94 in April and 45 in May.</li> <li>• We will not have the Q1 return for non-elective admissions until the end of July but the performance in April and may was favourable against our target.</li> <li>• National Falls data from Public Health is not available but local data analysed shows a reduction in the rate of admissions for over 65 year olds resulting in an injury from a fall in 14/15 compared to 15/16</li> </ul>	<div style="background-color: #90EE90; height: 15px; width: 100%;"></div> <div style="background-color: #FFD700; height: 630px; width: 100%;"></div>

## CABINET

18 August 2015

### QUARTER 1 FINANCIAL MANAGEMENT REPORT 2015/16

#### Report of the Director for Resources

Strategic Aim:	<i>Delivering Council Services within the Medium Term Financial Plan</i>	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Terry King, Portfolio Holder for Resources	
Contact Officer(s):	Debbie Mogg, Director for Resources	Tel: 01572 758358 dmogg@rutland.gov.uk
	Saverio Della Rocca, Assistant Director - Finance	Tel: 01572 758159 sdrocca@rutland.gov.uk
Ward Councillors	N/A	

#### DECISION RECOMMENDATIONS

That Cabinet:

1. Notes the 2015/16 revenue and capital outturn position as at Quarter 1.
2. Recommends the transfer of £80k refund of historic electricity charges to the Invest to Save Reserve.
3. Recommends to Council that the s31 grant of £55k received following the closure of the Independent Living Fund (ILF) is used to support 3 clients previously supported directly by the ILF (Appendix 1 para 1.50).
4. Notes the proposed transfers from earmarked reserves as shown in the table at Appendix 1, para 1.45 (to be finalised and agreed in the 2015/16 outturn).
5. Notes the split of Directorate budgets into new functional budget headings further to Council recommendation 2.4 (Report 59/2015) and recommends any changes.
6. Notes that there are a number of functions which are forecast to be £25k overspent (highlighted in Appendices 4 to 6) but these forecast over spends can currently be contained within overall Directorate budgets.
7. Notes that there is one function (Homecare) which is forecast to be in excess of £100k over budget but this can be contained within the overall Directorate budget as set out in Appendix 7.
8. Notes that the impact of the announcement of the Care Act changes for 1

April 2016 has not yet been fully assessed but will be assessed in advance of Quarter 2.

9. Recommends that in light of existing Directorate under spends that Directors propose one-off in year budget savings and recurring budget savings as part of Quarter 2 for Cabinet to consider.
10. Notes that PeopleFirst savings for 2015/16 are likely to be achieved.
11. Notes that the MTFP will be updated when further funding announcements are made by Government.

## 1. PURPOSE OF THE REPORT

- 1.1 To inform Cabinet and all members of the full year forecast position as at Quarter 1 for 2015/16 and to alert them to issues that may impact on the Medium Term Financial Plan to enable them to maintain sound financial management of the Council's operations.

## 2. BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The Council approved its 2015/16 budget in February 2015. Since the budget was approved various changes have been made. These are itemised in Appendix 2.

	Key questions	Comments and where you can find out more
1	Are we on track to achieve overall budget (within a tolerance of 1%)?	<p>The Q1 forecast revenue position is favourable in that the Council is forecasting a deficit of £82k compared to a budgeted deficit of £525k. Whilst the position looks favourable, there are inevitably a number of important factors on the horizon that could further impact this position favourably or adversely. Appendix 1 para 1.4 gives more detail. The Council will keep these issues under review.</p> <p>Quarter 1 of 2015/16 sees the introduction of functional budgets for each Directorate. The financial performance of each function is shown in summary in Appendix 4 to 6. Further detail can be obtained in detailed workbooks via the Council website. It is the first time that Council has published information in this format and suggestions for improvement are welcome.</p> <p><a href="http://www.rutland.gov.uk/council_and_democracy/council_budgets_and_spending.aspx">http://www.rutland.gov.uk/council_and_democracy/council_budgets_and_spending.aspx</a></p>
2	What changes have we made to the budget since it	The Council approved its 2015/16 budget in February 2015. Since the budget was approved various changes have been made. These are itemised in Appendix 2.

	<b>Key questions</b>	<b>Comments and where you can find out more</b>
	was approved?	
3	Have we got any functions forecast to be overspent by £25k?	Yes, in total 4 out of 74. There is one in excess of £100k (Homecare). A detailed explanation is given in Appendix 7. Forecast over spends are currently contained with Directorate budgets.
4	Have we got any functions forecast to be underspent by £25k?	Yes, in total 15 out of 74. Directors are being asked to review whether under spends can be banked as in-year savings.
5	Will we achieve savings built into the budget?	Yes, the budget included savings of £786k. As at Q1 (para 2.35), the Council is on target to achieve savings of £758k. There is also a £300k savings targets in 2015/16 for PeopleFirst which should be achieved.
6	Are there new pressures emerging?	Yes, but pressures quantified can be contained within overall budget. Para 1.4 refers to potential pressures on the horizon.
7	Are we on track to achieve the overall capital budget?	Yes, para 2.1 of Appendix 1 gives more detail.
8	Are there significant delays on any projects?	No – discussions are ongoing in respect of the next phase of roll out of Digital Rutland project. Appendix E of the Q1 Performance Report gives more detail.
9	Are there changes to the approved capital programme?	Yes, The revised capital programme has been increased by £3.710m since it was approved. For a detailed breakdown para 2.2 in Appendix 1 gives a full breakdown of changes.
10	Have there been changes to the MTFP?	The MTFP includes updates for the 14/15 outturn and Quarter 1. The impact of the Summer Budget on the MTFP has also been assessed but at this stage no major changes are envisaged. A further update will be provided in Quarter 2.
11	Are we on track to receive our budgeted amount for New Homes Bonus (NHB) for 2016/17?	Yes, the target for 2016/17 is 99% achieved with one quarter remaining.
12	Are we on target to achieve the Government estimate on Business Rates retention?	Yes, performance is in line with MTFP expectations. To date there have been no significant appeals lost resulting in a loss of business rates income.

	<b>Key questions</b>	<b>Comments and where you can find out more</b>
13	Is the cost of the Local Council Tax Scheme (LCTS) within budget?	Yes, the LCTS scheme remains under budget.
14	Are we recovering our debts?	Yes, the debt level is down from the year end.

### **3. CONSULTATION**

3.1 Formal consultation is not required for any decisions being sought in this report. Internal consultation has been undertaken with officers to assess whether savings and pressures built into the budget will be needed in 2015/16.

### **4. ALTERNATIVE OPTIONS**

4.1 Cabinet is being asked to defer any changes to the budget, or in-year savings targets until later in the financial year. Cabinet could request changes as part of this report. Cabinet is also asked to recommend to Council that in year funding from the closure of the ILF is used to support 3 young adults. Whilst the grant received is not ring fenced, these young adults have complex needs and the Council has a statutory duty to support them.

### **5. IMPLICATIONS**

#### **5.1 FINANCIAL IMPLICATIONS**

5.1.1 The report highlights the impact of the forecast on the MTFP. The General Fund balances will increase by c£443k above that budgeted for.

#### **5.2 LEGAL AND GOVERNANCE CONSIDERATIONS**

5.2.1 Where Directors wish to increase a functional budget by over £100k OR they anticipate that the overall Directorate budget is likely to be overspent (there is no de-minimis level) they must seek approval in advance from Cabinet or Council for a virement to cover any increase. There is one function that falls into this category but no specific request has been made because the overspend can be contained within the overall directorate budget and some functional budgets may need to be rebased due to the introduction of functional budgets (Appendix 1 para 1.6 to 1.8 explains in more detail.)

5.2.2 There are no legal implications arising from this report.

#### **5.3 EQUALITY IMPACT ASSESSMENT**

5.3.1 Equality Impact Assessment (EqIA) screening has been completed. No adverse or other significant issues were found.



## **5.4 COMMUNITY SAFETY IMPLICATIONS**

5.4.1 There are no community safety implications.

## **5.5 HEALTH AND WELLBEING IMPLICATIONS**

5.5.1 There are no health and wellbeing implications.

## **6. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

6.1 As the Council is required to make savings over the medium term, the Q1 position is positive.

## **7. BACKGROUND PAPERS**

None

## **8. APPENDICES**

Appendix 1: Quarterly Monitoring Report  
Appendix 2: Approved Budget Changes  
Appendix 3: Reconciliation of Directorate Budgets  
Appendix 4: Peoples Directorate  
Appendix 5: Places Directorate  
Appendix 6: Resources Directorate  
Appendix 7: Variances of £100k  
Appendix 8: Capital  
Appendix 9: MTFP

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

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# Rutland County Council

## **Quarterly Monitoring Report 2015 - 16**



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# 1. Revenue Monitoring

## A The Budget – what is the current budget?

1.1 The current budget is that approved by Council/Cabinet on 10<sup>th</sup> February 2015 (report No. 39/2015) and subsequently amended following changes made by Cabinet/Council as set out in Appendix 2 and summarised in the table below.

Reconciliation of approved budget to current budget	£000	£000
<b>Approved Net Cost of Services (39/2015)</b>		<b>33,509</b>
Changes already approved (as listed in Appendix 2)		777
<b>Current Net Cost of Services</b>		<b>34,286</b>
<b>Approved (Surplus)/Deficit (39/2015)</b>	<b>575</b>	
Changes already approved (as listed in Appendix 2)	(50)	
<b>Current (Surplus)/Deficit</b>	<b>525</b>	

## B Overall Position – are we on track to achieve budget?

1.2 The table in para 1.4 sets out the Council's forecast revenue outturn for 31 March 2016 as at the end of June (Quarter 1). The Council's forecast deficit is £82k compared to the current budget deficit of £525k. This is a favourable position in light of the Medium Term Financial Plan requirement for savings to be made and future funding uncertainty.

1.3 The favourable position can be attributed to a number of factors:

- The Net Cost of Services shows a forecast of £497k under budget, representing approximately 1.4% of the total budget. The reasons for the under spends are discussed in more detail in section 1.6 to 1.23.
- Interest receivable is expected to exceed budget by £60k due to better investment rates being received (see section 4.2 to 4.5).
- An increase in non ring-fenced grants funding and other income of £101k. This is due mainly to the receipt of a refund for historic electricity charges of £80k.
- The transfers from earmarked reserves is expected to be £679k less than budgeted. The expected reduction comprises a decrease in the original proposed transfers of £60k plus additional transfers to reserves identified at Q1 of £154k. The s106 contributions to Capital are no longer shown as a transfer from Earmarked Reserves within the revenue position. This has reduced the amount by an additional transfer from reserves by £465k.
- The revenue contribution to capital outturn (RCCO) is forecast to be reduced by £465k. The reduction is because the s106 will now be applied

directly to the capital programme. The reduction in RCCO does not result in a saving as the transfer from the s106 reserve has reduced by the same amount.

#### 1.4 The Revenue budget position at Q1:

	<b>Approved Budget</b>	<b>Revised Budget</b>	<b>Q1 Forecast Outturn</b>	<b>Latest Forecast Year End Variance</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
People	15,651	15,979	15,904	(75)
Places	12,369	12,741	12,396	(345)
Resources	5,714	5,666	5,491	(176)
<b>Directorate Totals</b>	<b>33,734</b>	<b>34,386</b>	<b>33,790</b>	<b>(597)</b>
Fire Authority	75	0	0	0
Better Care Fund Contingency	0	200	200	0
People First Saving	(300)	(300)	(200)	100
<b>Net Cost of Services</b>	<b>33,509</b>	<b>34,286</b>	<b>33,790</b>	<b>(497)</b>
Capital Financing	2,020	2,020	2,020	0
Interest Receivable	(116)	(116)	(176)	(60)
<b>Net Operating Expenditure</b>	<b>35,412</b>	<b>36,190</b>	<b>35,633</b>	<b>(557)</b>
Financing	(32,696)	(32,696)	(32,796)	(101)
Transfers to/(from) reserves	(1,167)	(2,265)	(1,586)	679
Revenue contributions to capital	880	1,151	686	(465)
Appropriations	(1,855)	(1,855)	(1,855)	0
<b>(Surplus)/Deficit</b>	<b>575</b>	<b>525</b>	<b>82</b>	<b>(443)</b>
<b>General Fund 1 April 2015</b>	<b>(9,227)</b>	<b>(9,675)</b>	<b>(9,675)</b>	<b>0</b>
<b>General Fund 31 March 2016</b>	<b>(8,652)</b>	<b>(9,150)</b>	<b>(9,593)</b>	<b>(443)</b>

1.5 Whilst the overall position is favourable, there are a number of issues and factors that could change and impact on the final outturn position as follows:

- The current forecast is based on known activity and expenditure as at Quarter 1 which is very early on in the financial year and is therefore liable to change over the next two quarters;
- When the budget was set in February, assumptions were made in respect of the Care Act including set up costs for the changes still to be implemented in April 2016. Recent Government announcements delaying the introduction of some of the Care Act changes now need to be reviewed and the impact assessed for both 2015/16 and for future years (para 1.42 to 1.44 gives further detail);

- The budget includes a Better Care Together/Better Care Fund contingency of £200k to cover a) the performance risk element of the BCF (failure to meet admission targets could result in a £54k loss of income to the Council); b) the likely shift of activity from health to social care as the LLR health economy looks to save £400m and reduce the number of hospital beds by 250 over the next two years; and c) the potential increase in activity arising from demographic changes and housing growth. Whilst at Q1, the performance targets have been met, this is a small element of the overall contingency and therefore it is assumed, at this stage, that it will still be required.
- There are a significant number of volatile and demand led budgets largely in the People Directorate. These budgets are difficult to predict. For example, the social care budgets are impacted not only by caseload, but also the complexity of care packages, the extent to which individuals have to contribute towards the cost of their care and whether Continuing Health Care (CHC) funding is available.
- The Council is awaiting information on a possible dividend to be paid from Heritable Bank (Icelandic Bank) and this is not currently in the forecast. The dividend is likely to be between £48k and £60k.
- Within the Directorate forecasts, managers have predicted spend on staffing budgets based on assumptions around the recruitment of new staff and therefore a reduction in the use of agency/ interims to cover vacancies. If these assumptions change then there can be an impact on the forecast.

## **C Directorate spend – what’s the latest position at directorate level?**

- 1.6 The Council agreed to move to functional budgets when approving the new Financial Procedure Rules and the Directorate Q1 forecasts have been produced on this basis. This has required the disaggregation of some existing cost centres into a number of different functions. For example, a budget was set for Older People for 2015/16 of £2.6m which included costs on Homecare, Daycare, Residential and Nursing Care, Direct Payments and other costs. These costs have now been split out into separate functions.
- 1.7 Whilst the functional budgets now help the Council have a better understanding of the services being provided and what is being spent on those services, the new approach also highlights variances not previously seen as budgets are presented differently. For example, the Older People budget was set to manage overall costs of £2.6m and not on managing individual elements of the budget e.g. Homecare or Residential Care. So if Homecare and Residential Care were under and over spent respectively by £200k, the budget would show a nil variance. Under the current approach both variances are shown. This is more helpful for readers in understanding the services being provided.

- 1.8 As part of Q2, the Finance team will work with the People Directorate to rebase some of the functional budgets if this is required (within overall current financial budget) in preparation for 16/17 budget setting.
- 1.9 Directorate budgets have been updated in the quarter to reflect any adjustments as detailed in Appendix 3. Directorate budgets do not include any support service budgets. The support service recharge budgets will be allocated to services at the year-end in line with the actual costs for support services. This enables Members to monitor any over or under spends on support services throughout the year.
- 1.10 A full analysis of Directorate performance in respect of each function is provided in the accompanying Budget Excel file which is available on the Council website at
- [http://www.rutland.gov.uk/council\\_and\\_democracy/council\\_budgets\\_and\\_spending.aspx](http://www.rutland.gov.uk/council_and_democracy/council_budgets_and_spending.aspx)

### ***People Directorate***

- 1.11 The People Directorate is under budget in overall terms but there are some functions where budgets are forecast to be overspent by £25k. A summary of the current position by area is shown below.

#### *Adults and Health (Ringfenced)*

- 1.12 The Public Health Grant and the Better Care Fund (BCF) are both ringfenced funding streams and therefore any underspends are transferred to earmarked reserves as there are restrictions on how this funding can be spent. The BCF is currently showing an under spend of £26k on staff vacancies (Programme Support and Integrated Care project) and on Community Agents with all other schemes forecasting to budget.

#### *Adults and Health (Non Ringfenced)*

- 1.13 There are a number of functions that make up the total Adult and Health (Non Ringfenced) budget with some individual functions showing some significant variances due in part to the change to functional reporting.
- 1.14 Staffing budgets within Adults and Health are forecasting to be £152k under budget due to vacancies with some of these being held as the structure is under review.
- 1.15 The overall cost of providing care to individuals is forecast to be £142k over budget mainly due to the cost of Homecare and a reduction in anticipated Fairer Charging income (£262k over budget) offset by underspends on Direct Payments and Residential & Nursing Care (£130k under). The overspend on Homecare centres around the increase in the assessed number of hours of care required for Older People and an increase in activity for people with Learning Disabilities. The reduction in forecast on the Fairer Charging income is due to a combination of a reduction in clients



contributing higher amounts towards the cost of their care and new clients being assessed as having to make a small or no contribution.

- 1.16 If the Directorate had been fully staffed at the start of the year, then this area of the budget would be showing a significant pressure arising from the cost of care packages and the loss of income from providing care to individuals.

#### *Childrens*

- 1.17 Childrens services are forecast to be overspent by £58k in total. Staffing budgets are forecast to be £82k overspent due to the use of agency staff to cover for vacant posts and long term sickness. Children's Disability budgets are also forecast to be overspent by £85k due mainly to changes in care package rates rather than increases in demand.
- 1.18 The over spends are partially offset by underspends on Safeguarding (£42k) and Early intervention services of (£59k). Safeguarding underspend is in relation to reduced usage of independent Medical/Psychiatric and other professional assessments as well as a reduction in requests for officers to chair Child Protection Panels. The under spend on Early Intervention is on the Youth Housing Project and Childrens Centres.

#### *Summary*

- 1.19 Whilst the directorate has a number of overspends which exceed the £25k and one forecast which exceeds £100k, no formal request for budget changes are being made at this time as the overspends are contained within the overall Directorate budget. Whilst the directorate is not formally requesting an increase in funding at this time, Appendix 7 shows the position on Homecare which is £262k overspent.

#### **Resources Directorate**

- 1.20 The Resources Directorate is under budget in overall terms by £176k and has no functions where budgets are forecast to overspend by £25k. The key underspends for the Directorate include:
- The Chief Executive function is forecast to underspend by £30k due to vacant Business Manager post. This post is being considered as part of the People Directorate structure and therefore it is assumed at this stage that the post will remain vacant until the end of September.
  - The Revenues and Benefits function is forecasting an underspend of £57k due mainly to Housing Benefit recovery of overpayments being better than predicted and fewer losses from fraud and error.
  - The Financial Support function is forecasting an underspend of £35k due to a reduction in the number and amount of awards for financial crisis support (£10k) and the number of awards for discretionary hardship being broadly in line with last year (£25k). The Council has previously agreed

that any underspends are held in the Welfare Earmarked Reserve to fund future demand.

1.21 No formal request for budget changes are being made as small overspends can be contained within the overall Directorate budget.

**Places Directorate**

1.22 The Places Directorate is under budget in overall terms and has no functions where budgets are forecast to overspend by £25k. The key underspends for the Directorate include:

- Development Control is forecasting a £145k underspend due to receipts for 5 large Planning Applications for £198k not originally expected.
- There are forecast underspends resulting from staff vacancies in Economic Development £38k, Highways Management £30k, and Transport Management £32k.

1.23 No formal request for budget changes is being made as small overspends can be contained within the overall Directorate budget.

**D Approvals – in line with Financial Procedure Rules (FPRs), what requests for changes to budget are being made?**

1.24 Where Directors wish to increase a functional budget by over £100k or a budget is expected to be £100k overspent or they anticipate that the overall Directorate budget is likely to be overspent (there is no de-minimis level) they must seek approval in advance from Cabinet or Council for a virement to cover any increase or report retrospectively. This is particularly relevant for demand-led budgets or where the Council has a statutory responsibility to provide a service.

1.25 The table below summarises the overall position at the end of Q1:

Directorate	Within budget?	Ceilings > £25k overspent?	Requests for budget changes?
Places	Yes	No	No
Resources	Yes	No	No
People	Yes	Yes	No

1.26 In line with the above, there are no requests for budget changes from quarter end reporting. However, in line with Financial Procedure Rules, as the People Directorate have one forecast which is projecting to be overspent by more than £100k a detailed explanation of the current position is shown at Appendix 7.

## E Fees and charges income – are key income budgets on target?

1.27 The Council collects a significant amount of income in areas such as car parking etc. The latest position, shown overleaf, indicates that the overall income on key budgets will be exceeded:

<b>Income Description</b>	<b>Current Budget £000</b>	<b>Q1 Forecast £000</b>	<b>Variance £000</b>
Charging for Residential Accommodation	869	901	32
Total Parking Income	486	480	(6)
Rents from Business Units and Business Park	404	440	36
Fairer Charging income	335	253	(82)
Planning Fees	327	450	123
Building Regulations	188	188	0
Waste management - Sale of Recyclables	131	129	(2)
Registrars - Births, Marriages etc.	101	116	15
Active Rutland Hub	93	82	(11)
Licensing - Premises, Traders, Events etc.	76	71	(5)
<b>Total</b>	<b>3,010</b>	<b>3,110</b>	<b>100</b>

1.28 Residential care charging income can be volatile as it is based on caseload and the assessed package. The forecast is based on the current caseload and estimated weeks in care;

1.29 The reduction in forecast on the Fairer Charging income is due to a combination of a reduction in numbers of individuals contributing higher amounts towards the cost of their care and new starters being assessed as having to make a small or no contribution; and,

1.30 Planning Fees are exceeding targets due to 5 large Planning Applications being received.

## F Savings – will we achieve budgeted savings?

1.31 The 2015/16 budget includes:

- savings built into service budgets of £786k (Appendix 6 of Report 39/2015); and,
- a savings target of £300k for PeopleFirst.

### *Corporate savings*

1.32 At Quarter 1, all savings had been achieved with the exception of the following:

- Community Alarms - £21k. Whilst it had been originally proposed to cease this contract, a review has been started into whether this contract

represents Value for Money and contributes towards the aims and objectives of the Better Care Fund. Any decision on this contract has therefore been deferred and the saving not yet achieved.

- Legal Services - £5k. It had been anticipated that a reduction in the legal services budget would be possible. Work is ongoing to disaggregate the legal budget and monitor costs on a service basis so it is expected that savings can be achieved in the medium term. However, in the first quarter there has been a 20% increase in the usage of the service compared to the same quarter last year and so the forecast indicates this may not be achieved.
- Welland Procurement - £2k. Notification has been received that the fee for the Welland Procurement service has increased and therefore this saving will not be achieved.

*People First*

1.33 The MTFP savings for PeopleFirst are £300k for 2015/16. It is anticipated that these savings will be achieved as shown below:

	<b>15/16 £000</b>	<b>Actual £000</b>
<b>Target</b>	<b>300</b>	<b>493</b>
Transport	50	81
Staffing	125	129
Public Health	25	200
Service redesign	100	83

1.34 The Directorate structure is under review and is expected to yield savings from November 2015. The structure is being finalised and will be implemented thereafter. The figures could change depending on the timing of the implementation.

1.35 The Director of People has agreed with the Director of Public Health that public health resources can be redeployed to fund initiatives currently funded outside of public health. This will require existing contracts to be terminated or amended to better reflect Rutland requirements. In order to allow time for contractual issues to be resolved, £200k of public health earmarked reserves will be used to fund core expenditure in 2015/16 and 2016/17 – this represents a saving to the General Fund.

1.36 The Transport review is underway and a total saving of £82k is forecast from transport for 2015/16. This will be achieved through the implementation of a number of initiatives identified as part of the transport review for example bringing 6 SEN routes in house, together with savings created through vacancy management and a reduction in the need to purchase travel tokens this year.

1.37 Other savings of £83k have been achieved through Childrens Centre moving out of Great Casterton (£10k), a renegotiated contract for Housing Floating

Support (£66k); and cessation of the Deaf and Hard of Hearing agreement with Leicestershire County Council (£7k).

1.38 The People First saving will be processed through Directorate budgets at Q2. The forecast at directorate level already reflects any savings already achieved as part of the People First review. For example, the saving on the Housing Floating Support Contract of £66k is shown in under spends.

1.39 In respect of Public Health, as the expenditure to be offset by the transfer from earmarked reserves has not yet been identified, the £200k is being forecast against the People First Saving, so as to ensure that the overall Council forecast includes the saving from the Public Health Grant.

## **G Pressures – will we achieve budgeted savings?**

1.40 Pressures built into service budgets of £3,068k are included within 2015/16 budget (Appendix 6 of report 39/2015). They represent a combination of Care Act, non-Care Act pressures and inclusion of BCF schemes (which are actually funded).

1.41 The following non BCF pressures are unlikely to materialise:

- Contracts and Procurement - £108k. The budget was increased for a Quality Assurance Post (permanent), a Commissioning & Market Development Officer (for 2 years) and a Business Process Officer (for 1 year). None of these posts have yet been recruited as the new team manager is reviewing the structure. Currently it is forecast that in 2015/16, only £44k is likely to be required.
- REACH / Reablement Service - £25k. The budget was increased to cover the cost of a part time Physio seconded from Leicestershire Partnership Trust define to work with REACH supporting reablement goals. This post will now be funded through the BCF and this pressure is no longer required.

### *Care Act pressures*

1.42 On Friday 17th July, the Government made various announcements in relation to the Care Act. In particular, three key reforms have been postponed until April 2020:

- The cap on the amount self-funders will have to contribute to their care costs was due to be introduced from April 2016. Costs were to be limited to £72,000 for over 65s and younger adults with disabilities.
- A duty on councils to meet the eligible needs of self-funders in care homes at their request; and
- A more generous means test for residential care that nationally the government estimated would have benefited an extra 23,000 people nationally in 2016-17 alone.

1.43 In response to the Care Act, the Council built £525k of additional cost into the budget in 2015/16, £385k in 16/17 and £350k in 17/18. The Council also received funding of £294k to cover some of the additional costs. In light of the announcements, the Council is undertaking work to assess the impact on its budget and MTFP. Whilst this work is ongoing, some early findings can be shared:

- Of the £525k additional cost built into the budget only £100k in 2015/16 rising to £140k from 2016/17 related to reforms to be implemented from 2016/17. The remaining element which includes for examples additional costs for prison assessment (£68k) and carers (£91k) are not impacted by the announcement.
- Councils received £146m (RCC received £140k) at the start of this year to carry out early assessments of self-funders on the basis that the care cap would be introduced from next April. The Government have said no decision had been made on what would happen to that funding.
- The Council included an additional £100k in 16/17 and a further £100k in 17/18 in the MTFP in anticipation of Care Act costs. This position could again change.

1.44 Further analysis on the impact will be provided in Quarter 2.

## H Earmarked Reserves – how are we using reserves?

1.45 The transfers from Earmarked Reserves include transfers specifically to cover service expenditure that would otherwise be funded from the General Fund.

Reserve	Ceiling £'000	Balance @ 1/4/15 £'000	Planned Use 2015/16 £'000	Forecast usage Q1 £'000	Transfers to Reserve £'000	S106 Capital £'000	Balance @ 31/3/16 £'000
Invest to Save	500	357	(20)	(20)	80		417
Internal Audit	Unlimited	5	0	0	0		5
Planning Delivery Grant	74	74	(35)	(35)	0		39
Welfare Reserve	150	130	(25)	0	10		140
Public Health Grant	Unlimited	559	0	0	0		559
Better Care Fund	Unlimited	17	0	0	26		43
Training	80	80	0	0	0		80
Social Care	750	999	(558)	(558)	0		441
Travel 4 Rutland	50	50	0	0	0		50
Insurance	200	100	0	0	0		100
Highways	300	297	(63)	(43)	0		254
National Non Domestic Rates	Unlimited	287	(287)	(287)	0		0

Reserve	Ceiling £'000	Balance @ 1/4/15 £'000	Planned Use 2015/16 £'000	Forecast usage Q1 £'000	Transfers to Reserve £'000	S106 Capital £'000	Balance @ 31/3/16 £'000
SEN Grant	Limited to Grant Received	170	(63)	(63)	0		107
SEND Grant	Limited to Grant Received	104	0	0	0		104
Digital Rutland	Limited to Funding	292	(180)	(180)	38		150
Tourism	Limited to Funding	68	(14)	(13)	0		55
Adoption Reform Grant	Limited to Grant Received	57	0	0	0		57
Budget Carry Forwards		450	(395)	(385)	0		65
<b>Sub Total</b>		<b>4,096</b>	<b>(1,640)</b>	<b>(1,584)</b>	<b>154</b>	<b>0</b>	<b>2,666</b>
Commuted Sums		322	(36)	(36)			286
S106		1,721	(590)	(120)		(487)	1,114
<b>Total Reserves</b>		<b>6,139</b>	<b>(2,266)</b>	<b>(1,740)</b>	<b>154</b>	<b>(487)</b>	<b>4,066</b>

1.46 The Section 106 balance represents the brought forward position less expected usage of;

- Capital - £298k Sports Grants, £106k Disabled Facility Grants, £15k Castle and £67k Active Rutland Hub
- Revenue - £19k Youth Housing, £101k Sports Grants.

#### I Looking ahead – are there any emerging pressures or issues?

1.47 The Council has received confirmation of £23k for Special Education Needs and Disability reform grant. This is already included as a non ringfenced grant for 2015/16. As yet, the Directorate has not identified a requirement to spend this grant.

##### *Independent Living Fund (ILF)*

1.48 The Independent Living Fund (ILF) works in partnership with over 200 local authorities to provide discretionary cash payments directly to disabled people - these payments allow them to purchase care from an agency or pay the wages of a privately employed personal assistant. The ILF has now closed and duties transferred to Council. The Council has received £55k, via

a Section 31 Grant, to cover 3 clients who are eligible for and have been receiving support.

- 1.49 These 3 clients have been assessed and will require this funding to continue. Therefore, it is proposed that the Council approve the expenditure of £55k on supporting these individuals funded by the grant received.



## 2. Capital Programme

### A Overall Programme – are we on track to achieve our approved capital budget?

2.1 The following table sets out the position against the Capital Programme as at 30 June 2015, including the total approved project budget, forecasted expenditure to the end of the project and variances against budget.

Portfolio	Total Project Budget £000	Expenditure (Prior Years) £000	Budget 2015/16 £000	Estimated Outturn 2015/16 £000	Variance 2015/16 £000	Total Project Expenditure £000	Total Project Variance £000
<b>Approved Projects</b>							
People	872	3	869	858	11	861	11
Places	11,852	5,055	6,797	6,684	113	11,758	94
Resources	0	0	0	0	0	0	0
<b>Total Approved</b>	<b>12,724</b>	<b>5,058</b>	<b>7,666</b>	<b>7,542</b>	<b>124</b>	<b>12,619</b>	<b>105</b>
<b>Financed by:</b>							
Grant			(4,899)	(4,872)	(27)	(6,283)	290
Prudential Borrowing			(1,361)	(1,359)	(2)	(3,722)	(210)
Capital Receipts			0	0	0	(1,100)	229
Revenue Contribution to Capital Outlay			(781)	(686)	(95)	(686)	(514)
S106			(625)	(625)	0	(827)	99
<b>Total Financing</b>			<b>(7,666)</b>	<b>(7,542)</b>	<b>(124)</b>	<b>(12,619)</b>	<b>(105)</b>

## B Approved programme – Are there changes to the approved programme?

2.2 The approved capital programme for 2015/16 was £3.818m as per the capital programme (39/2015). The table below shows that the programme for 2015/16 has increased during the quarter by £3.848m. This increase is shown within the following three areas:

- Approvals since MTFP – these are projects which have been approved by Members since the original budget was produced. Further details of the approval can be found using the report numbers associated with the projects.
- Reprofiting - Projects previously approved in 2014/15 but not spent in full. The overall cost of the projects remains in line with the original approval and the budget is therefore increased in future years.
- Budget Carry Forward – Annual projects where a request was submitted and approved for the underspend to be carry forward into the next financial year.

Portfolio	Project	Amount £000	Amount £000
<b>Approved Capital Programme (MTFP)</b>			<b>3,818</b>
<b>Approvals Since MTFP</b>			
Places	Capital Allocations Project Board ( <a href="#">82/2015</a> )	400	
Places	Pupil Place Planning ( <a href="#">81/2015</a> )	938	
Places	Adult Social Care Replacement System ( <a href="#">83/2015</a> )	514	
Places	Replacement CCTV System ( <a href="#">67/2015</a> )	138	
<b>Total Approval Since MTFP</b>			<b>1,990</b>
<b>Reprofiting</b>			
Places	Various Highway Schemes ( <a href="#">96/2015 Appendix 1</a> Para 2.3)	371	
Places	Digital Rutland ( <a href="#">96/2015 Appendix 1</a> Para 2.3)	1,184	
Places	Capital Allocations Project Board ( <a href="#">96/2015 Appendix 1</a> Para 2.3)	121	
Places	Active Rutland Hub ( <a href="#">96/2015 Appendix 1</a> Para 2.3)	247	
Places	Oakham Enterprise Park ( <a href="#">96/2015 Appendix 1</a> para 2.4)	(110)	
Places	Oakham Castle Restoration	(20)	
Peoples	Autism Innovation ( <a href="#">96/2015 Appendix 1</a> Para 2.3)	15	
<b>Total Reprofiting</b>			<b>1,808</b>
<b>Budget Carry Forward</b>			
Peoples	Disabled Facility Grants ( <a href="#">96/2015 Appendix 1</a> Para 2.2)	50	
<b>Total Budget Carry Forward</b>			<b>50</b>
<b>Total Adjustments</b>			<b>3,848</b>
<b>Revised Capital Programme 2015/16</b>			<b>7,666</b>

### C Project progress - Are there delays in key projects?

2.3 There are no expected delays on the 2015/16 capital programme. Appendix 8 includes a detailed breakdown.

### D Unallocated projects – what are we planning?

2.4 Currently the Council is holding capital funds that have not yet been allocated to a project. A breakdown of the funds held is shown in the table below.

Portfolio	Funding Held	Amount at held 31/03/2015 £000	Grant Received 2015/16 £000	Allocated 2015/16 £000	Amount Unallocated £000
People	ASC Unallocated Grant	630	21	(314)	337
People	Schools Targeted Capital	148	0	0	148
People	Basic Need Unallocated	1,597	506	(938)	1,165
People	Capital Maintenance	902	226	(515)	613
<b>People Total</b>					<b>2,263</b>
Places	Highways Grant	391	2,394	(371)	2,414
<b>Places Total</b>					<b>2,414</b>
<b>Total Capital Funding Available</b>					<b>4,677</b>

2.5 The Schools Targeted Capital, Basic Need and Capital Maintenance are monitored by the Capital Allocations Project Board. The Capital Allocations Project Board oversee the Schools & Childrens Centres Asset Management planning process for capital expenditure for schools, colleges and childrens centres taking into account strategic pressures.

2.6 The Highways grant has a scheme of works being completed and is on the Forward Plan currently scheduled to be presented to Cabinet on the 18 August 2015.

### 3. Medium Term Financial Plan (MTFP)

#### A Overview - have there been changes since the budget?

- 3.1 The MTFP has been updated to take account of the 2014/15 outturn and the position at Q1. No other changes have been made at this stage. The Q1 MTFP is included within this report at Appendix 9. The MTFP will be updated further in September.

#### B New Homes Bonus (NHB) - will we achieve our target?

- 3.2 The NHB is a scheme aimed at encouraging local authorities to grant planning permission for the building of new houses, in return for additional revenue. It is based on the net increase in the number of dwellings (additions less demolitions), with extra bonus for affordable homes, empty homes brought back into use and local authority owned and managed gypsy site pitches. Each additional property attracts a grant equivalent to the national average council tax for that Band (approx. £1,450 for a Band D property per year for 6 years, a total of £8,700). An additional £350 is received for each affordable home.
- 3.3 The NHB allocation for 2016/17 is based on performance achieved between October 2014 and September 2015. The Council originally included an amount of £285,300 in the MTFP for 2016/17. Performance to date is as follows:

<b>New Homes Bonus (Council Tax Band)</b>	<b>Start position CTB1 Oct 2014</b>	<b>Actual 30 June 2015</b>	<b>Movement from base</b>
A	1,569	1,592	23
B	4,372	4,448	76
C	2,908	2,963	55
D	2,375	2,396	21
E	2,201	2,246	45
F	1,555	1,571	16
G	1,243	1,247	4
H	145	146	1
<b>Properties</b>	<b>16,368</b>	<b>16,609</b>	<b>241</b>
Empty Homes	157	191	(34)
Movement			207
Target			180
<b>% achieved</b>			<b>115%</b>

- 3.4 The spread of the properties completed to date would provide the Council with £284k worth of funding, (99% of the budgeted amount). The over performance only translates to 99% of the budgeted amount because the actual payment is based on the actual banding of the house, where the budgeted amount is based on an average band D property. With a further

quarter left in the New Homes Bonus year, the 2016/17 target is likely to be exceeded.

**C Retained Business Rates (RBR) Monitoring – is our RBR retention forecast realistic?**

- 3.5 Under the RBR scheme the Council retains a proportion of the total RBR received. RCC share is 49% with the remainder paid to Central Government (50% share) and The Leicestershire Fire Authority (1% share).
- 3.6 The income RCC receives through RBR is determined on the performance of the Collection Fund<sup>1</sup>. The performance of the collection fund is estimated in the January before the Financial Year starts in the April. This estimation is what the Collection Fund will pay to the bodies within the fund for the next financial year; fluctuations in performance will not impact during the financial year. The January estimate is split into three areas
- The expected income in the next financial year.
  - The expected performance in the current financial year.
  - The difference in performance between estimated and actual performance for the preceding financial year.
- 3.7 The only impact the performance of the collection fund will have on 2015/16 is that any additional growth in the collection fund will be levied and is payable in the financial year the growth is made. The table below shows the current forecast against the current MTFP position and the levy payable. The table shows that the Council is on course to be liable for a levy of £89k which will be payable in 2015/16. The performance of the collection fund is largely in line with expectations, however, more statutory reliefs have been given out than anticipated. The Council is partly refunded for these losses through the granting of Section 31 grants.

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<sup>1</sup> Section 89 of the [Local Government Finance Act 1988](#) required every English billing authority to establish a collection fund by 1 April 1990. Sections 90(1)(e), (2)(e), 98(4) and (5) as amended by Part III, Schedule 10 of the [Local Government Finance Act 1992](#), give the Secretary of State power to issue specifications and directions detailing the timing and nature of payments into and out of the fund.

	<b>Business Rates Retention</b>	<b>Q1 Forecast £000</b>
	Net yield	10,079
	Government share (50%)	5,040
	Fire Authority share (1%)	101
	RCC share of Retained Rates (49%)	4,939
	(Less Tariff)	(790)
	Section 31 Grants (compensation for loss of rates)	439
<b>A</b>	<b>RCC RBR – Tariff plus S31</b>	<b>4,588</b>
B	RCC Funding Baseline	4,043
C	Levy Rate	16.3%
D	Less Levy	(89)
E	Share of Previous Deficit	(294)
	<b>Net RCC Retained Business Rates (A-D-E)</b>	<b>4,205</b>

- 3.8 The retained business rates forecast of £4.205m largely compares to the MTFP position of £4.250m. The £0.045m difference is explained in the table below.

<b>Business Rates Retention</b>	<b>MTFP £000</b>	<b>Q1 Forecast £000</b>	<b>Variance £000</b>
RCC share of Retained Rates (49%)	5,022	4,939	(83)
Section 31 Grants (compensation for loss of rates)	394	439	45
Levy	(82)	(89)	(7)
<b>Total</b>			<b>(45)</b>

- 3.9 If the performance on Business Rates Retention continues to underperform the MTFP position the Council will be able to declare a deficit to be repaid in 2016/17.

#### **D Council Tax and Council Tax Benefit – are we on budget?**

- 3.10 Council Tax represents 60% of the total income the Council receives, and even slight fluctuations can have a significant impact on the General Fund balance. For that reason the position on Council Tax is monitored closely. There are a variety of movements that can affect the Council Tax Collection Fund Balance, including additional Council Tax Support claims; fluctuations in the council tax base (e.g. number of properties the Council bills); and write offs.

- 3.11 The table below shows the expected outturn on council tax taking into account known changes.

Area	Annual Billing £000	Q1 Forecast £000
Annual Debit	26,139	26,139
Adjustments to Annual Debit	-	78
Council Tax Support	(1,356)	(1,358)
<b>Gross Income from Council Tax</b>	<b>24,783</b>	<b>24,859</b>
Total Demands and Precepts	(24,723)	(24,723)
Bad Debt Provision and Write Offs	(60)	(60)
<b>Total expenditure</b>	<b>(24,783)</b>	<b>(24,783)</b>
<b>Estimated surplus/(deficit) for 15/16</b>	<b>0</b>	<b>76</b>
Actual Surplus/(Deficit) Brought Forward	28	28
<b>Estimated Surplus/(Deficit) 31/03/2016</b>	<b>28</b>	<b>104</b>
<b>RCC share</b>	<b>24</b>	<b>90</b>

3.12 If the performance of the Collection Fund continues to outperform the MTFP position the Council will be able to declare a surplus to be distributed in 2016/17.

3.13 The Council put £50k into a Discretionary Hardship Fund to support those who need additional support paying their council tax. The latest position is shown below. The number of awards is slightly lower than this time last year.

Hardship Fund	2014/15 Outturn	Actual @Q1
Number of applications	214	53
Number awarded	172	25
Number of appeals (won)	1	0
Value of awards (£000)	24	2
Budget remaining (£000)	76	48

## **E The Budget – what is the impact of the July Budget on the Council?**

3.14 On the 8<sup>th</sup> July 2015 the Chancellor delivered his summer budget. There was very little in the budget in respect of local authority funding, in particular:

- The Chancellor announced that £37bn savings that are needed to be found over the parliament, annual savings of £12bn from welfare and £5bn from addressing tax-related issues were announced in the budget. The remainder would be found in the spending review from non-protected government departments of which local government is one. The Chancellor did say that “no year will see cuts as deep as those required in 2011/12 and 2012/13”. There is no reason to believe the cuts to government funding will not keep on falling in line with the assumptions already built into the MTFP.

- There was no reference in the budget to Council tax referendum limits – a relaxation of the limits would allow Councils to increase council tax above 1.99% without recourse to a referendum.
- There were no changes announced re business rates. The government published updates on action it is taking to improve the administration of business rates, including the appeals system, and on tackling business rates avoidance. The indication is that plans are fiscally neutral.
- There was no reference to New Homes Bonus and whether any changes may be made.
- There was no reference to the Better Care Fund but the current view is that the BCF funding level for 2016/17 will be similar to that in 2015/16.

3.15 There were a range of other changes that will impact the Councils MTFP which are discussed below.

3.16 The Government will introduce a new National Living Wage (NLW) for workers aged 25 and above. From April 2016, the new NLW will be set at £7.20 – a rise of 70p relative to the current NMW rate, and 50p above the NMW increase coming into effect in October 2015. This will have a minimal impact on the Council's workforce. The LGA issued a press release indicating that "an additional £330 million would be needed in 2016 to initially cover increased contract costs to home care and residential care providers in order for them to pay council care staff the National Living Wage". The Council does believe that there could be an impact on the cost of supplies and services and will be assessing how this may play out.

3.17 To help local authority financial planning it was confirmed that public sector pay was to rise by 1% per year over the next four years. The MTFP already assumes a 2% increase so this announcement does not create a pressure should the Unions agree to this level;

3.18 Various welfare reform changes were announced including disability benefits will not be taxed or means-tested, universal credit and tax credits are to be restricted to two children, affecting those born after April 2017, the income threshold for tax credits is to be reduced from £6,420 to £3,850 and working-age benefits are to be frozen for four years (including tax credits and local housing allowance). The Council is working through details so that it can assess the impact on its own financial position and the impact on individuals in the community;

3.19 £30 million will be allocated to further speed up adoption for the 3,000 children awaiting adoption, whilst paving the way for regional adoption agencies although there was no mention of how this would be passed onto local authorities;

3.20 The Government will work with Local Government Pension Scheme administering authorities to ensure that they pool investments to significantly reduce costs, while maintaining overall investment performance. Although



only indirectly affecting the Council, reducing the costs of the administering authorities could contribute towards reducing the liability of the councils pensions commitments (currently £41.964m);

3.21 From September 2017 the free childcare entitlement will be doubled from 15 hours to 30 hours a week for working parents of 3 and 4 year olds. This will support those who choose to go out to work. The Government will implement this extension of free hours early in some local areas from September 2016. This free childcare is worth around £5,000 a year per child. There was no mention of how this would be funded and whether the burden would be picked up by local authorities so there is a potential pressure to RCC; and

3.22 Confirmation that the government will exempt travel expenses paid to councillors by their local authority from income tax (limited to the approved mileage allowance payment (AMAP) rates where it applies to mileage payments) – to take effect from 6 April 2016.

**F Emerging issues – what other issues are emerging?**

3.23 The Government has also announced that the schools block funding for 2016/17 will utilise the same per pupil unit of funding as that for 2015/16. The total allocation for 2016/17 (assuming the number of pupils remain at the same level as 2015/16) will be £22.037m.

## 4. Financial Performance

### A Debtors – are we recovering our debts?

- 4.1 The Council's aged debt position shows a large decrease in debts outstanding from the previous quarter, with particular reference to the >91 day range. This is attributable to an invoice raised to NHS England for £622k for the Better Care Fund 2014/15 that was paid on the 15 April 2015. The decrease in the 61-90 days range is related to PCT invoices of £111k that have now been paid.

<b>Aged debt</b>	<b>@31/3/2015 £000</b>	<b>@30/06/2015 £000</b>
0-30 days	1,084	813
31-60 days	33	31
61-90 days	177	44
> 91days	828	224
Deferred Payments	202	188
<b>Total</b>	<b>2,324</b>	<b>1,300</b>
<b>By Directorate</b>		
People	1,836	883
Places	279	375
Resources	209	42
<b>Total</b>	<b>2,324</b>	<b>1,300</b>
<b>By Recovery Rating</b>		
Red	4	10
Amber	321	259
Green	1,999	1,031
<b>Total</b>	<b>2,324</b>	<b>1,300</b>

### B Investment Income – is our return on investments as expected?

- 4.2 In the first quarter, the Council's average interest rate received on investments has been 0.72% on an average investment balance of £24.242m.
- 4.3 The rate achieved is above the 3 month British pound sterling (GBP) LIBOR interest rate - the average interest rate at which a selection of banks in London are prepared to lend to one another in British pounds with a maturity of 3 months – of 0.58%. The policy change to invest longer term is now fully implemented, and the average interest rate of 0.72% is nearing the maximum the Council would expect to achieve in the current financial climate.

- 4.4 The budgeted interest for 2015/16 was £116k. With the change in policy the council are currently forecasting investment income at being £176k. The table below shows the current investments held.

Investment Number	Amount Invested	Interest Rate	Date Invested	Maturity Date	Number of Days
<b>Banks - UK</b>					
1	1,000,000	0.70%	29-Jan-15	29-Jul-15	181
2	1,000,000	0.70%	29-Jan-15	29-Jul-15	181
3	1,000,000	1.00%	01-Apr-15	30-Mar-16	364
4	1,000,000	1.00%	01-Apr-15	30-Mar-16	364
5	1,000,000	0.92%	01-Apr-15	30-Mar-16	364
6	1,000,000	0.92%	14-Apr-15	12-Apr-16	364
7	1,000,000	0.98%	01-Jun-15	31-May-16	365
8	1,000,000	1.00%	08-Jun-15	06-Jun-16	364
<b>Building Societies</b>					
9	1,000,000	0.67%	15-Jan-15	14-Jul-15	180
10	1,000,000	0.70%	20-Jan-15	21-Jul-15	182
11	1,000,000	0.68%	29-Jan-15	29-Jul-15	181
9	1,000,000	0.69%	29-Jan-15	04-Aug-15	187
10	1,000,000	0.55%	01-May-15	08-Sep-15	130
11	1,000,000	0.66%	10-Mar-15	10-Sep-15	184
12	1,000,000	0.65%	10-Mar-15	17-Sep-15	191
13	1,000,000	0.52%	24-Jun-15	24-Sep-15	92
14	1,000,000	0.69%	01-Apr-15	06-Oct-15	188
	1,000,000	0.67%	13-Apr-15	13-Oct-15	183
	1,000,000	0.66%	12-May-15	17-Nov-15	189
15	1,000,000	0.75%	26-May-15	24-Nov-15	182
16	1,000,000	0.70%	23-Jun-15	22-Dec-15	182
<b>Money Market Funds</b>					
18	2,197,863	0.40%	Instant Access		
19	1,115,753	0.42%	Instant Access		
20	1,000	0.40%	Instant Access		
<b>Total</b>	<b>24,314,616</b>				

- 4.5 The administrators of Heritable Bank have notified the Council that a further dividend is to be paid. The dividend is expected to take the amount repaid to between 98%-100%, (£40k to £60k in monetary terms). The outstanding balance had been written off in the 2013/14 accounts. The impact of receiving this dividend has not been included in the above forecast for investment income.

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## Appendix 2 Approved budget changes

This Annex shows changes to functional budgets and other budget changes. In accordance with FPR's, Cabinet can approve virements in any functional budget of up to £250k in any one year to a cumulative value of £500k across all functions. Changes above £500k must be approved by Council on a recommendation from Cabinet. In approving requests, Cabinet or Council may agree the use of earmarked reserves (ER), use the General Fund (GF) or make virements between directorates.

For the purposes of the rules, Cabinet is allowed to use earmarked reserves (approved by Council) in an unlimited way as long as they are used for their intended purpose and is allowed to carry forward unused budget from one period to the next so use of these reserves are not counted against the delegated limit for functional budget changes and are therefore shown separately (Cabinet Other).

Description	Source of Funding	Net Cost of Services £'000	Capital Financing £'000	Funding £'000	Spend on Capital £'000	(Surplus)/ Deficit £'000	Cabinet* £500k Limit £'000	Cabinet Other £'000	Council £'000	Ch Exec. s151 Officer £'000
<b>Changes already made</b>										
<b>Approved Budget</b>		<b>33,509</b>	<b>1,904</b>	<b>(35,717)</b>	<b>880</b>	<b>576</b>				
Budget Carry Forwards (96/2015)	ER	446		(446)		0		446		
Shorelink (52/2015)	GF	80				80	80			
Reversal of Shorelink (i)	GF	(80)				(80)	(80)			
Review Voluntary, Charity and Faith Sector (235/2014)	ER	20		(20)		0		20		
Use of Reserves (96/2015)	ER	361		(432)	71	0		432		
Adult Social Care system (83/2015)	ER			(200)	200	0		200		
Fire Support (96/2015) (ii)	GF	(75)				(75)				(75)
Insurance (96/2015)	GF	25				25	25			
Individual Electoral Registration (96/2015)	Grant	11				11				

Description	Source of Funding	Net Cost of Services £'000	Capital Financing £'000	Funding £'000	Spend on Capital £'000	(Surplus)/ Deficit £'000	Cabinet* £500k Limit £'000	Cabinet Other £'000	Council £'000	Ch Exec. s151 Officer £'000
Individual Electoral Registration (96/2015)	Grant	(11)				(11)				
Troubled Families Programme - Phase 2 (96/2015)	Grant	39				39				
Troubled Families Programme - Phase 2 (96/2015)	Grant	(39)				(39)				
Bus Subsidy (96/2015)	Grant	69				69				
Bus Subsidy (96/2015)	Grant	(69)				(69)				
Council Garages (96/2015)	GF	25				25				
Council Garages (96/2015)	GF	(25)				(25)				
		<b>34,286</b>	<b>1,904</b>	<b>(36,815)</b>	<b>1,151</b>	<b>526</b>	<b>25</b>	<b>1,098</b>	<b>0</b>	<b>(75)</b>

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- (i) Cabinet approved the extension of the operation of the Shore Link bus until the end of August 2015 at a cost of £82k (Report 52/2015). The Department for Transport have agreed that the Council can use the underspend from the Travel for Rutland grant to continue this service and therefore the £82k is no longer required.
- (ii) The Council originally offered £75k to the Fire Service to maintain an additional tender in Rutland. The Fire Service is maintaining existing arrangements until March 2016 so this budget is no longer required.

### Appendix 3 Reconciliation of Directorate budgets

The Council approved the new Financial Procedure Rules changing the way budgets are managed to a functional approach rather than on individual cost centres. As a result some budgets have been transferred between directorates to ensure that costs on certain functions are shown within one directorate only rather than split. For example, both People and Resources Directorate had budgets for historic pension costs. The whole of this function now shows in Resources Directorate.

The Better Care Fund (BCF) Contingency has been removed from the People Directorate as it is a corporate reserve set up to cover a) the performance risk element of the BCF (failure to meet admission targets could result in a £54k loss of income to the Council); b) the likely shift of activity from health to social care as the LLR health economy looks to save £400m and reduce the number of hospital beds by 250 over the next two years; and c) the potential increase in activity arising from demographic changes and housing growth.

87	Approved Budget 2015/16 £'000	Removal from Directorate £'000	Transfer between Directorates £'000	Revised Budget 2015/16 £'000	Fire Brigade £'000	Insurance £'000	Housing Floating Support £'000	C/fwd Earmarked Reserves £'000	Review Voluntary Sector £'000	Use of Existing ER £'000	Current Budget 2015/16 £'000
People	15,651	(200)	188	15,640			(106)	210		235	15,979
Places	12,369			12,369			106	140		126	12,741
Resources	5,714		(188)	5,525		25		96	20		5,666
Fire Authority	75			75	(75)						0
PeopleFirst Savings	(300)			(300)							(300)
BCF Contingency		200		200							200
<b>Net Cost of Services</b>	<b>33,509</b>	<b>0</b>	<b>0</b>	<b>33,509</b>	<b>(75)</b>	<b>25</b>	<b>0</b>	<b>446</b>	<b>20</b>	<b>361</b>	<b>34,286</b>

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## Appendix 4: People Budget Monitoring Summary

Function	Outturn 2014/15	Budget	Revised Budget	Q1 Forecast	Variance
Directorate Management Costs	1,010,377	757,800	972,800	972,800	0
Public Health	(211,861)	0	0	0	0
BCF Programme Support	63,000	50,000	50,000	41,700	(8,300)
BCF Contract and Procurement	14,200	200,000	200,000	189,000	(11,000)
BCF Supporting Independence	80,152	1,623,000	1,623,000	1,623,000	0
BCF Adult Social Care	71,360	173,000	173,000	166,600	(6,400)
<b>Adults and Health (Ringfenced)</b>	<b>16,851</b>	<b>2,046,000</b>	<b>2,046,000</b>	<b>2,020,300</b>	<b>(25,700)</b>
Non BCF Care Bill Transformation Programme	491,307	179,800	220,800	218,600	(2,200)
Non BCF Contract and Procurement	486,730	641,900	641,900	570,400	(71,500)
Community Support - Learning Disabilities	698,889	761,400	761,400	752,600	(8,800)
Non BCF Supporting Independence	1,008,559	627,100	761,100	642,300	(118,800)
Adult Social Care Direct Payments	757,499	879,400	879,400	823,400	(56,000)
Adult Social Care Home Care	856,541	773,100	773,100	1,035,600	262,500
Adult Social Care Residential & Nursing Care	2,399,487	2,868,600	2,868,600	2,794,000	(74,600)
Adult Social Care Day Care	170,236	172,000	172,000	196,300	24,300
Adult Social Care Assessments, reviews etc	960,185	962,200	899,200	894,700	(4,500)
<b>Adults and Health (Non Ringfenced)</b>	<b>7,829,434</b>	<b>7,865,500</b>	<b>7,977,500</b>	<b>7,927,900</b>	<b>(49,600)</b>
Childrens Disabilities Direct Payments	47,586	58,800	58,800	53,800	(5,000)
Childrens Disabilities Residential & Nursing Care	111,953	101,000	101,000	148,200	47,200
Childrens Disabilities Assessments, reviews etc	355,167	384,300	384,300	436,800	52,500
Safeguarding	151,060	169,000	189,000	146,900	(42,100)
Childrens & Adults Duty Social Care	259,782	527,400	527,400	535,800	8,400
Long Term Childrens Social Care	651,666	560,900	560,900	622,600	61,700
0-11 Early Intervention, CAF & Changing Lives	549,809	552,700	552,700	547,200	(5,500)
11-19 Early Intervention	436,402	504,000	504,000	443,000	(61,000)
Fostering and Adoption	1,280,870	1,218,000	1,218,000	1,189,300	(28,700)
<b>Childrens</b>	<b>3,844,296</b>	<b>4,076,100</b>	<b>4,096,100</b>	<b>4,123,600</b>	<b>27,500</b>

<b>Function</b>	<b>Outturn 2014/15</b>	<b>Budget 2015/16</b>	<b>Revised Budget</b>	<b>Q1 Forecast</b>	<b>Variance</b>
Schools and Early Years	790,984	851,300	886,300	866,700	(19,600)
Rutland Adult Learning and Skills Service (RALSS)	62	0	0	(7,800)	(7,800)
<b>Learning and Skills</b>	<b>791,046</b>	<b>851,300</b>	<b>886,300</b>	<b>858,900</b>	<b>(27,400)</b>
<b>Total People - GF (Ringfenced)</b>	<b>16,851</b>	<b>2,046,000</b>	<b>2,046,000</b>	<b>2,020,300</b>	<b>(25,700)</b>
<b>Total People - GF (Non Ringfenced)</b>	<b>13,475,152</b>	<b>13,550,700</b>	<b>13,932,700</b>	<b>13,883,200</b>	<b>(49,500)</b>
Schools Dedicated Schools Grant (DSG)	(283,377)	0	0	(209,000)	(209,000)
<b>Total People</b>	<b>13,208,626</b>	<b>15,596,700</b>	<b>15,978,700</b>	<b>15,694,500</b>	<b>(284,200)</b>

## Appendix 5: Places Budget Monitoring Summary

Function	Outturn 2014/15	Budget 2015/16	Revised Budget	Q1 Forecast	Variance
Development Control	122,089	211,600	211,600	66,600	(145,000)
Directorate Management Costs	177,840	179,800	179,800	184,300	4,500
Drainage & Structures	186,465	157,400	168,000	168,000	0
Emergency Planning	28,263	28,500	28,500	28,200	(300)
Environmental Maintenance	1,138,128	1,157,300	1,172,300	1,158,200	(14,100)
Forestry Maintenance	114,169	106,800	106,800	106,700	(100)
Highways Capital Charges	1,158,652	1,158,600	1,158,600	1,158,600	0
Highways Management	79,241	210,400	210,400	180,300	(30,100)
Home to School Transport	1,294,650	1,269,000	1,269,000	1,252,800	(16,200)
Lights Barriers Traffic Signals	214,317	264,100	264,100	255,600	(8,500)
Parking	(273,640)	(241,700)	(241,700)	(252,700)	(11,000)
Pool Cars & Car Hire	97,863	104,300	104,300	104,300	0
Public Protection	415,106	387,200	415,200	421,800	6,600
Public Rights of Way	114,383	117,600	117,600	117,200	(400)
Public Transport	1,465,907	894,200	894,200	861,300	(32,900)
Road Maintenance	1,359,226	1,219,100	1,251,500	1,250,000	(1,500)
Transport Management	952,528	367,600	467,600	435,200	(32,400)
Waste Management	2,036,878	2,077,300	2,077,300	2,073,600	(3,700)
Winter Maintenance	266,594	262,300	262,300	262,300	0
Crime Prevention	149,900	156,200	156,200	154,600	(1,600)
Planning Policy	329,731	350,000	410,400	402,200	(8,200)
Housing	66,373	73,800	136,800	135,800	(1,000)
Tourism	6,844	13,600	13,600	12,500	(1,100)
Health & Safety	34,071	36,200	36,200	36,100	(100)
Property Services	915,731	897,700	902,700	905,900	3,200
Building Control	(23,257)	(28,200)	(28,200)	(28,100)	100
Commercial & Industrial Properties	(42,166)	(162,600)	(162,600)	(163,400)	(800)
Economic Development	207,243	163,200	163,200	125,100	(38,100)
Culture & Registration Services	79,797	90,000	90,000	80,500	(9,500)
Libraries	383,363	436,400	451,400	448,700	(2,700)
Museum Services	308,847	343,100	343,100	345,000	1,900
Sports & Leisure Services	131,825	110,700	110,700	108,300	(2,400)
<b>Total Places</b>	<b>13,496,961</b>	<b>12,411,500</b>	<b>12,740,900</b>	<b>12,395,500</b>	<b>(345,400)</b>

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## Appendix 6: Resources Budget Monitoring Summary

Function	Outturn 2014/15	Budget 2015/16	Revised Budget	Q1 Forecast	Variance
Chief Executives Office	255,011	335,000	355,000	325,500	(29,500)
Directorate Management Costs	188,786	190,100	190,100	190,000	(100)
Corporate Costs	152,351	155,700	155,700	156,500	800
Pensions	222,751	220,000	220,000	214,700	(5,300)
Audit Services	202,916	155,000	155,000	155,300	300
Insurance	174,638	173,600	198,600	193,600	(5,000)
Accountancy & Finance	593,378	612,800	625,800	617,100	(8,700)
Information Technology	1,324,756	1,525,000	1,564,000	1,565,500	1,500
Corporate Support Services	437,493	468,600	468,600	450,800	(17,800)
Members Services	193,375	205,700	209,700	209,700	0
Customer Services Team	141,879	223,500	253,500	248,100	(5,400)
Elections	80,146	46,900	46,900	25,600	(21,300)
Legal & Governance	432,148	346,400	346,400	346,600	200
Human Resources	383,051	412,900	412,900	418,800	5,900
Revenues & Benefits	116,616	379,200	389,200	332,700	(56,500)
Financial Support	41,297	75,000	75,000	40,000	(35,000)
<b>Total Resources</b>	<b>4,940,592</b>	<b>5,525,400</b>	<b>5,666,400</b>	<b>5,490,500</b>	<b>(175,900)</b>

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## Appendix 7: Adverse variances over £100k

This Annex shows requests for increases in budget ceilings where existing forecasts predict that budgets will be overspent or an explanation of the current position.

Directorate	People
Function	Homecare
Budget	£773,100
Forecast	£1,035,600
Amount requested	£Nil
Source of funding requested	N/A
Rationale	<p>Home care in older people is significantly overspent as reviews of individual assessments have resulted in increased chargeable hours despite the number of clients reducing. This is in line with the policy of keeping people at home as long as possible. The actual number of service users has decreased from 74 to 63 but the average number of hours per service user has increased from 10 to 14 (total chargeable hours 868 per week).</p> <p>Also, there is a pressure against Learning Disabilities due to a young person moving into the area requiring a substantial level of support. Some of this overspend could be offset by rebasing the budgets to better reflect the new functional budget management arrangement.</p> <p>Fairer Charging income is forecast to be below budget due to lower numbers of service users meeting the fairer charging thresholds. However, the Head of Service is reviewing the charges to ensure that income is being optimised wherever possible.</p>
Please explain why existing directorate budget can/cannot accommodate cost	As the Directorate as a whole is forecasting an underspend, and a review and rebasing of budgets will be undertaken prior to Q2, a request for additional resources is not being sought at this time.

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## Appendix 8: Detailed Capital Programme

Directorate	Project Number	Project Description	Total Project Budget	Total Project Expenditure	Variance	Total Budget 2015/16	Committed Expenditure 2015/16	Estimated Outturn	Variance 2015/16 (Outturn to Budget)
People	CB1005	Devolved Formula Capital	53,900	42,964	10,936	53,900	10,741	42,964	10,936
People	CD1000	Disabled Facilities Grants	210,000	210,000	0	210,000	31,861	210,000	0
People	CD1011	Autism Innovation	18,500	18,200	300	15,000	4,913	15,000	0
People	ASC Rep	ASC System Replacement	514,000	514,000	0	514,000	0	514,000	0
People	CAE	Care Act Enablers	76,000	76,000	0	76,000	0	76,000	0
<b>Total People Capital Programme</b>			<b>872,400</b>	<b>861,164</b>	<b>11,236</b>	<b>868,900</b>	<b>47,515</b>	<b>857,964</b>	<b>10,936</b>
Places	CH1038	Digital Rutland	2,670,000	2,670,264	(264)	1,544,000	0	1,544,000	0
Places	CH1058	Oakham Enterprise Park	3,332,400	3,332,207	193	177,000	145,725	175,000	2,000
Places	CAPB1	Capital Allocations Project Board	1,691,421	1,691,421	0	1,459,300	85,379	1,442,595	16,705
Places	HCP	Highways Capital Projects	371,000	371,000	0	371,000	9,040	371,000	0
Places	CG1005	Library Capital Project	0	644	(644)	0	644	644	(644)
Places	CH1077	Active Rutland Hub	769,000	768,506	494	247,000	140,756	247,000	0
Places	CX1084	Sports Grants	500,000	405,000	95,000	500,000	26,522	405,000	95,000
Places	CG1004	Oakham Castle Restoration	2,380,600	2,380,636	(36)	2,361,073	81,579	2,361,073	0
Places	NEW	Replacement CCTV System	138,000	138,000	0	138,000	0	138,000	0
<b>Total Places Capital Programme</b>			<b>11,852,421</b>	<b>11,757,678</b>	<b>94,743</b>	<b>6,797,373</b>	<b>489,647</b>	<b>6,684,312</b>	<b>113,061</b>
<b>Total Capital Programme</b>			<b>12,724,821</b>	<b>12,618,842</b>	<b>105,979</b>	<b>7,666,273</b>	<b>537,162</b>	<b>7,542,276</b>	<b>123,977</b>

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## Appendix 9: Medium Term Financial Plan for Budget Setting

	2014/15 Q4 Outturn £	2015/16 Approved £	2015/16 Proposed £	2015/16 Q1 Forecast £	2016/17 Proposed £	2017/18 Proposed £	2018/19 Proposed £	2019/20 Proposed £
People	14,173,000	15,651,300	16,084,700	15,903,500	15,959,200	16,341,100	16,754,400	17,059,500
Places	11,620,000	12,368,500	12,634,900	12,395,500	12,476,800	12,622,800	12,849,500	13,106,600
Resources	4,895,000	5,713,800	5,666,400	5,490,500	5,538,500	5,612,200	5,713,300	5,816,700
Inflation Contingency	0	0	0	0	265,200	542,200	826,900	1,121,700
Fire Authority Support		75,000	0	0	75,000	0	0	0
BCF Contingency			200,000	200,000	239,000	239,000	239,000	239,000
People First Savings		(300,000)	(300,000)	(200,000)	(600,000)	(825,000)	(1,100,000)	(1,100,000)
Net Cost of Services	30,688,000	33,508,600	34,286,000	33,789,500	33,953,700	34,532,300	35,283,100	36,243,500
Capital Financing	2,141,000	2,019,821	2,019,821	2,019,821	1,999,813	1,969,276	1,939,634	1,912,184
Interest Receivable	(154,000)	(116,000)	(116,000)	(176,000)	(164,000)	(200,000)	(282,000)	(282,000)
Net spending	32,675,000	35,412,421	36,189,821	35,633,321	35,789,513	36,301,576	36,940,734	37,873,684
<u>Resources</u>								
Non ring fenced grants	(1,594,000)	(331,200)	(331,200)	(432,662)	(164,500)	(136,700)	(113,600)	(96,560)
New Homes Bonus	(538,000)	(808,638)	(808,638)	(808,606)	(1,093,900)	(1,256,800)	(1,439,200)	(1,555,200)
NHS Support for Social Care	(814,000)	(2,046,000)	(2,046,000)	(2,046,000)	(1,746,000)	(1,846,000)	(1,946,000)	(1,946,000)
Care Act Funding		(294,198)	(294,198)	(294,198)	(294,198)	(294,198)	(294,198)	(294,198)
Council tax freeze grant	(217,000)	(219,200)	(219,200)	(218,634)	(219,200)	(219,200)	(219,200)	(219,200)
Revenue Support Grant	(5,080,000)	(4,060,409)	(4,060,409)	(4,060,409)	(3,045,760)	(2,418,900)	(1,978,900)	(1,583,120)
Retained Business Rates Funding	(4,070,000)	(4,250,600)	(4,250,600)	(4,250,600)	(4,390,400)	(4,497,600)	(4,649,100)	(4,810,226)
Council Tax	(20,959,000)	(20,685,300)	(20,685,300)	(20,685,300)	(21,306,400)	(21,980,300)	(22,620,900)	(23,254,600)
Capital met from Direct Revenue	46,000	880,000	1,151,000	686,000	0	0	0	0
Transfers to/from earmarked reserves	821,000	(1,166,984)	(2,265,384)	(1,586,384)	(147,100)	(97,200)	(97,200)	(97,200)
Appropriations	(1,883,000)	(1,854,900)	(1,854,900)	(1,854,900)	(1,854,900)	(1,854,900)	(1,854,900)	(1,854,900)
<b>(Surplus)/Deficit for year</b>	<b>(1,613,000)</b>	<b>574,992</b>	<b>524,992</b>	<b>81,628</b>	<b>1,527,155</b>	<b>1,699,778</b>	<b>1,727,536</b>	<b>2,162,480</b>
Balance brought forward	(8,062,000)	(9,226,600)	(9,675,000)	(9,675,000)	(9,593,372)	(8,066,217)	(6,366,439)	(4,638,903)
<b>Balance carried forward</b>	<b>(9,675,000)</b>	<b>(8,651,608)</b>	<b>(9,150,008)</b>	<b>(9,593,372)</b>	<b>(8,066,217)</b>	<b>(6,366,439)</b>	<b>(4,638,903)</b>	<b>(2,476,423)</b>

**A large print version of this document is available on request**



**Rutland**  
County Council

Rutland County Council  
Catmose, Oakham, Rutland LE15 6HP

01572 722 577  
[enquiries@rutland.gov.uk](mailto:enquiries@rutland.gov.uk)  
[www.rutland.gov.uk](http://www.rutland.gov.uk)

REPORT NO: 77/2015

## PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL

01 October 2015

### Early Warning System

#### Report of the Director for People

Strategic Aim:	Meeting the health & wellbeing needs of the community.	
Exempt Information	No.	
Cabinet Member(s) Responsible:	Councillor Richard Clifton, Portfolio Holder for Adult Social Care	
Contact Officer(s):	Dr Tim O'Neill, Director for People	Tel: 01572 758402 Email: toneill@rutland.gov.uk
	John Morley, Head of Adult Social Care	Tel: 01572 758127 Email: jnmorley@rutland.gov.uk
Ward Councillors	n/a	

#### DECISION RECOMMENDATIONS

It is recommended that the Panel:  
1. Notes the content of the report.

#### 1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide information on the relevant agencies and early warning systems to ensure good practice by registered providers.

#### 2. BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The report has been written following members seeking assurance that council officers work in a preventative way in their day to day business working with the regulated care sector such as care homes. The purpose of the report is to demonstrate a multi-agency approach and also to clarify each respective agencies statutory responsibility. The below demonstrates officers have systems to identify patters of behaviours that can be indicators of abuse such as neglect but can be reactive to the more common unpredictable instances of suspected abuse or bad practice.

### 3. QUALITY OF CARE

- 3.1 The local authority holds contracts with all providers that provide care for our most vulnerable citizens. These are registered providers and incorporate either residential care homes or domiciliary care providers. The council monitors the quality of care through contract visits to ensure a number of quality elements such as the environment are suitable, that agreed training is taking place, that care plans are effective or monitoring the number of complaints. If concerns are found officers will draw up an action plan with the provider to assist them and work with them to bring the establishment or practice up to the expected practice standards.
- 3.2 The Council also monitors the registered providers through the reviews of individuals that the council funds. Health do the same for people they fund. These reviews provide feedback on the providers' practice, especially as many providers offer services to multiple council funded individuals.
- 3.3 In addition to the above other professionals are regularly in contact with the provider and are continually scrutinising practice. For example there are GP's, Occupational Therapists, Psychiatric Nurses and District Nurses regularly attending. Also family and friends regularly attend and all will readily report concerns.
- 3.4 Every two weeks our Council Officers come together to discuss care providers to collate intelligence into a risk matrix. This collated intelligence enables Council Officers to identify patterns that are indicators for more serious problems, as well as forming the basis to their visits.
- 3.5 Overall, however, the statutory responsibilities for ensuring standards are maintained by registered providers including care homes are with the CQC (Care Quality Commission). Officers share both soft intelligence and report actual concerns about a provider with CQC. It is CQC's duty to ensure "compliance" and looks specifically at the list below:
- a) *Safe*: people are protected from abuse and avoidable harm.
  - b) *Effective*: people's care, treatment and support achieve good outcomes, help to maintain quality of life and are based on the best available evidence.
  - c) *Caring*: staff involve and treat people with compassion, kindness, dignity and respect.
  - d) *Responsive*: services are organised so that they meet people's needs.
  - e) *Well-led*: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around the individual's needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

- 3.6 Against these CQC publish ratings for each provider, as well as an overall rating. The ratings are Outstanding, Good, Requires Improvement and Inadequate. The ratings for all Rutland Care Homes are listed in appendix 1 together with the inspection summaries for all Homes.
- 3.7 If a provider does not meet a good rating but the impact on quality is not significant or there are no widespread concerns, then this will be rated as requires improvement. If the impact on quality is significant or there are widespread concerns then this will be rated as inadequate. It should be noted that CQC may recommend areas for improvement, even though a regulation has not been breached, to help a provider move to a higher rating.
- 3.8 Where a provider is not meeting a legal requirement or struggles to do so consistently, but people using the service are not at immediate risk of harm, CQC may use their power to require a report from the provider. The report must explain the action the provider is taking or proposes to take to meet the relevant legal requirement(s). The Local Authority's Contracts Monitoring Officers will work with CQC at this point. CQC will return to the registered provider to ensure the action plan is being worked to and that standards are coming back to compliance
- 3.9 Beyond this CQC may work with the various bodies to 'enforce' the standards. Depending on the service and the circumstances, they can work with local authorities, regulatory bodies and even the police to ensure that actions are taken.

#### **4. SAFEGUARDING**

- 4.1 If CQC have a safeguarding concern, where 'abuse' is suspected (beyond compliance) to have happened, they inform the Local Authority. It is the Council who have the statutory duty for safeguarding vulnerable adults. Reports of suspected abuse come to a SPOC (single point of access) to which all of the above professionals and members of the public have a duty to report into if they suspect 'abuse' is occurring. If CQC believe a registered body has gone beyond compliance infringement and has entered the thresholds for safeguarding then CQC will directly inform officers at the local authority through the SPOC who will at this point take over if officers agree it is a safeguarding matter. This is the decision of the local authority not CQC.
- 4.2 We have established the SPOC over the last 8 months or so and it has proved very effective as now all concerns are reported through our duty system and are captured at one point. This provides us with a wealth of intelligence which we share with fellow agencies and they in turn share their intelligence with us, if necessary, to protect vulnerable people.
- 4.3 Members of the public also call in at the SPOC, sharing their concerns in the community for officers to screen under safeguarding thresholds and intervene if abuse is suspected.

- 4.4 If any safeguarding alert is raised via the SPOC either from CQC or any other agency or provider or from the public, they are all treated with equal concern and receive the same diligence. In the case of a care home a strategy meeting will be held with all involved agencies including CQC, Health and the Police and any other agency with a role or interest who can add to the intelligence gathering and sharing of the risk.
- 4.5 A multi-agency protection plan will then be made with all concerned agreeing to the plan and what actions they need to take within the plan. The Local Authority takes the lead in these at all times but its statutory duty is to cause enquiry to happen. This means the Local Authority will require other agencies to investigate or the provider themselves and will then scrutinise the investigation received to it with the outcome. The course of action is decided at the strategy meeting by the multi-agency representatives. The planned actions are shared with all placing agencies to make them aware and usually advise them to carry out additional reviews and report back to Rutland County Council as the host authority.
- 4.6 In conclusion, a robust system is in place in Rutland County Council to ensure individuals are well cared for by providers and to ensure services are providing what they are contracted to do. In addition, a close working relationship exists between the Council and CQC and other partners ensuring information is exchanged.

## **5. CONSULTATION**

- 5.1 None

## **6. ALTERNATIVE OPTIONS**

- 6.1 None

## **7. IMPLICATIONS**

## **8. FINANCIAL IMPLICATIONS**

- 8.1 The ongoing development of the adult social care service to enable it to develop and meet its statutory duties.

## **9. LEGAL AND GOVERNANCE CONSIDERATIONS**

- 9.1 None

## **10.1 EQUALITY IMPACT ASSESSMENT**



10.1 Issues in relation to E&D are addressed in the RCC contract with the relevant homes and providers.

**11. COMMUNITY SAFETY IMPLICATIONS**

11.1 None

**12. HEALTH AND WELLBEING IMPLICATIONS**

12.1 The early warning system has a potential impact on the health and wellbeing of vulnerable service users in the care of regulated providers.

**13. ORGANISATIONAL IMPLICATIONS**

13.1 None

**14. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

N/A

**15. BACKGROUND PAPERS**

N/A

**16. APPENDICES**

N/A

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

(If requested Large Print Version should be printed in Arial 16 to 22 pt)

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## APPENDIX A

## CARE HOMES IN RUTLAND

Name of House`	Outcome of Inspection				
	Caring	Responsive	Safe	Effective	Well Led
Belton House***					
Chater Lodge					
Manton Hall**					
Rutland Care Village**					
	Respect & Involvement of People Using Service	Care & Welfare	Management of Medicines	Staffing	Assessing & Monitoring quality of service
Aberdeen House*					
The Lodge Trust					
	Respect & Involvement of People Using Service	Care & Welfare	Management of Medicines	Staffing	Assessing & Monitoring quality of service
Aberdeen House*					
The Lodge Trust					
	Respect & Involvement of People Using Service	Care & Welfare	Safeguarding	Supporting workers	Assessing & Monitoring quality of service
Crown House					
	Cleanliness & Infection Control	Care & Welfare	Management of Medicines	Requirements relating to workers	Assessing & Monitoring quality of service
Oak House Residential					
	Consent to care & treatment	Care & Welfare	Meeting Nutritional Needs	Supporting Workers	Assessing & Monitoring quality of service
Rutland House Community Trust (Willowbrook)					
	Consent to care & treatment	Care & Welfare	Meeting Nutritional Needs & Management of medicines	Supporting Workers	Assessing & Monitoring quality of service
Tixover House					
	Safeguarding	Care & Welfare	Meeting Nutritional Needs	Requirement relating to workers	Assessing & Monitoring quality of service
Wisteria House Residential Home - Rutland					

Requires Action

Requires Improvement

All Standards Met

\*Currently being inspected/have recently been inspected and we are waiting for the publication of a new inspection report.

\*\*Manton Hall and Rutland Care Village have recently been inspected, directions of travel markers have been added to show whether the recent inspection has shown an improvement or not.

\*\*\*Belton is rated amber for "caring" within it's report but on the dashboard it is not rated due to insufficient evidence.

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**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Aberdeen House

Aberdeen House, 20 Stockerston Road,  
Uppingham, Oakham, LE15 9UD

Tel: 01572823308

Date of Inspection: 05 August 2013

Date of Publication:  
August 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✘	Action needed
<b>Care and welfare of people who use services</b>	✘	Action needed
<b>Management of medicines</b>	✔	Met this standard
<b>Staffing</b>	✔	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✔	Met this standard

### Summary of this inspection

#### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

#### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service,

carried out a visit on 5 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

Spoke with a visiting health professional.

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## **What people told us and what we found**

---

We spoke with five people who used the service and one of their relatives. People were generally positive about their experience of living at the home. People told us that they liked living at the home and that their care had been satisfactory. One person's comments were representative of what people told us. They said, "I'm well looked after but some carers are not as good as the others. When I ask for something they tell me to wait, but generally the carers are kind. I enjoy the activities we do. It passes the time." We observed two instances of care workers not being attentive to people's needs. On one of those occasions we heard a care worker tell a person who asked to be taken to another room that they had to wait.

People who used the service expressed that they were grateful for the support they had. They did not express that they had any higher expectations of the service. When we spoke with people about how they spent their time they told us that they found things to do that occupied them. We saw some people reading newspapers and magazines, doing puzzles, walking around and relaxing in the garden. People who were physically inactive had only very limited social or stimulating interaction with care workers. We found that was because the home's activities co-ordinator was on leave and there were not enough staff on duty to provide anything other than personal care or assistance with eating.

You can see our judgements on the front page of this report.

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 29 September 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Mr David Arthur Salter

# Belton House Retirement Home

## Inspection report

Littleworth Lane  
Belton in Rutland  
Oakham  
LE15 9JZ  
Tel: 01572 717682  
Website: [www.beltonhouse.co.uk](http://www.beltonhouse.co.uk)

Date of inspection visit: 23 February 2015  
Date of publication: 28/08/2015

### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

We carried out an unannounced inspection of the service 23 February 2015.

Belton House provides accommodation for up to 22 people who require personal care. On the day of our inspection 14 people were using the service.

There was not a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our visit there was an acting manager working at the service. They were in the process of applying to become the registered manager.

# Summary of findings

During our last inspection on 30 September 2014 we asked the provider to take action to make improvements to protect people living at the home. The provider was not meeting one of the Regulations of the Health and Social Care Act 2008. This was in relation to people's care and welfare. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we found that the provider had made some improvements but there were continuing breaches to this regulation (and its equivalent from 1 April 2015).

People told us they felt safe living at Belton House. However, we found there had been a high number of unwitnessed falls and many of these had occurred at night when there were only two members of staff on duty. One person was at risk because they did not receive the assistance they required to eat their meal.

Medicines were not always stored in a safe way and administration records were not always accurately completed. There was no clear audit trail of medicines received and this meant that neither we nor the provider could check to see if medicines had been administered as prescribed by the doctor.

Staff knew how to recognise the signs of abuse and what action to take should they suspect it. This included contacting other authorities such as the CQC and local authority safeguarding team.

People said that staff were competent and knew how to meet their needs. All new staff received induction training and there was an ongoing training programme in place. Not all staff had up to date training about dementia and equality and diversity.

People were asked for their consent before receiving care and support and were able to make choices. Staff did not routinely assess people's capacity to make decisions. We have made a recommendation about mental capacity assessments.

The risk of malnutrition was assessed and where risk was identified appropriate action was taken. People were provided with sufficient amounts to eat and drink. People had access to the healthcare services they required.

People said they liked the staff and interactions between staff and people were kind and helpful. Some people did not have a bath or shower on a regular basis. Visiting was unrestricted for people's friends and family and they were made to feel welcome.

People's care plans were personalised so that people received care and support in the way they preferred. However, there were limited opportunities for people to pursue their hobbies and interests and some people were unoccupied and without interactions for long periods of time.

People said they would feel comfortable raising a concern or complaint.

Systems in place to monitor the quality of service provision were not as effective as they could be.

We found one breach of the Health and Social Care Act 2008 Regulations during this inspection. You can see the action we have told the provider to take at the end of this report.



# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

People who lived at the home were put at risk because of insufficient staffing numbers and lack of effective medicines management.

Staff knew how to recognise the signs of abuse and what action to take when abuse was suspected.

Requires Improvement



### Is the service effective?

The service was not effective.

Staff had not received all the training they required to support them to meet people's needs and keep them safe.

Staff did not assess people's capacity to make decisions when the need arose.

People had sufficient amounts to eat and drink and access to the healthcare services they required.

Requires Improvement



### Is the service caring?

The service was not consistently caring.

People were not routinely involved in making decisions about their care and support.

Some people's dignity was not always protected because arrangements for bathing and showering did not meet their needs.

Not sufficient evidence to rate



### Is the service responsive?

The service was not responsive.

People had their needs assessed and care plans were in place for each identified needs.

Opportunities for people to follow their hobbies and interests were limited.

People said they knew how to make a complaint should they need to.

Requires Improvement



### Is the service well-led?

The service was not well led.

There was a new acting manager in post. There had been a period of instability because of frequent changes to management arrangements.

Requires Improvement



Systems in place to monitor the quality of service provision were not always effective.

# Barchester Healthcare Homes Limited







## Chater Lodge

### Inspection report

High Street  
Ketton  
Stamford  
Rutland  
PE93TJ  
Tel: 01780 720376  
Website: [chater@barchester.com](mailto:chater@barchester.com)

Date of inspection visit: 23 December 2014  
Date of publication: 28/05/2015

### Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	Requires Improvement	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

This inspection took place on 23 December 2014 and was unannounced. When we last inspected the service on 22 August 2013 we found the provider was compliant with the standards we assessed.

Chater Lodge is a care home without nursing. The service provides care and support for a maximum of 45 older people. At the time of our inspection there were 36 people using the service. Part of the first floor accommodation (known as Memory Lane) is specifically for people with dementia.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. People were protected from the risk of abuse because staff had received training and knew what to do and who to report to should they

# Summary of findings

suspect abuse. Accidents and incidents were recorded but the action taken to reduce any further risk was not. Some people, relatives and staff said they sometimes had to wait for staff to attend to them and staff were very busy in the mornings. People said they got their medicines as prescribed by their doctor.

People told us they liked the staff. Staff had received all the training they required and were due to receive updated training about dementia care. People were asked for their consent before receiving care and treatment but the principles of the Mental Capacity Act 2005 were not always followed. People had their needs assessed and a plan of care was developed for each assessed need. Some plans of care were not as focused on the person or specific in their detail as they should have been to ensure that staff were fully aware of people's individual needs and how to meet them.

People told us about the things they liked to do and we observed people engaged in activities which they enjoyed. Information about people's life history and preferences were recorded for most but not all people. Social and recreational activities on offer did not fully reflect everyone's individual interests and hobbies. People were supported to eat and drink and maintain a balanced diet. They said they liked the meals provided. People had access to healthcare professionals when required but there was one incident where a person had not attended a doctor's because staff had failed to arrange it.

People said the management team were open and approachable. There were quality monitoring processes in place and these included seeking the views of people who used the service and their relatives.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People were protected from abuse because staff knew how to recognise the signs of abuse and how to respond to this. Risks were assessed and people were able to take informed risks. Some people felt that staffing numbers were not always sufficient. Evidence of action taken in response to accidents and incidents was limited. Staff recruitment procedures ensured that in so far as possible only staff suitable to work at the service were employed.

Requires Improvement



### Is the service effective?

The service was not consistently effective.

Staff received the training and support they required to do their jobs and meet people's needs. Consent to care and support was obtained but staff did not always follow the principles of the Mental Capacity Act 2005. People were supported to eat and drink and maintain a balanced diet. Plans of care did not always focus on the person. They did not properly instruct staff about the action to take to meet needs and keep people safe.

Requires Improvement



### Is the service caring?

The service was caring

Positive and caring relationships were developed between staff and people who used the service. People told us they liked the staff and they had their privacy and dignity protected.

Good



### Is the service responsive?

The service was responsive.

People received care and support in the way they preferred. Most people were able to follow their hobbies and interests. The provider had a complaints procedure but had not recorded all verbal complaint or the action taken to resolve the issue. Therefore we could not be certain they were responded to appropriately.

Good



### Is the service well-led?

The service was well led.

People and staff were asked for their feedback. The management approach was open and inclusive. Quality assurance systems were in place so the provider could monitor the quality of service provision and drive improvement.

Good



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**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Crown House Care

Crown Walk, High Street, Oakham, LE15 6BZ

Tel: 01572770301

Date of Inspection: 27 November 2013

Date of Publication:  
December 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

### Summary of this inspection

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#### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

#### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service,

carried out a visit on 27 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### **What people told us and what we found**

---

We spoke with four people who used the service and two visiting relatives.

A person who used the service told us "everyone here is caring and helpful, and always respectful and careful. They give me as much privacy as possible. Everything is clean and kept nicely".

People told us they felt safe and that staff helped them to be as independent as possible. People chose how they spent their time and whether they took part in any of the activities available

A visiting relative told us that the service was "fantastic".

You can see our judgements on the front page of this report.

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### **More information about the provider**

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.



## Foundation Care (Norwich) Limited

# Manton Hall

## Inspection report

Lyndon Road  
Manton  
Oakham  
Rutland  
LE15 8SR  
Tel: 01572 737212  
Website: www.

Date of inspection visit: 6 February 2015  
Date of publication: 07/07/2015

### Ratings

Overall rating for this service	Requires Improvement	---
Is the service safe?	Requires Improvement	●
Is the service effective?	Requires Improvement	●
Is the service caring?	Requires Improvement	●
Is the service responsive?	Requires Improvement	●
Is the service well-led?	Good	●

### Overall summary

We carried out an unannounced inspection of the service 6 February 2015.

Manton Hall provides accommodation for up to 30 people who require personal care. On the day of our inspection 27 people were using the service.

There was not a registered manager employed at the service. There was an acting manager who was in the process of applying to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our last inspection 24 April 2014 we asked the provider to take action to make improvements to protect people living at the service. The provider was not meeting five regulations of the Health and Social Care Act 2008. These were in relation to people's care and welfare, safeguarding people from abuse, infection control,

# Summary of findings

supporting workers and assessing and monitoring the quality of care provision. The provider sent us an action plan to tell us the improvements they were going to make. During this inspection we found that improvements had been made.

People told us they felt safe and risk was assessed. Management plans were in place and staff were following these so that risk was reduced. Staff knew how to recognise the signs of abuse and knew what action to take to protect people.

Staffing numbers and the mix of their skills met the needs of people who used the service and kept them safe.

Arrangements in place for the recording, handling, administration and disposal of medicines were not always safe and guidance for staff on the use of medicines prescribed to be used 'when required' was not clear.

Staff had received most of the training they required to meet people's needs and keep them safe. They were supervised by their line manager and had their competency assessed. People were asked for their consent to care and treatment and were able to make choices. Some people had not had their mental capacity to make decisions assessed and some staff were not clear about current guidance.

We have made a recommendation that the provider considers current guidance about the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

People were supported to eat and drink enough and to maintain a balanced diet. People were offered a varied diet and were offered choice and flexibility. People said they liked the food provided.

People had access to the healthcare services they required and staff made appropriate referrals and in a timely way.

People said that staff were caring and most of the interactions we observed were kind and respectful. One person became anxious and distressed but staff did not respond to this or take appropriate action until we asked them to. While people were offered choice about how they spent their day, people were not actively involved in making decisions about their care and support. The acting manager was taking action about this.

New care planning documentation was being introduced so that care plans could be personalised. People said they received care and support in the way they preferred. Opportunities for people to pursue their hobbies and interests were limited.

Complaints were investigated and used as an opportunity for learning. Action was taken to improve the service.

Systems were in place to monitor the quality of service provision and this included seeking the views of people who use the service. People said the acting manager was approachable and accessible.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

There were enough staff to keep people safe and meet people's individual needs. Staff understood how to protect people from abuse and avoidable harm, but arrangements for the safe management of medicines were not in place.

Requires Improvement



### Is the service effective?

The service was not consistently effective.

Staff had received the training and support they required to meet people's needs and keep them safe. Mental capacity assessments were completed for some people who lacked mental capacity to make decisions about their care and treatment. However these did not fully meet the requirements of the MCA legislation. The quality of food and choice of meals was good and people's health needs were met.

Requires Improvement



### Is the service caring?

The service was not consistently caring.

People told us they liked the staff and had positive relationships with them, but they were not always actively involved in making decisions about their care and support. Privacy and dignity was maintained and people were mostly treated with respect and kindness.

Requires Improvement



### Is the service responsive?

The service was not consistently responsive.

People said they received care and support in the way they preferred.

Opportunities for people to follow their hobbies and interests were limited.

Complaints were used as an opportunity for learning and improvement.

Requires Improvement



### Is the service well-led?

The service was well led.

People and care staff said that the management team maintained a visible presence and engaged with them to seek their feedback on the service. The provider had systems in place to monitor the quality and safety of the service.

Good



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**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Oak House Residential Home

Pond Lane, Greetham, Oakham, LE15 7NW

Tel: 01572812647

Date of Inspection: 26 April 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

### Summary of this inspection

#### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

#### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

## What people told us and what we found

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We spoke with four people who used the service. They told us they liked living at Oak House. One person said " I like it here they are all friendly". Another person told us " I can talk to any of the staff, they are very good". There was a range of social and recreational activities on offer. One person told us they did at times get bored.

We observed staff interacting with people who used the service in a friendly and appropriate way. People appeared relaxed and were able to make choices about the way they received care and support.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

# Prime Life Limited







# Rutland Care Village

## Inspection report

Huntsmans Drive  
Barleythorpe Road  
Oakham  
Rutland  
LE15 6RP  
Tel: 01572 722350  
Website: www.prime-life.co.uk

Date of inspection visit: 20 May 2015  
Date of publication: 16/07/2015

### Ratings

<b>Overall rating for this service</b>	<b>Good</b>	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Requires improvement	
Is the service well-led?	Good	

### Overall summary

We carried out an unannounced inspection of the service on 20 May 2015.

Rutland Care Village provides nursing and personal care for up to 84 people. At the time of our inspection 76 people were using the service. Rutland Care Village is a purpose built home split into four units. The village includes a day care facility.

A registered manager left the service in January 2015 when an interim manager took over the management of the service. At the time of our inspection the interim **127**

manager had applied to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People were safe because staff knew how to recognise and report signs of abuse. People were supported to be as independent as possible. Enough suitably skilled and experienced staff were available to meet people's needs.

Staff used equipment safely when they transferred people or assisted them with their mobility.

The provider had robust recruitment procedures.

People received their medicines on time.

People using the service told us they felt staff were knowledgeable about their needs. Staff received relevant training and support to be able to meet the needs of people using the service.

The manager, deputy manager and senior staff had a good working knowledge of the relevance of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Other staff had an awareness of the legislation.

People's nutritional needs were met. People had a choice of foods and drinks and spoke in complimentary terms about the meals that were provided. Staff were attentive to people's health needs and supported people to access health services when they needed them.

Staff were caring. We saw examples of staff showing kindness and compassion. People using the service and their relatives had opportunities to be involved in decisions about their care and support. People were treated with dignity and staff respected people's privacy.

People received care and support that was centred on their needs. However, we saw that recent changes to a person's care plan had not been implemented and they may have been at risk had we not brought the matter to the provider's attention. People had access to social activities and staff supported people to follow their interests and hobbies. The provider had begun to pilot a new programme to support people living with dementia by providing individually tailored activities for them.

People had opportunities to make suggestions and raise concerns. They told us they were confident about raising concerns and that they would be listened to. The provider had acted upon people's comments and feedback, for example in relation to social activities.

The management team were clearly visible and available to people using the service. The management team had clearly defined aims and objectives about what they wanted to achieve for the service. Staff felt well led. The provider had effective procedures for monitoring and assessing the service.



## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff supported people to understand how they could stay safe. The provider deployed enough staff to ensure that people's needs were met. People received their medicines at the right times.

Good



### Is the service effective?

The service was effective.

Staff had received relevant training and development to be able to meet the needs of people using the service. People were supported with their nutritional needs and had access to health services when they needed them. Staff understood and put into practice the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring.

Staff understood people's needs and developed caring and supportive relationships with people. They supported people to be as independent as possible. People were encouraged to express their views and be involved in the planning and delivery of their care.

Good



### Is the service responsive?

The service was not consistently responsive.

People received care and support that met their individual needs, but changes to a person's care plan were not acted upon until we brought the matter to the manager's attention. Staff supported people to lead active lives based around their hobbies and interests. The provider sought people's views and acted upon their views.

Requires improvement



### Is the service well-led?

The service was well led.

People's views and experience were used to improve the service and staff were involved in developing the service. The provider had effective procedures for monitoring and assessing the quality of the service.

Good



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## Rutland House Community Trust

Willowbrook, Willow Crescent, Oakham, LE15  
6EH

Tel: 01572771001

Date of Inspection: 12 February 2014

Date of Publication: March  
2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

### Summary of this inspection

#### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

#### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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## What people told us and what we found

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We spoke with two people who used the service. They told us they received the care and support they required and liked the staff. One person said "I love it here". We saw that people who used the service were relaxed and at ease when interacting with staff. Staff were extremely knowledgeable about people's individual needs. Staff were enthusiastic and motivated. They felt supported and told us they had received all the training they required.

People received a well balanced and nutritious diet. Staff knew about healthy eating and encouraged people to make healthy choices. Appropriate referrals were made to healthcare professional where risk was identified.

There were robust systems in place to assess and monitor the quality of service provision. This included seeking the views of people who used the service. Risk was assessed and managed appropriately.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## The Lodge Trust

Main Street, Market Overton, LE15 7PL

Tel: 01572767234

Date of Publication: October 2013

We followed up on our inspection of 27 June 2013 to check that action had been taken to meet the following standard(s). We have not revisited The Lodge Trust as part of this review because The Lodge Trust were able to demonstrate that they were meeting the standards without the need for a visit. This is what we found:

**Care and welfare of people who use services**



Met this standard

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## **Why we carried out this review**

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We carried out an inspection on 27 June 2013 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting.

We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the standard(s) included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited The Lodge Trust as part of this review because The Lodge Trust were able to demonstrate that they were meeting the standards without the need for a visit.

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## **How we carried out this review**

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We reviewed information given to us by the provider.

We have not revisited The Lodge Trust as part of this review.

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## **What we found about the standards we followed up**

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Our inspection of 27 June 2013 found that one person did not receive the care and support they required at night. The provider wrote to us and told us about the action they had taken to become compliant with this standard. Waking night staff have been employed since 16 September 2013. This means that there is a member of staff on duty at night to carry out checks and to ensure the comfort, safety and welfare of people who use the service.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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## Tixover House

Tixover Grange, Tixover, Stamford, Rutland, PE9  
3QN

Tel: 01780444491

Date of Inspection: 10 April 2014

Date of Publication:  
April

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

### Summary of this inspection

#### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

#### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 April 2014, observed how people were being cared for and

checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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## What people told us and what we found

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We considered our inspection findings to answer questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

This is a summary of what we found-

Is the service safe?

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

We saw that the provider had made significant improvements to protect people from the risks associated with receiving care and treatment since our last visit. There had been a significant decrease in pressure sores and an improvement in the management of people at risk of malnutrition.

People were cared for in a clean and hygienic environment. We found that the environment was extremely clean and well maintained.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. This means that when people have their liberty deprived in order to keep them safe, this was only done following a best interest assessment carried out by the local authority DoLS team. At the time of our visit there was nobody using the service who required a DoLS authorisation. The majority but not all staff had received training about DoLS.

Only staff who had received the required training had responsibility for managing people's medicines. We saw that safe and proper procedures were in place for the storage, administration and disposal of medicines.

The staff rota was decided by taking people's care needs into account when making decisions about the numbers, qualifications, skills and experience required. This helped to ensure that people's needs were always met. We saw that the use of agency staff was high. Staff reported that this did have a detrimental effect on people who used the service because these staff were less familiar with people's needs and preferences and with day to day routines.

Is the service effective?

People told us that they were happy with the care that had been delivered and their needs had been met. It was clear from our observations and from speaking with staff that they had a good understanding of the people's care and support needs and that they knew



them well. One person told us "I get on really well with staff". Another person said "Staff have a very good attitude and are very helpful"

Staff had received appropriate training to meet the needs of the people living at the home.

Is the service caring?

People were supported by kind and attentive staff. We saw that staff showed patience and gave encouragement when supporting people. People who used the service appeared relaxed and at ease with the staff supporting them. One person told us that staff were flexible and would change routines to suit their preferences.

People's health and care needs were assessed before they moved in. Each person had a care plan in place for each identified need. There was very limited evidence to show that people who used the service had been involved in the care planning and review process. Some care plans and risk assessments had not been reviewed for some time.

People's relatives told us they were always made welcome. One relative had lunch at the home every day.

Is the service responsive?

People had access to activities that were important to them and had been supported to maintain relationships with their friends and relatives.

People completed a range of activities in and outside the service regularly. The home has its own adapted minibuses, which helped to keep people involved with their local community.

People knew how to make a complaint if they were unhappy. People told us that staff would listen to them and take appropriate action.

The registered manager had recently held a meeting for people who used the service, their relatives and for staff. This meeting known as a 'community meeting' provided a forum for communication and obtaining feedback.

Is the service well-led?

Staff had a good understanding of the ethos of the home and quality assurance processes were in place. The registered manager and other members of the management team were approachable and accessible to people who used the service, their relatives and to staff.

The provider's regional manager visited the service at least once a month to carry out audits. These included speaking with people who used the service. People were consulted before changes were made.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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## Wisteria House Residential Home - Rutland

9 Ayston Road, Uppingham, Oakham, LE15 9RL

Tel: 01572822313

Date of Inspection: 10 October 2013

Date of Publication:  
November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

**Care and welfare of people who use services** ✓ Met this standard

**Meeting nutritional needs** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

### Summary of this inspection

#### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

#### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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## What people told us and what we found

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We spoke with three people who used the service. They told us they liked living at Wisteria House. One person said "I think this is the best care home. Its exceptional". People told us they had confidence in the registered manager and in the staff. Interactions between staff and people who used the service where positive and respectful. People were occupied and engaged in meaningful activities. The atmosphere was relaxed and homely. People had choice and autonomy to make decisions.

Care and support was delivered in a person centred way. This meant that people's preferences and individual needs were respected. The registered manager communicated with and consulted with people who used the service on a daily basis. Staff recruitment procedures ensured that staff were only employed following pre employment checks. This minimised risk for people who used the service.

People told us they enjoyed the meals provided. All the meals were home cooked. The cook ensured that the menu reflected the needs and preferences of people who used the service.

You can see our judgements on the front page of this report.

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## More information about the provider

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REPORT NO: 179/2015

## PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL

1 October 2015

### Manton Hall

#### Report of the Director for People

Strategic Aim:	Meeting the health & wellbeing needs of the community.	
Exempt Information	No.	
Cabinet Member(s) Responsible:	Councillor Richard Clifton, Portfolio Holder for Adult Social Care	
Contact Officer(s):	Dr Tim O'Neill, Director for People	Tel: 01572 758402 Email: toneill@rutland.gov.uk
	John Morley, Head of Adult Social Care	Tel: 01572 758127 Email: jnmorley@rutland.gov.uk
Ward Councillors	n/a	

#### DECISION RECOMMENDATIONS

It is recommended that the Panel:

1. Notes the partnership approach being taken to support Manton Hall.
2. That our safeguarding and quality monitoring service is a developing service

#### 1. PURPOSE OF THE REPORT

- 1.1 This report outlines the support or interventions given to Manton Hall Residential Home by officers of the council over the last 12 months of the homes' operation.

#### 2. BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The report should be considered alongside the report entitled "Early Warning System". This will ensure the members understand the relationships and powers of the respective statutory bodies. The multi-agency safeguarding network is a complex area as each agency has its own statutory function and therefore responsibility. The Care Quality Commission monitors, inspects and regulates services to ensure they meet fundamental standards of quality and safety. The local authority and respective health agencies ensure services provide people

with a safe, effective and compassionate environment specifically in relation to safeguarding from abuse.

- 2.2 Officers from Adult Social Care and the Commissioning team meet every two weeks to share intelligence gathered on all of the residential homes in Rutland which includes Manton Hall. The officers consider findings of visits which have taken place in their day to day business or specific issues raised by other professionals such as district nurses or general practitioners. Included in these meetings are any safeguarding alerts received into the duty team through to falls being reported or complaints received about any of the regulated companies discussed. A safeguarding Social worker is always in attendance and will progress any issues to a safeguarding enquiry if thresholds are met triggering a multi-agency strategy meeting if warranted. If a serious wider concern is recognised such as suspecting institutional abuse, the meeting will escalate the concern to senior managers as they continue to follow the established LLR multi-agency safeguarding procedures adopted by RCC.
- 2.3 Officers meet with the Care Quality Commission and other placing agencies and authorities every two months to discuss all residential homes across Leicestershire, Leicester City and Rutland including Manton Hall to share information across those agencies. This gives a wider intelligence base and more importantly ensures all agencies are aware of possible problems and can work together to support any of the homes raised by the group and any other regulated service.
- 2.4 Our commissioning department receives bulletins identifying homes outside of Rutland that other authorities are notifying of institutional safeguarding concerns or placement suspension if such action has been warranted. Some Rutland residents are placed or place themselves in surrounding authority borders within which we have no statutory powers over. This is all part of the multi-agency approach RCC is committed too. In the case of action taken against a Rutland residential home like Manton Hall RCC officers inform those same authorities and agencies in like manner.
- 2.5 Over the last 12 months Manton Hall has maintained a consistent informal contact with RCC duty and safeguarding team. This has further improved since the recruitment of a new registered manager to Manton Hall who has been very willing to work with us. It is pleasing to say we are building such relationships with the Rutland private regulated providers. Information can be regards staff changes through to HR issues which is information not normally volunteered to councils by independent providers. The home also has been very transparent in its safeguarding alerting, sending in all incidences whether or not they think it will meet our threshold and this is good practice.
- 2.6 There have been a number of visits to Manton Hall from our staff by way of contracts monitoring or social worker review. These are discussed in the information sharing meeting above with all of the other Rutland residential homes or regulated providers visited if appropriate to do so. In such reviews family are always invited to attend and give their opinion on the care of the home, this is true of all reviews in all regulated services if the person being reviewed wants their family or friends present. Other placing agencies such as the Clinical

Commissioning Group also review their clients and invite family. If they have concerns abuse may be occurring that agency will inform RCC or a relative for example. It may be the case the reviewer is unhappy with quality of recording for example in which case they may notify CQC as the regulating body.

- 2.7 As an example of RCC officers working proactively with multiple agencies a recent safeguarding incident is a good indicator which took place at Manton Hall. A multi-agency strategy meeting was called attended by Appropriate RCC officers, Care Quality Commission, Leicestershire Partnership and the Clinical Commissioning Group. At such a meeting all agencies will share histories, decide how to react proportionately and will supported the plan they put forward. In this case it was agreed to suspend any further placement to the home. On top of this, Manton agreed not to admit any self-funding clients which neither the council nor other placing authorities have power over. All placing agencies agreed to review their clients and the result is that no concerns have been raised except for those of a compliance nature such as care plan content or updating.
- 2.8 Other agencies and placing authorities who were unable to attend were informed of the outcome. Police at that time were already involved although it is our understanding that no criminal activity was suspected and so no Police investigation has taken place.
- 2.9 The Care Quality Commission (CQC) will revisit the home and it is our understanding the Police have indicated an officer will attend with CQC to review security and the home has welcomed this. It is CQC who are responsible for monitoring the 11 care standards not council officers, council officers coordinate enquiry into suspected abuse all actions having to be proportionate and seeking to attain the outcome the affected adult wants which is not always what the professional would want.
- 2.10 CQC last visited Manton Hall in February of this year when there was no registered manager in place, the report published this July 6 months after the inspection and a few months after the appointment of its new manager. Manton was not identified as an inadequate home but one needing some improvement to attain “good” from “requires improvement” in its care standards compliance. In areas where they required improvement many of the concerns had been addressed although there are still issues for the home to address to be judges as good. The following table outlines the findings from the April 14 inspection compared with the February 15 inspection.

	<b>24 April 2014 Summary</b>	<b>6 February 2015 Summary</b>
<b>Is the service safe?</b>	<p>There were times when there were no staff in attendance in the lounge area. Some people were dependent on staff to meet their needs and ensure their safety because of physical of cognitive disability.</p> <p>There was an annual programme of audits to monitor the quality of service provision. Staff were not involved with or aware of the audits undertaken.</p> <p>There was limited evidence available to</p>	<p>There were enough staff to keep people safe and meet people’s individual needs. Staff understood how to protect people from abuse and avoidable harm, but arrangements for the safe management of medicines were not in place.</p>

	<b>24 April 2014 Summary</b>	<b>6 February 2015 Summary</b>
	<p>demonstrate that learning from incidents / investigations took place and appropriate changes were implemented. This increases the risk of harm to people and fails to ensure that lessons are learned from mistakes.</p> <p>People were not always cared for in a clean and hygienic environment. There were not enough domestic staff on duty to clean all areas of the home on a daily basis. We found significant breaches to the expected standard for infection prevention and control.</p> <p>Staffing numbers were not always sufficient to meet people's needs or keep them safe. One person told us they had to wait for staff to attend to them at certain times of the day.</p> <p>The actions staff should take to manage the deprivation in the least restrictive way were not recorded in one person's care plan.</p> <p>People were not fully protected from the risks of receiving care that was inappropriate or unsafe. Staff had not carried out risk assessments for three people who had recently moved in.</p>	
<b>Is the service effective?</b>	<p>People's health and care needs were assessed before they moved in, but care plans for three people who had recently moved in had not been completed. Some care plans had not been reviewed regularly. Care plans were therefore not able to support staff consistently to meet people's needs.</p> <p>Staff had not received all the appropriate training they required to meet people's needs or to keep them safe.</p>	<p>Staff had received the training and support they required to meet people's needs and keep them safe. Mental capacity assessments were completed for some people who lacked mental capacity to make decisions about their care and treatment. However these did not fully meet the requirements of the MCA legislation. The quality of food and choice of meals was good and people's health needs were met.</p>
<b>Is the service caring?</b>	<p>People were supported by kind and attentive staff. We saw that care staff showed patience and gave encouragement when supporting people. Some staff members told us that they did not always have the time to spend with people because they were so busy.</p> <p>People's preferences, interests, aspirations and diverse needs had not always been recorded. Because of this care and support could not always be provided in accordance with people's</p>	<p>People told us they liked the staff and had positive relationships with them, but they were not always actively involved in making decisions about their care and support. Privacy and dignity was maintained and people were mostly treated with respect and kindness.</p>



	24 April 2014 Summary	6 February 2015 Summary
	wishes.	
<b>Is the service responsive?</b>	<p>People had been supported to maintain relationships with their friends and relatives.</p> <p>People knew how to make a complaint if they were unhappy. People told us that staff would listen to them and take appropriate action.</p> <p>An activities organiser had recently been appointed. We were told that the activities organiser would be responsible for arranging monthly residents meetings so that people could provide feedback about their experience of care, treatment and support.</p>	<p>People said they received care and support in the way they preferred.</p> <p>Opportunities for people to follow their hobbies and interests were limited.</p> <p>Complaints were used as an opportunity for learning and improvement.</p>
<b>Is the service well-led?</b>	<p>The service had a quality assurance system, records seen by us showed that not all of the shortfalls identified had been addressed. The system did not systematically ensure that staff were able to provide feedback to their managers, so their knowledge and experience was not being properly taken into account.</p>	<p>People and care staff said that the management team maintained a visible presence and engaged with them to seek their feedback on the service. The provider had systems in place to monitor the quality and safety of the service.</p>

- 2.11 On a daily basis many people go in and out of a care home each one being a potential whistle-blower/alerters. Health professionals go in on a daily basis and this includes Manton Hall and they are duty bound to report any suspected abuse. Relatives are usually around at varying points of the day all of them watching out for their loved ones who again would report in if they were concerned. In the case of Manton, historically it has been staff who have informed us of any concerns via the registered manager. Sometimes people will complain to CQC who in turn will inform the local authority if they think the issue reported falls into the realm of suspected abuse in which case the local authority will decide how to proceed.
- 2.12 **Very recently Manton met with the residents and their relatives to discuss recent events and only one complaint was put forward from that group and that was not in relation to care of their own loved one. The clients and their families reported being happy with the homes facilities and services.**
- 2.13 That said Officers at the present time are monitoring Manton's ability to adapt to changing needs of vulnerable people as they get older and as their condition deteriorates. Similarly officers are monitoring the level of complexity of new residents the home assesses as a suitable resident.

### 3. ALTERNATIVE OPTIONS

- 3.1 None

#### **4. IMPLICATIONS**

#### **5. FINANCIAL IMPLICATIONS**

5.1 Developing the Service to enable it to safeguard vulnerable individuals

#### **6. EQUALITY IMPACT ASSESSMENT**

6.1 N/A

#### **7. COMMUNITY SAFETY IMPLICATIONS**

7.1 None

#### **8. HEALTH AND WELLBEING IMPLICATIONS**

8.1 The Care Quality Commission will continue to monitor the fundamental standards in the case of Manton Hall the 4 requiring improvement to enable the service to be judged as good.

#### **9. ORGANISATIONAL IMPLICATIONS**

9.1 Given the very small number of available specialist social workers a registered provider such as Manton Hall requiring sustained intervention takes a relatively large proportion of the available resource. This is mitigated through the multi-agency approach outlined as occurring within the report.

#### **10. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

10.1 To prevent abuse

#### **11. BACKGROUND PAPERS**

11.1 None.

#### **12. APPENDICES**

12.1 None

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(If requested Large Print Version should be printed in Arial 16 to 22 pt)

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REPORT NO: 167/2015

## PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL

1 October 2015

### RUTLAND ADULT SOCIAL CARE STRATEGY 2015-2020

#### Report of the Director for People

Strategic Aim:	<i>Meeting the health and well being needs of the community</i>	
Exempt Information	No.	
Cabinet Member(s) Responsible:	Councillor Richard Clifton, Portfolio Holder for Adult Social Care and Health	
Contact Officer(s):	Mark Andrews, Deputy Director for People	Tel: 01572 75 8339 MAndrews@rutland.gov.uk
	Sandra Taylor, Health and Social Care Integration Manager	Tel: 01572 75 8202 STaylor@rutland.gov.uk
Ward Councillors	<i>Affects all wards.</i>	

#### DECISION RECOMMENDATIONS

It is recommended that the Panel:

1. Notes the content and approach of the proposed Adult Social Care Strategy.
2. Recommends the strategy for approval by Cabinet.

#### 1. PURPOSE OF THE REPORT

- 1.1. The purpose is to introduce the proposed new Adult Social Care Strategy for discussion and comment, prior to its presentation at Cabinet.

#### 2. BACKGROUND AND MAIN CONSIDERATIONS

- 2.1. The Council is a primary stakeholder in a number of partnership based strategies and programmes which are supporting better outcomes and value for money from the increased integration of health and social care provision, notably the Rutland Health and Wellbeing Strategy that runs until 2016, the five-year LLR Better Care Together programme and the local Better Care Fund plan.
- 2.2. In parallel with these strategies, the Council is undertaking its own transformation programme of adult social care to deliver relevant recommendations of the 2014 People First Review. A key objective here is to change service commissioning and delivery in some strategic ways to ensure

the sustainability of adult social care services into the future, against a backdrop of increasing service demand and static or reducing public sector funding.

- 2.3. The proposed adult social care strategy 2015-2020 captures this programme of change to give it structure, visibility and momentum within a challenging wider strategic context. The proposals in the draft strategy are not new commitments for the Council, rather a re-organisation and re-articulation of actions previously consulted upon and agreed via People First. The strategy also includes actions required for the Council to meet its evolving obligations under the Care Act 2014.
- 2.4. The strategy, which is summarised in Appendix A, would ensure that everyone working in social care, both in the Council and in partner organisations, had a clear picture of the Council's priorities and timescale for change.

### 3. THE PROPOSED STRATEGY

- 3.1. The proposed Adult Social Care Strategy sets out how the Council will sustainably support Healthy and Independent Lives in Rutland, 2015-2019. It is organised into three main objectives:
  - (a) **Healthy Rutland** - promoting healthy lifestyles to prevent or delay the onset of long term limiting illness, including through information and advice and services supporting healthy lifestyle choices. A key aspect of this objective is to secure Public Health provision that is more closely tailored to Rutland's specific issues and priorities.
  - (b) **Independent Rutland** - providing support promoting personal responsibility for health and helping people to sustain independent lives for as long as possible, including through prevention, early intervention and reablement services and the tailoring of those services to the specific needs of individuals and their circumstances. Key elements here include continuing to build the capacity of community based organisations to deliver personalised services and supporting the use of technology for independence, capitalising on the increasing maturity of assistive technologies, growing technical confidence in the community and the County's excellent broadband infrastructure. Further adaptation of the workforce to new ways of working is also vital.
  - (c) **Sustainable Social Care** - working more collaboratively with health and other partners to deliver a coherent system of social care and health that is seamless and fit for purpose and supporting a diverse, sustainable and competitive supplier base. Local changes to the commissioning model aiming to broaden out the supplier base are particularly important here, as are changes supporting more integrated working, including proposals for an integrated health and social care hub.

### 4. CONSULTATION

- 4.1. The new Adult Social Care Strategy has been shaped to respond to a prior consultation undertaken with stakeholders including the public as part of the 2014 People First Review. The strategy explains how the messages from that consultation have been reflected in the proposed programme of work.
- 4.2. It is therefore proposed that a limited consultation be undertaken on the strategy itself, seeking the views of key stakeholders to include Healthwatch as a service user advocate.

## **5. ALTERNATIVE OPTIONS**

- 5.1. The main alternative option is to not put in place an Adult Social Care strategy at this time. While this would reduce the number of strategies the Council is managing, there are significant disadvantages to this approach which outweigh this benefit.
- 5.2. First, this would reduce the ability to give momentum and visibility to important parts of the local social care transformation agenda, and to track progress against this. This in turn could slow down the delivery of changes contributing to the wellbeing of local residents, to the financial sustainability of the Council's local social care offer and to its ability to comply with evolving statutory obligations.
- 5.3. Second, the primary strategies in place would continue to be partnership based ones, notably the Rutland Health and Wellbeing Strategy, Better Care Together and the Better Care Fund programme. While these are all important related programmes of work, they do not address the whole County Council agenda for change to meet future challenges and evolving statutory obligations.
- 5.4. Establishing a Council specific strategy ensures that there is a clear articulation of local priorities, which both ensures that all necessary work is covered and strengthens the Council's ability to play its strategic part in the wider cross-sectoral and regional partnership context. It establishes a strong sense of shared ownership and common purpose around some of the most challenging parts of Rutland's programme of social care change.

## **6. FINANCIAL IMPLICATIONS**

- 6.1. The planned changes proposed in this strategy are essential to the ongoing financial sustainability of adult social care services in Rutland.
- 6.2. The overall spend on adult social care in Rutland is now £9.2m which is 28% of an overall council budget of £32m. As detailed in the strategy, while adult services were supplied within budget in 2014-15, anticipated demographic change means that this will be increasingly difficult to achieve without changing models of delivery and taking action to manage demand. A 'do nothing' approach would mean that spend on adult social care would become two thirds of all Council spend by 2030.

- 6.3. In terms of delivery, the strategy does not entail additional financial commitments. Rather, it will deploy available Adult Social Care budgets to deliver more sustainable service models, including by prolonging independent living to manage demand and changing commissioning and delivery models. Transformational change is supported in parallel by the Better Care Fund and Better Care Together programmes of work.

## **7. LEGAL AND GOVERNANCE CONSIDERATIONS**

- 7.1. The plan is part of Rutland County Council's commitment to changing the model for delivery of social care to meet the requirements of the Care Act 2014, including by 'market shaping' to support a sustainable future fit between the demand and supply of social care services.
- 7.2. To ensure continuing compliance with the Data Protection Act 1998 as delivery models evolve, it will be important to ensure that more integrated working with partners is supported by appropriate information sharing agreements. This work needs to be completed in partnership with other stakeholders, in some cases at the LLR level.
- 7.3. There is also a need for continuing workforce development around managing Data Protection compliance (including ensuring fair processing, securing clear patient consent for information sharing where this is required and respecting the wishes of patients who withhold consent to share their information) in a dynamic, increasingly integrated environment.
- 7.4. Work with suppliers likewise needs to continue to be routinely supported by appropriate data processing agreements.

## **8. EQUALITY IMPACT ASSESSMENT**

- 8.1. A dedicated Equality *Impact* Assessment (EqIA) has not been completed because the actions contained in the strategy are not new in and of themselves and are therefore part of a wider evaluation framework. In particular, a detailed EqIA was undertaken for the People First review in July 2014.
- 8.2. It is anticipated that, where specific projects have potential implications, dedicated assessments would be done at this level. This is the current practice, evidenced for example by the December 2014 EqIA into Assistive Technology, and follows through on the following commitment in the People First EqIA:
- 8.3. "When individual services are reviewed and before firm proposals are brought forward it will be necessary to complete an EIA on each individual service area, as well as further engagement with anyone adversely affected."

## **9. COMMUNITY SAFETY IMPLICATIONS**

- 9.1. It is not anticipated that the strategy has direct community safety implications.



## **10. HEALTH AND WELLBEING IMPLICATIONS**

- 10.1. The primary aim of the strategy is to have a positive impact on health and wellbeing in Rutland.
- 10.2. The strategy should help to keep more people healthier for longer, supporting their continuing independence, so helping to manage demand for health and social care services. Relevant interventions include supporting healthy lifestyle choices, such as reducing levels of obesity, smoking and drinking and increasing activity, and encouraging active engagement in communities which increases activity levels while reducing isolation.
- 10.3. Where people are in need of more intensive support, notably vulnerable older people, carers and adults with disabilities, the strategy aims to ensure that there will be a suitable supply of high quality services available to both self and public funded users, that can be provided sustainably in a context of growing demand and limited public spending. These services should also better match the aspirations of individuals, eg. to be able to stay in their own homes as long as possible rather than moving to a care home.

## **11. ORGANISATIONAL IMPLICATIONS**

- 11.1. **Environmental implications:** these are anticipated to be negligible.
- 11.2. **Human Resource implications:** the proposals involve the Council progressing further with Adult Social Care transformational change, which may have further implications for human resources, including:
  - (a) Further changes to workforce skills required.
  - (b) Potentially more significant changes arising from exploring more integrated working between health and social care in Rutland, including co-located services, shared posts, multi-disciplinary teams and shared pathways. An example proposal is the potential Rutland Memorial Hospital health and social care hub.
  - (c) The need to ensure that workplace policies keep pace with changes in how employees are working (eg. IT and information security, Data Protection, health and safety).
- 11.3. **Procurement Implications**
  - (a) The commissioning model for adult social care is changing in some significant ways. There is a strong focus on developing the market not only for sustainable private sector provision but also growing the role that the voluntary, community and faith sectors play in providing a range of services.

## **12. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 12.1. The support of the People (Adults & Health) Scrutiny Panel for this strategy is sought for two key reasons.

- 12.2. First, the proposed Rutland adult social care strategy sets out a structured programme of work that is essential to helping the Council to follow through on the People First review and to deliver a set of changes that will help it both to meet its evolving statutory obligations and to sustainably meet the growing social care needs of individuals, families and our communities.
- 12.3. Second, having a dedicated Rutland Adult Social Care Strategy articulates and consolidates the priorities of the Council, enabling it to better manage its own programme of change and to play its full part in the increasingly integrated wider health and social care economy.

### **13. BACKGROUND PAPERS**

- 13.1. *People First Equality Impact Assessment, 2014*
- 13.2. *Rutland Joint Health and Wellbeing Strategy 2012-16*  
[http://www.rutland.gov.uk/pdf/HWS\\_Final%20version\\_August%202013.pdf](http://www.rutland.gov.uk/pdf/HWS_Final%20version_August%202013.pdf)

### **14. APPENDICES**

- 14.1. **Appendix A – Rutland Adult Social Care Strategy – Summary**
- 14.2. **Appendix B – Rutland Adult Social Care Strategy: Healthy and Independent Lives – A Sustainable Future 2015-2020**
- 14.3. **Appendix C – Rutland Adult Social Care Strategy: Action Plan**

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

# Adult Social Care Strategy 2015-20

## Healthy and Independent Lives– A Sustainable Future

### Introduction

The number of people needing care and support has been increasing over time and for the foreseeable future will continue to do so. In April 2014 the Rutland People First review was launched. The review recommended a way forward for services that will meet the needs of individuals, families and our communities. What follows is the high level adult strategy for achieving this outcome.

### The Vision – Healthy and Independent Lives through Sustainable Future Support

As part of the People First Review you told us that people living in Rutland wanted to live independent, healthy and fulfilling lives. Given this we want everybody to have the opportunity to have the best health and wellbeing throughout their life, and access the right support and information to help manage, reduce, prevent or delay the need for care and support.

From what you told us, we believe that health and wellbeing is best promoted within people’s own homes and from within people’s own communities. By empowering people in Rutland to have choice and control over their lives we aim to maximise their wellbeing and independence in their local community, preventing and postponing the need for care and support.

### Our Model

When care is required, our model of care will emphasise the need for preventative and coordinated care focusing on **Wellbeing**, **Independence** and the **Integration** of care and support around the person.

### Vision Themes

#### 1. Healthy Rutland

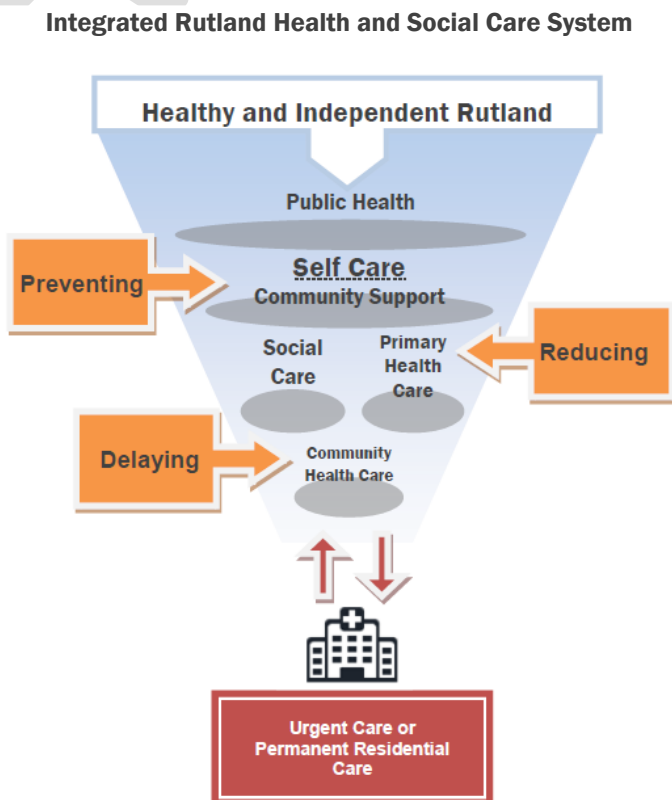
- **Information, Advice and Guidance** – There is effective, accessible and transparent information available that can support service users and their families
- **Public Health** – There is an effective Rutland Public Health offer delivered through and alongside the Voluntary, Community and Faith (VCF) sector and primary healthcare providers

#### 2. Independent Rutland

- **Community Support** – There is effective community based provision for vulnerable people that promotes the role of the whole community in increasing people’s potential for independent living
- **Prevention** - Support targets individuals at risk of losing their independence, reducing or delaying their need for long term support
- **Personalisation** - Individuals have a choice and services that are tailored to their specific needs

#### 3. Sustainable Future Support

- **Integrated care and support** – There are innovative models of delivery in collaboration with health and other partners, to ensure quality services designed around people and local communities
- **Commissioning services** – There is reduced demand for institutional care and the need for long term care in the community through jointly commissioned services with health that support independence. Providing cost effective care and support to those in the greatest need.



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# **Adult Social Care Strategy 2015-2020**

## **Healthy and Independent Lives – A Sustainable Future**

### **Introduction**

Our key aim is to enable and encourage people and communities to live healthier, more active and independent lives and to do this in a way where people get to rely on us less. The number of people needing care and support across Rutland has been increasing over time and for the foreseeable future will continue to do so as the population grows. This Strategy sets out our approach to successfully meet this challenge in the context of increased demand and rising expectations about the quality of care we want for ourselves and our family and the degree of choice and say in how our needs are met. This exceptionally challenging context does require a radical shift in the way in which Rutland County Council delivers Adult Social Care and a refocus of available resources.

### **Rutland's Changing Population**

Rutland is changing. As the population grows older and young people with disabilities live longer, there will be additional challenges to keeping Rutland a healthy place to live.

The changing age structure of the Rutland population will have the biggest impact on the development of services. By 2033 the total population of Rutland is projected to increase to 46.4 thousand, a percentage change of 21.8% from the base in 2008. For Rutland, the greatest projected percentage change is the 65 and over age range which will see its population double. Whilst people aged 65 and over currently make up a small percentage of the population, in the future over a third of the population will be aged 65 and over.

Around 1,700 of the population aged over 75 in Rutland were predicted to live alone in 2010, and this number is predicted to increase to 3,800 by 2030 (120% increase). Furthermore the total number of people aged 65 and over who have a significant health problem is predicted to approximately double between 2010 and 2030, the below table demonstrates this:

Estimated numbers of people with significant health problems in Rutland 2010 – 2030

Condition	2010	2015	2020	2025	2030
Limiting long-term illness	3,144	3,818	4,382	5,097	5,777
Dementia	540	681	830	1,019	1,215
Falls	2,088	2,563	2,971	3,436	3,955
Falls resulting in hospital admission	166	202	242	292	330
Bronchitis/emphysema causing longstanding health condition	133	162	185	209	235
Stroke causing longstanding health condition	181	223	260	296	334
Diabetes	983	1,193	1,353	1,521	1,716

### ***People First Review***

In April 2014, the Rutland People First review was launched to help Rutland County Council plan for:

- The demographic pressures presented by an ageing population with a high incidence of dementia.
- Major changes in national policy with the introduction of the Care Act (2014).
- An unprecedented financial environment in which the Council needs to deliver significant savings.
- The need for a collaborative approach with health partners, to develop more seamless care and support, through the Better Care Fund and Better Care Together programme.

The review recommended a way forward for services that will meet the needs of individuals, families and our communities. Taking into account the views of the public, it set the vision for the future and committed Rutland to:

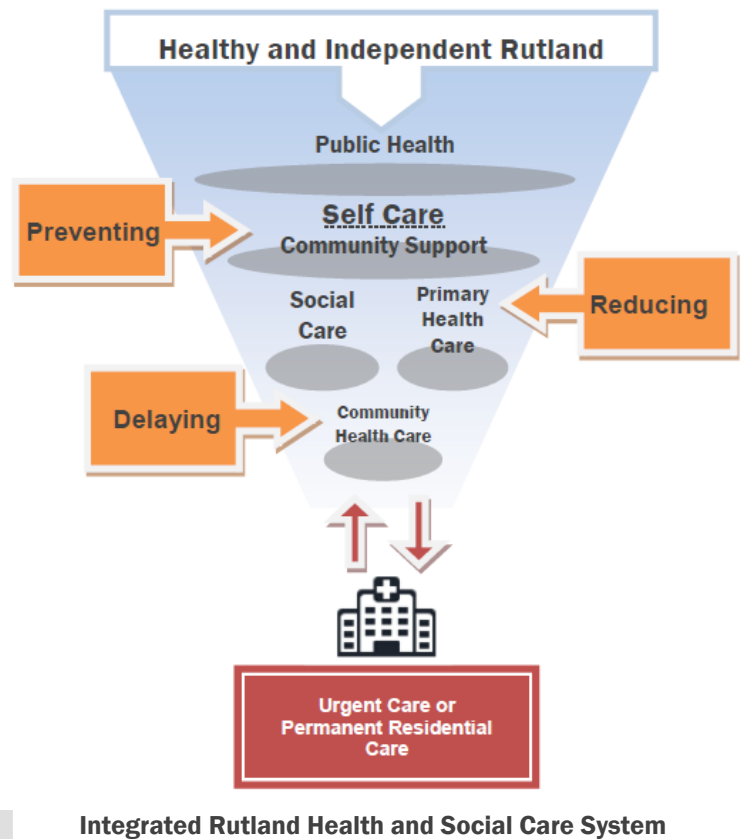
- Enable individuals and families within our community to achieve their full potential and be safe from harm
- Target services in particular at the most vulnerable and those who need us the most
- Integrate services more closely with the Health and Voluntary, Community and Faith (VCF) Sectors based on care pathways that support independent living
- Be clearer about what individuals, families and our community can expect
- Focus on finding different ways to do things rather than reduce or remove services
- Adopt an early help and prevention approach

# Our Shared Vision: Healthy and Independent Lives – A Sustainable Future

As part of the People First Review, you told us that people living in Rutland wanted to live independent, healthy and fulfilling lives.

Given this, we want everybody to have the opportunity to have the best health and wellbeing throughout their life, and access the right support and information to help manage, reduce, prevent or delay the need for care and support.

From what you told us, we believe that health and wellbeing is best promoted within people’s own homes and from within people’s own communities. By empowering people in Rutland to have choice and control over their lives, we aim to maximise their wellbeing and independence in their local community, preventing and postponing the need for care and support.



When care is required our model of care will emphasise the need for preventative and coordinated support focusing on “wellbeing”, personalisation, and an integrated whole system approach working across health, housing and social care and any other relevant sectors. Our role will no longer be about just providing; it will be about continuing to understand the needs, wants and aspirations of our residents and communities and commissioning services to meet their needs. Also working with partners to ensure universal services and preventative services are available e.g. reablement service across Rutland.

### *Safeguarding*

While we will seek to help people plan their care and take control over decisions, we will always intervene to keep people safe when we have reasonable cause to believe there is a significant risk of harm or neglect by others, or an individual is unable to protect him or herself.

# Vision Themes

## 1. Healthy Rutland

Healthy lifestyles are important for everyone from those with pre-existing health conditions or disabilities to those without. A healthy lifestyle will help prevent or delay the onset of Long Term Limiting Illnesses. They also prevent the recurrence of problems and reduce further deterioration and the likelihood of intensive or long-term health and social care need. In this respect, supporting people to eat healthily, manage their weight, stop smoking, increase their physical activity and reduce alcohol consumption is particularly important.

Alongside this, good Information, Advice and Guidance means people have the help they need to resolve their concerns at an early stage. The offer of universal advice and information services to all local people is key to promoting their independence and wellbeing. People will then be better able to make choices and decisions that are best for them.

## 2. Independent Rutland

From what you told us as part of the People First Review, we recognise that an individual's needs sit within a wider network of personal and social relationships in the community. Connecting individuals with family, friends and community support networks is generally extremely important for people's wellbeing and to prevent or postpone the need for funded care and support services. We want to promote personal responsibility and for people to have opportunities to become a greater part of their community through increased opportunities for socialising, gaining personal recognition and building relationships, while remaining in their own homes for as long as possible.

Prevention is increasingly emphasised as a means of tackling progressive illnesses or disabilities and thereby reducing the costs of care and support. By focusing prevention and early intervention services at people who are at risk of losing or reducing their independence we want to avoid or delay the need for long term care. Also by offering people rehabilitation and reablement after illness we want to enable them to return to independent living.

We want people to have more choice and control over the support to meet their social care needs. Each person should be treated as an individual, whether as a person using our services or as a carer. Whilst ensuring that individuals, not institutions, take control of their care, they should be provided with tailored support when they need it.



### 3. A Sustainable Future

We want more collaborative working with health and other partners to deliver integrated community health and primary care services to improve health and social care for people. Delivering an integrated health and social care system will ensure services are best suited to local needs and circumstances, enabling people to enjoy good health and wellbeing living at home as independently as possible.

We want people's needs to be matched by diverse services, with a broad market of high quality service providers focused on preventing, delaying or reducing the need for care and support. We want to promote competition within care markets to make sure providers are responsive to service users' requirements, and at the same time, ensure that the quality of the service is maintained. We want more services, including traditional health and social care services, to be delivered by community led organisations.

We also want to work in a whole systems way to ensure that we maximise opportunities to reduce waste, reduce duplication, work efficiently and pool resources across organisations to achieve desired outcomes and use tax payers' money wisely.

## Realising Our Strategy

### 1. Healthy Rutland

- **Information, Advice and Guidance** – There is effective, accessible and transparent information available that can support service users and their families

To deliver this we will:

- Develop with our partners a fully integrated information service for the residents of Rutland
- Shift how we use different channels for service user transactions in a planned way over time

- **Public Health** – There is an effective Rutland Public Health offer delivered through and alongside VCF sector and primary healthcare providers

To deliver this we will:

- Review all contracts for public health services
- Commission a new Public Health service for Rutland through and alongside VCF sector and primary healthcare providers

## 2. Independent Rutland

- **Community Support** – There is effective community based provision for vulnerable people that promotes the role of the whole community in increasing people’s potential for independent living

To deliver this we will:

- Review the demand for services and where appropriate how support can be provided in a different way
- Develop a network of community agents in Rutland that we will specify, commission and procure from the Private / Voluntary, Community and Faith Sector (VCF)
- Encourage and enable charities, voluntary organisations, mutuals, social enterprises and user-led organisations to deliver personalised services, building capacity in the VCF sector.

- **Prevention** - Support targets individuals at risk of losing their independence, reducing or delaying their need for long term support

To deliver this we will:

- Encourage use of modern technology and enable people to do more for themselves and remain independent.
- Develop an enhanced Short Term Support (reablement) service

- **Personalisation** - Individuals have a choice and services that are tailored to their specific needs

To deliver this we will:

- Enable and promote the use of personal budgets / direct payments
- Develop a workforce across all organisations which empowers people to live independently, to shape their own lives and the services they receive.

### 3. A Sustainable Future

- **Integrated care and support** – There are innovative models of delivery in collaboration with health and other partners, to ensure quality services designed around people and local communities

To deliver this we will:

- Integrate with health including shared posts, co-located services, multi-disciplinary teams and shared pathways
- Explore the opportunities that the Rutland Memorial Hospital (RMH) provides for a health and Social Care Hub to support new ways of working in Rutland

- **Commissioning services** – There is reduced demand for institutional care and the need for long term care in the community through jointly commissioned services with health that support independence. Providing cost effective care and support to those in the greatest need.

To deliver this we will:

- Work to develop the market in the private and voluntary, community and faith sectors to introduce competition in the provision of services
- Explore integrating the commissioning of public health, primary health care, community health and Social care services
- Work with health and other partners to pool and align funding streams at the local level to ensure coherent and seamless services.

## Realising Our Medium Financial Plan

The overall spend on Adult Social Care in Rutland is £9.2m which is 28% of an overall council budget £32m. Rutland County Council managed to plan and deliver adults services within budget in 2014/15; however this will be an extremely difficult position to maintain.

The Council's five year projections set out in the Medium Term Financial Plan (MTFP) at budget time show that the Council has a significant financial challenge. Whilst the Council plans to save at least £1.1m by 2018/19, the MTFP continues to show that by this time the Council spending plans exceed available resources by £1.5m.

Failure to affect how and when we support people within a growing population would leave the council with a much greater gap to address. If the current allocation of care types and spend were maintained, alongside the estimated growth of the population, especially those with significant health needs, then spend on adult social care would more than double by 2030, becoming two thirds of all the council's spend. It is therefore extremely important for the future of the overall Rutland service offer that this strategy delivers its vision of Healthy and Independent Lives: Through Sustainable Future Support.

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# Healthy and Independent Lives – A Sustainable Future

## Adult Social Care Strategy 2015-2020 Action Plan

Strategic Theme	Strategic Objective	Action	Lead	Date
Healthy Rutland	Information, Advice and Guidance – There is effective, accessible and transparent information available that can support service users and their families	Develop with our partners a fully integrated information service for the residents of Rutland.	Health Integration Manager/ Customer Services Manager	Sept. 2016
		Shift how we use different channels for service user transactions in a planned way over time.	Case Management Transformation Programme Manager/ Customer Services Manager	March 2017
	Public Health – There is an effective Rutland Public Health offer delivered through and alongside VCF sector and primary healthcare providers	Review all contracts for public health services.	Director of Public Health	March 2016
		Commission a new Public Health service for Rutland through and alongside VCF sector and primary healthcare providers.	Director of Public Health	April 2017
	Independent Rutland	Community Support – There is effective community based provision for vulnerable people that promotes the role of the whole community in increasing people’s potential for independent living	Review the demand for services and where appropriate how support can be provided in a different way.	Head of Commissioning
Develop a network of community agents in Rutland that we will specify, commission and procure from the Private / Voluntary, Community and Faith Sector (VCF)			Head of Commissioning	April 2016

Strategic Theme	Strategic Objective	Action	Lead	Date
		Encourage and enable charities, voluntary organisations, mutuals, social enterprises and user-led organisations to deliver personalised services, building capacity in the VCF sector.	Head of Commissioning	Sept. 2016
	<b>Prevention</b> - Support targets individuals at risk of losing their independence, reducing or delaying their need for long term support	Encourage use of modern technology and enable people to do more for themselves and remain independent.	Better Care Fund Project Officer	March 2017
		Develop an enhanced Short Term Support (reablement) service.	Head of Adult Social Care	March 2016
	<b>Personalisation</b> - Individuals have a choice and services that are tailored to their specific needs	Enable and promote the use of personal budgets / direct payments.	Head of Adult Social Care	March 2016
		Develop a workforce across all organisations which empowers people to live independently, to shape their own lives and the services they receive.	Head of Adult Social Care	March 2018
<b>A Sustainable Future</b>	<b>Integrated care and support</b> – There are innovative models of delivery in collaboration with health and other partners, to ensure quality services designed around people and local communities	Integrate with health including shared posts, co-located services, multi-disciplinary teams and shared pathways	Health Integration Manager	Sept. 2016
		Explore the opportunities that RMH provides for a health and Social	Deputy Director for People	March 2017

Strategic Theme	Strategic Objective	Action	Lead	Date
		Care Hub to support new ways of working in Rutland		
	<b>Commissioning services</b> – There is reduced demand for institutional care and the need for long term care in the community through jointly commissioned services with health that support independence. Providing cost effective care and support to those in the greatest need.	Work to develop the market in the private and voluntary, community and faith sectors to introduce competition in the provision of services	Head of Commissioning	March 2018
		Explore integrating the commissioning of public health, primary health care, community health and Social care services	Head of Commissioning	March 2019
		Work with health and other partners to pool and align funding streams at the local level to ensure coherent and seamless services.	Health Integration Manager	March 2019

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Report No: 143/2015

## PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL

1<sup>st</sup> October 2015

### CHARGING POLICY & CONSULTATION Report of the Director of People

Strategic Aim:	<i>Meeting the Health and Wellbeing Needs of the Community Creating a Brighter Future for All</i>	
Exempt Information	No.	
Cabinet Member(s) Responsible:	Cllr Richard Clifton	
Contact Officer(s):	Tim O'Neill, People Directorate	Tel: 01572 758358 toneill@rutland.gov.uk
<b>DECISION RECOMMENDATIONS</b>		
<p>It is recommended that the Panel:</p> <ol style="list-style-type: none"> <li>1. Note the following options available for charging within adult social care</li> <li>2. Provide direction on the options that should be considered by cabinet for wider consultation</li> </ol>		

#### 1. PURPOSE OF REPORT

- 1.1. The purpose of this report is to outline the discretionary aspects of the Care Act that afford flexibility in the way the Council sets its charges. It provides an outline of options for charging to enable the scrutiny panel to explore possible future changes to the Council's Charging Policy.

#### 2. BACKGROUND, PROPOSALS AND MAIN CONSIDERATIONS

- 2.1. The People First review provided the Council with an agreed approach in allocating resources to adult social care services. That is the Council should seek to ensure that those who are most vulnerable and in greatest financial need receive the services they require in a way that enables them to maximise their independence and wellbeing. The Council needs to support them to remain living in their own homes and participating in their local communities wherever possible.
- 2.2. The Council's medium term financial position remains uncertain and based on current assumptions is challenging. Reductions in funding are expected to

continue, whilst demand and pressures on services (given changes in demography and the expectations from the introduction of the Care Act (2014) etc.) will continue to rise. By 2019/20 it is estimated that the Council will need to reduce its net costs by £1.5m - £2m.

- 2.3. Against this backdrop, the Council needs to explore opportunities to maximise income, where possible and where appropriate, to ensure there are sufficient resources to provide for those in greatest need in the future.
- 2.4. The Care Act (2014) makes certain changes to the powers and duties surrounding charging for services. As a result Council's are encouraged to look at the way they levy charges for care and support services. The Act provides flexibility in the way the Council sets its charges and as such it is the right time to look at updating and modernising its existing Fairer Charging Policy.
- 2.5. There are a range of areas where there are options for charging. The following highlights these options and provides an illustration of the impact related to actual cost where ever possible. One of the key principles of charging is fairness and using actual cost provides the fairest method of determining charges to be made. However for each option there could be a range of alternatives that could be applied through applying the setting various rates i.e. 100% of the actual cost or a proportion of the actual cost.
- 2.6. **Charging Option 1 – Level of Charging Contributions:** The Current Position under the Council's Fairer Charging Policy is that the Council caps the hourly rate charged for domiciliary care to £13.00 per hour, whereas the actual cost to the Council is £15.75 per hour. The Council also limits the total amount that any person contributes to £422.00 per week even for those people who are above the national financial threshold (currently £23,250). As a result the Council is currently subsidising some people who are receiving care that potentially could be viewed as being able to afford to pay the full cost of their care and support.
- 2.7. Under the Care Act the Council is able to charge people the actual cost that it incurs in meeting their care and support needs. As such it is possible for the Council to charge people who are deemed as able to afford to pay the actual cost to the Council of meeting their care and support needs. This would mean people with capital above the threshold of £23,250, would be responsible for paying the full actual cost of their care and support needs.
- 2.8. Based on current service users, if this was an option that the Council progressed, it would likely have an effect on 20 people with increases in their charge ranging from an additional £1.38 to £43.3per week. This would bring in an additional income of £18,000 per annum (based on 14/15).
- 2.9. **Charging Option 2 – Changing when the Council charges for the Service:** Charges are currently only applied when both the social care assessment and the financial assessment have been completed, irrespective of the start date of the service. The financial assessment can take in the region of 1-2 weeks after the assessment has identified needs. This currently creates inequality in when different people start paying for care and creates a loss of income for the

council, as commencement of payment is ultimately dependant on the length of time their financial assessment takes.

- 2.10. The Care Act allows the Council to charge for services from the date that the service commenced. As such the Council is able to backdate any charges due from the start of the service.
- 2.11. If this was an option the Council progressed it would affect newly assessed individuals. Their weekly assessed charge for each week backdated, on average around £49.67 for each of the weeks between the service starting and the financial assessment being completed. This would bring in an additional income in the region of £11,600.
- 2.12. **Charging Option 3 – Administration Fee Self Funders:** The Council has for some time been assisting people who fund their own care by commissioning for their care on their behalf. The Care Act has now made it a legal duty to do this for people requiring support in the community (from as early as April 2020 it is also proposed that the Council will have responsibility for supporting self-funders accessing nursing and residential homes). Currently people with capital in excess of the upper capital limit of £23,500, who are required to fund their own care, are not charged for this support.
- 2.13. The Act allows the Council to levy an administrative charge to cover the costs associated with setting up the care, annually maintaining payments to providers and dealing with any associated contractual issues.
- 2.14. If the Council were to charge based on the amount of service required, then an intermediate package (Short term/straightforward) would cost around £340.00 and for a full package (Long term/complex) this would be around £800.00. On average the Council has 20 people (15 int. and 5 full) coming forward for care per annum, this would equate to £9,175 additional income.
- 2.15. **Charging Option 4 – Deferred Payments:** The Deferred Payments scheme is designed to enable people to delay paying the costs of their care and support until a later date, so they do not have to sell their home at a point of crisis. The costs are then recovered from their estate or the sale of their property. There are two types of costs incurred in operating Deferred Payments; the initial costs of setting them up and the on-going costs.
- 2.16. Currently we have 12 people in receipt of Deferred Payments and a further 4 applications in progress and this is expected to rise to 20. The Council currently charges a one-off set-up fee of £200.00, which goes some way towards covering the administration cost of setting up the Agreement and the legal cost incurred but does not cover all the costs of a Universal Deferred Payment. Councils, under the care act, are able to administer the scheme on a full cost neutral basis (but are not able to make a profit).
- 2.17. If the council progressed this charging option the standard set-up fee is likely to be in the region of £470 plus the actual cost of placing a charge on the property charged by the land registry and the actual cost of obtaining a property

valuation. It is estimated that the annual maintenance would have running costs of approximately £170. (To charge from year 2 onwards as the set-up fee includes this in the first year). The estimated full cost/income for all people in receipt of deferred payments is the region of £12,000.

- 2.18. **Charging Option 5 – Applying Government Interest Rate on Deferred Payments:** Interest is not currently paid on loans as part of a Universal Deferred Payment Agreement. However under the Care Act Councils can charge interest on any Universal Deferred Payment up to a maximum rate of the cost of Government borrowing (the Universal Deferred Payment scheme as mentioned previously should be cost neutral).
- 2.19. If the Council progressed this option it could levy charges in accordance with the interest rate set by government currently at the level of 2.25 %. (Ref: Care & Support (Deferred Payments) Regulations 2014)). On average this would cost individuals an additional £1,300 and provide the council an additional estimated income of £21,500.
- 2.20. **Charging Option 6 – Charging Carers:** The Care Act places carers on an equal legal footing to those they care for. The Council has a duty to meet a carers needs but this also means the Council can charge for services to carers in the same way that a person receiving care is charged. Currently we do not charge carers however it is an option under the care act for the Council to charge carers who are able to pay for their support.
- 2.21. As there has never been any financial assessment it is difficult to estimate how many of the current carers would be affected and the relative income to the Council. It is also difficult to estimate how this income would be offset with costs incurred through carer breakdown.

### **3. CONSULTATION**

- 3.1. Whilst there is no provision in the Care Act (2014) itself requiring Council's to consult on local practice there are several areas of decision making highlighted in the Care and Support Statutory Guidance (October 2014) where consultation is advised. This includes decisions about a Council's Charging Policy.
- 3.2. It is therefore recommended that the Council needs to undertake "sufficient" consultation which provides an opportunity for public participation in the decision-making process (particularly those with care and support needs). In short there needs to be conscientious engagement with stakeholders in respect of the possible options.

### **4. ALTERNATIVE OPTIONS**

- 4.1. The main alternative option for each potential area is to leave the Fairer Charging Policy as it is. This will need to be considered as part of the consultation and the Council will need to look at this in the context of current financial situation and rising demand.

- 4.2. There are also alternatives in the charging options in terms of raising contributions ceilings or setting rates at a contribution rate, rather than recovery of full actual costs. The Council will need to look at these options against whether it satisfies a key principle of “fairness” outlined within the Care Act.

## 5. FINANCIAL

- 5.1 By introducing new or amended charges, the Council may achieve some additional income. The level of potential income has been estimated but in reality will depend on the number of service users, the amount of care required, the financial position of each service user and how much they have to contribute.
- 5.2 The income generated from the possible options outlined above can be seen in Table 1 below:

**Table 1 – Potential Income**

Options	Potential Income	Comment
<b>Charging Option 1 – Level of Charging Contributions</b>	£18,000	Based on increasing charges to the actual cost to the Council and full cost for those with capital above the threshold of £23,250.
<b>Charging Option 2 – When the Council charges for the Service</b>	£11,600	Charging for non-residential care from the start of the service being provided
<b>Charging Option 3 – Administration Fee Self Funders:</b>	£9,175	Charging a one-off arrangement (brokerage) fee for people with capital over the upper capital limit.
<b>Charging Option 4 – Deferred Payments:</b>	£12,000	Increasing the setup fee and annual maintenance fee for deferred payments to cover actual costs.
<b>Charging Option 5 – Applying Government Interest Rate on Deferred Payments:</b>	£21,500	Levying charges in accordance with the interest rate set by government currently at the level of 2.65 %
<b>Charging Option 6 – Charging Carers</b>	Unknown	Charge carers who are able to pay for their support
<b>Total:</b>	<b>£72,275</b>	

## **6. LEGAL AND GOVERNANCE CONSIDERATIONS**

- 6.1 The Care Act (2014) received Royal Assent on 14 May 2014 and reformed the law relating to care and support for adults and support for carers. It contained certain flexibilities in relation to charging that are covered in this report.
- 6.2 The major funding reforms, such as the cap on care costs and the ability for self-funders to request that the local authority arrange care and support in a care home are not due to be introduced until at least 2020.
- 6.3 To avoid legal challenge and judicial review the consultation process needs to be “fit for purpose” and meet the expectations as outlined in this Report.

## **7. EQUALITY IMPACT ASSESSMENT**

- 7.1 A national impact assessment for the Care Act has been completed. The intended effect of the Care Act as described in this assessment is to improve the outcomes and experience of care, and secure a more effective use of public and community resources by improving the personalisation of services, giving people more choice and control over how their desired outcomes are achieved.
- 7.2 In terms of local impacts an Equality Impact Assessment (EqIA) has been completed. If there were changes to charging there will likely be adverse impacts on some groups of people. These are legitimate as they form part of the powers for Councils contained in the Care Act (2014).

## **8. COMMUNITY SAFETY IMPLICATIONS**

- 8.1 None.

## **9. HEALTH & WELLBEING IMPLICATIONS**

- 9.1 The provision of direct social care support, brokerage and Deferred Payment arrangements will have a potential positive effect on wellbeing. Charges are always based on a person’s ability to pay and are only levied following a full financial assessment. As such charging has limited negative affected on people’s health and wellbeing.

## **10. ORGANISATIONAL IMPLICATIONS**

- 10.1 At this stage there are not organisational implications from the content in this report, however if there are changes to the charging policy this is likely to have impacts for human resources and procurement.

## **11. CONCLUSION/ SUMMARY OF REASONS FOR RECOMMENDATIONS**

- 11.1 The Care Act (2014) makes changes to the powers and duties surrounding charging for services. Against the back drop of rising demand and current financial climate the Council should consider making changes to its existing Fairer Charging Policy (2013).
- 11.2 Any changes would have to be subject to a formal consultation with the public and those affected in line with legal requirements.

## **12. BACKGROUND PAPERS**

- 12.1 Care and Support Statutory Guidance (DOH Oct 2014)
- 12.2 Rutland County Council Budget Report 2015-16

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