Public Document Pack

Health and Adult Social Care Overview and Scrutiny Committee

Agenda

Date:	**Thursday, 5th February, 2015**
Time:	**10.00 am**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 1 - 4)

   To approve the minutes of the meeting held on 4 December 2014

3. **Declarations of Interest**

   To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

4. **Declaration of Party Whip**

   To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the Agenda

5. **Public Speaking Time/Open Session**

For requests for further information
Contact: James Morley
Tel: 01270 686458
E-Mail: james.morley@cheshireeast.gov.uk with any apologies

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Note: in order for officers to undertake and background research, it would be helpful if members of the public notified the Scrutiny Officer listed at the foot of the Agenda at least one working day before the meeting with brief details of the matter to be covered.

6. **Carers Task and Finish Group Final Report** (Pages 5 - 22)

To consider for approval the Carers Task and Finish Group's Final Report

7. **Assistive Technology Task and Finish Group Final Report** (Pages 23 - 40)

To consider for approval the Assistive Technology Task and Finish Group's Final Report

8. **The Care Act 2014 in Cheshire East**

To consider a report on the impact of the Care Act 2014 on Cheshire East Council

(report to follow)

9. **Adults Services Charging and Top Up Policy**

To give consideration to the proposed policies following public consultation and submit comments prior to the policies being submitted to Cabinet for approval.

10. **Forward Plan** (Pages 41 - 44)

To note the forward plan, identify any new items, and to determine whether any further examination of new issues is appropriate.

11. **Work Programme** (Pages 45 - 50)

To review the current Work Programme

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Overview and Scrutiny Committee**
held on Thursday, 4th December, 2014 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor J Saunders (Vice-Chair, in the Chair)

Councillors C Andrew, R Domleo, L Jeuda, S Jones, G Merry and A Moran

Apologies

Councillors M Simon

ALSO PRESENT

Councillor P Hoyland – Chairman of Children, Families and Adult Safeguarding Overview and Scrutiny Committee
Councillor J Clowes – Care and Health in the Community Portfolio Holder
Councillor S Gardiner – Deputy Cabinet Member
Jo Vitta – South Cheshire Clinical Commissioning Group

59 MINUTES OF PREVIOUS MEETING

RESOLVED – That the minutes of the meeting held on 6 November 2014 be approved and signed by the Chairman

60 DECLARATIONS OF INTEREST

There were no declarations of interest

61 DECLARATION OF PARTY WHIP

There were no declarations of party whip

62 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present who wished to speak

63 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Dr Heather Grimbaldeston, Director of Public Health(DPH), presented her Annual Report for 2013/14. This year's report was focused on Children's Health and as such the Committee invited members of the Children and Families Overview and Scrutiny to attend and join the Committee's discussion.

During the discussion the following points were made:

- This was the first time the DPH had selected a specific age group to focus her report on. She decided to focus on children as there previously hadn't been much information available on children's health and most focus in the borough had been on older people's health, due to its ageing population.
- Most services were not geared towards providing children with a different type of service to adults. There should be child friendly standards for all services provided by Cheshire East.
- 9.5% of households were in fuel poverty with rural areas the most likely to be in fuel poverty although Crewe had significant levels of fuel poverty. Being in fuel poverty affected children's health making them more susceptible to respiratory conditions such as cold and flu, and hypothermia.
- There were 11 children's centres in Cheshire East in 2013, all in urban areas. A strategy to consider how children's centre services could be made more accessible to rural families needed to be developed.
- Cheshire East's figures for the number of mothers smoking during pregnancy were worse than the England average. This was a particular problem in Crewe which required a focus of support services in this area.
- Breastfeeding was less common among young mothers and in deprived areas
- Families should be empowered to make their own decisions rather than prescribing ways to live. There was a feeling that a common sense approach to children's health had been lost and that parents expected things to be done for them. Most childhood illnesses could be managed by parents and in most cases Pharmacists would be able offer advice on treatment, reducing the need to see a GP.
- Members believe that public health should link into schools more due to their access to children and influence on their lifestyles and education.
- The environmental impact on health needed to be considered in more detail.
- More awareness was needed of the affects of preconception activity on children's health.
- The report was an aspirational account by the DPH and only a few of the services that contributed to outcomes were commissioned by Public Health. The report needed to be used to influence other commissioners to ensure they worked together to improve health pathways.
- The Committee wanted to see hoe the PDH's 2012/13 report on early deaths had affect commissioning and whether it had lead to improved health outcomes. It was suggested that looking back at previous years' reports should be standard practice to ensure they are effective. The Committee also wanted to review outcomes following this report in six months time.

RESOLVED:

(a) That the Annual Report of the Director of Public Health 2013/14 be noted.

(b) That the Committee, along with the Children and Families Overview and Scrutiny Committee, review the achievement of the aspirations of the report in six months time.

(c) That the Committee consider an item on the environmental impacts on health at a future meeting.

(d) That the Annual Report of the Director of Public Health should be preceded, each year as a norm, by a report on health outcomes following the previous year's report.

(e) That an item to review outcomes following the Annual Report of the Director of Public Health 2012/13 on early deaths should be added to the work programme to be considered early in 2015.

64 **EASTERN CHESHIRE CCG STROKE SERVICE TRANSFORMATION**

Jacki Wilkes, Associate Director of Commissioning at NHS Eastern Cheshire Clinical Commissioning Group (CCG), to provide a brief overview of stroke services in Eastern Cheshire following a briefing that councillors had previously received at an informal meeting in October 2014.

The CCG was proposing to move stroke services from Macclesfield General Hospital to specialist centres in Salford Royal and Stepping Hill Hospitals. Evidence showed that specialist services improved mortality rates and reduced length of hospital stays. The CCG needed to improve rehabilitation services both in and out of hospitals and would look to provide services outside of hospital as often as possible.

RESOLVED – That the Committee formally supports the development of stroke services proposed by NHS Eastern Cheshire CCG.

65 **FORWARD PLAN**

The Committee examined the Forward Plan

RESOLVED – That the Forward Plan be noted

66 **WORK PROGRAMME**

The Committee considered its work programme.

It was suggested that the items on Top Up Policy and Direct Payments shouldn't be part of the agenda for a formal meeting if they were only to note the changes being made and it would be more appropriate to send a briefing on the changes to councillors informally. Following the briefings being sent to councillors there could be an item on a future agenda to allow members an opportunity to provide feedback and ask questions about the policies.

It was suggested that an item on the development of a Council Quality Assurance scheme, to look at the quality of care provided in care homes, should be provided to the Committee in February.

RESOLVED – That the Work Programme be updated following the changes discussed.

The meeting commenced at 10.03 am and concluded at 12.15 pm

Councillor J Saunders (Vice-Chair, in the Chair)

CHESHIRE EAST COUNCIL

REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 5 February 2015
Report of: Head of Corporate Resources and Stewardship
Subject/Title: Carers Task and Finish Group Final Report – Cover Report
Portfolio Holder: Councillor Janet Clowes

1.0 Report Summary

1.1 This report introduces the Carers Task and Finish Group's Final Report on its findings, conclusions and recommendations following its review.

2.0 Recommendation

2.1 That the Committee consider the Task and Finish Group's report for approval.

3.0 Reasons for Recommendation

3.1 Any report from a Task and Finish Group of a Scrutiny Committee must be approved by the Scrutiny Committee before being submitted to the appropriate body.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 All

6.0 Background

6.1 Prior to Council agreeing changes to its decision making and governance arrangements in May 2014, the Adult Social Care Policy Development Group (PDG) set up a sub group to look at the Council's Carers Policy and a Strategy which needed to be updated in anticipation for changes to the Council's responsibilities regarding carers, that were due to be introduced by the Care Bill. The sub group was set up following a PDG meeting in November 2013 where a report about the need to change the Carers Policy and Strategy was received and had the following membership:

- Councillor Margaret Simon (Chairman)
- Councillor Jos Saunders
- Councillor Laura Jeuda

6.2 At the Council's Annual Meeting on 14 May 2014 the Council decided to replace the previous scrutiny committee and policy development group system with a new Overview and Scrutiny Committee system. The responsibilities of the Adult Social Care PDG were taken up by the Health and Adult Social Care Overview and Scrutiny Committee; the Committee decided to continue the work of the PDG's sub group by setting up a task and finish group with the same membership. The Care Act 2014 received Royal Ascent on 14 May 2014 and many of the new requirements of the Council need to be implemented by April 2015.

6.3 The PDG sub group, which subsequently became the Overview and Scrutiny Task and Finish Group (the Group), held several meetings over the previous twelve months, following a Carers Event held at Middlewich Community Church in November 2013, with a variety of officers to discuss a range of implications for the Council of the Care Act and how the Council could change services to ensure it delivered better outcomes for carers and their cared for person.

6.4 Through the review the Group wanted to:

- Consider the changes in the legislative framework with the finalisation of the Care Bill and its impact on Carers
- Ensure that its review covered issues raised at the Middlewich event to show that they have been considered
- Support the future development of the Carers Strategy

6.5 The Group's report documents it's findings, conclusions and recommendations.

7.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

Name: James Morley
Designation: Scrutiny Officer
Tel No: 01270 6 86468
Email: james.morley@cheshireeast.gov.uk

Health and Adult Social Care Overview and Scrutiny Committee

Carers Task and Finish Group

November 2013 – January 2015

Chairman's Foreword

Insert Foreword from Councillor Simon

1.0 Introduction and Background

1.1 Prior to Council agreeing changes to its decision making and governance arrangements in May 2014, the Adult Social Care Policy Development Group (PDG) set up a sub group to look at the Council's Carers Policy and a Strategy which needed to be updated in anticipation for changes to the Council's responsibilities regarding carers, that were due to be introduced by the Care Bill. The sub group was set up following a PDG meeting in November 2013 where a report about the need to change the Carers Policy and Strategy was received and had the following membership:

- Councillor Margaret Simon (Chairman)
- Councillor Jos Saunders
- Councillor Laura Jeuda

1.2 At the Council's Annual Meeting on 14 May 2014 the Council decided to replace the previous scrutiny committee and policy development group system with a new Overview and Scrutiny Committee system. The responsibilities of the Adult Social Care PDG were taken up by the Health and Adult Social Care Overview and Scrutiny Committee; the Committee decided to continue the work of the PDG's sub group by setting up a task and finish group with the same membership. The Care Act 2014 received Royal Ascent on 14 May 2014 and many of the new requirements of the Council need to be implemented by April 2015.

2.0 Methodology

2.1 The PDG sub group, which subsequently became the Overview and Scrutiny Task and Finish Group (the Group), held several meetings over the previous twelve months, following a Carers Event held at Middlewich Community Church in November 2013, with a variety of officers to discuss a range of implications for the Council of the Care Act and how the Council could change services to ensure it delivered better outcomes for carers and their cared for person.

2.2 Through the review the Group wanted to:

- Consider the changes in the legislative framework with the finalisation of the Care Bill and its impact on Carers
- Ensure that its review covered issues raised at the Middlewich event to show that they have been considered
- Support the future development of the Carers Strategy

3.0 Background and the Care Act 2014

3.1 The following information was provided to the Group as background regarding carers and the impact the Care Act 2014 is going to have.

What is a Carer?

3.2 The Council's current Carers Policy defines a carer as "…a person who looks after someone, relative, friend or neighbour, who through illness or disability is unable to look after him/herself. That person may be an adult or a child or young person". This is a very general definition of who a carer is and the roles carers perform can which vary widely in their range and size. Some carers, often spouses or children, perform a 24/7 caring role in the home and fulfil all their cared for person's needs. Other carers assist with a few tasks in the home and outside (e.g. shopping) that enables the cared for person to maintain their independence and remain in their own home.

The Value of Carers

3.3 A paper "Valuing Carers 2011 – Calculating the value of carers' support" by the University of Leeds and Carers UK published in May 2011 estimated the value of carers' support through the UK. The paper stated that there were over six million carers, family, friends and neighbours who provided unpaid care to someone who was ill, frail or disabled. It suggested that the economic value of the contribution made by cares in the UK was £119 billion per year, which was 37% higher than in 2007 when Carers UK had previously reported.

3.4 Quantifying the value of carers' support is critical as the level of unpaid care had significant implications for what the state may have to provide. The paper suggested that a 1% change in the number of cares providing care would cost the state £1 billion in care costs. The paper including figures for each local authority including Cheshire East Council. It estimated that the value of care provided by unpaid carers in Cheshire East was £643 million. Now in 2014, with the Borough's large ageing population it can confidently be concluded that these figures have risen further from 2007 and 2011 levels.

3.5 The Princess Royal Trust for Carers also published a report in 2011 titled "Supporting Carers – The Case for Change". The report argued that by increasing support for carers and expenditure on carers and caring in the home, local authorities could reduce expenditure on residential care by significantly more, producing an overall saving. Based on 2009/10 figures published by The NHS Information Centre in 2011, the report suggested that Cheshire East Council would have the following costs and savings:

	Increased expenditure on carers	Increased expenditure on care at home	Decreased expenditure on residential care	Overall savings
Cheshire East	£926,020	£3,766,612	£8,632,200	£3,941,567

3.6 The Princess Royal Trust (PRT) Report also argued that increasing support for carers improves health and wellbeing outcomes for carers and for patients and recipients of care. By providing carers with training and support (e.g. safer moving and handling, information about the cared for person's condition) it enables them to provide better care to their cared for person, improving recovery from and prevention of illness and reducing the need for services such as physiotherapy and occupational therapy.

3.7 In the PRT Report, Carers are identified as a group experiencing health inequalities due to the comparatively poor health they have, often resulting from the stresses and strains of their caring role. Those carers between the ages of 66-92, most likely caring for a spouse, were more likely to suffer ill health or death than those not caring for anyone. If an elderly carer were to become ill this would result in the local authority having to provide care for two additional patients. This highlights how critical it is for local authorities to support carers in maintaining their caring role.

3.8 Carers were also likely to suffer a reduced quality of life as a result of their caring role. The Carers UK 2011 Report suggested that one in five carers give up work to care. This reduces their independence, social interactions and well as affecting their financial security. Young Carers in particular can be at risk of suffering reduced quality of life as their caring role can put them at a disadvantage to their peers in terms of opportunities for further education and employment. As well as helping carers with their caring role, local authorities should try to support carers to maintain a high quality of life.

3.9 The PRT Report suggests that as well as saving local authorities costs of residential care, carers also assist in reducing the burden on health services such as hospitals. Readmissions to hospital following discharge and delayed discharges result in additional costs for Trusts and commissioners and can also threaten the independence of a patient and impede rehabilitation. Carers assist in ensuring sufficient support is in place in the home to enable a patient to be discharged on time as well as reducing the risks of a patient needing to be readmitted.

Implications of the Care Act 2014 for carers

3.10 When the Care Act received Royal Ascent on 14 May 2014 Care and Support Minister Norman Lamb said it represented the most significant reform of care and support in more than 60 years. He suggested that the previous laws were out of date and confusing and that the Care Act had created a single, modern law that made it clear what kind of care people should expect. Specifically in relation to carers he suggested that giving carers new rights to support that puts them on the same footing as the people they care for was an historic step forward.

3.11 Before the Care Act 2014 came in, the key acts relating to carers were:

Carers Equal Opportunities Act 2004

This Act was the newest and was implemented in April 2005. It changed the previous act in a few important ways. Firstly it placed a duty on social services departments to inform carers of their right to an assessment. Secondly, when the assessment is carried out the purpose of it is not only to help the carer to continue to care, but should also include a discussion on their wish to start paid work or to continue to work, their wish for further

education and wish to engage in leisure pursuits. Thirdly carers and their needs have previously only been a duty for social service departments, but under this Act social service departments can ask other public bodies including local health organisations to provide services to carers; a request, which these bodies have to consider and make a reply.

Carers (Recognition and Services) Act 1995

The Carers (Recognition and Services) Act came into force April 1996.This Act, gives carers who are providing "regular and substantial care" the entitlement to request an assessment of their ability to care (a carer's assessment), Local authorities must take the carer' ability to care in to account when looking at what support to provide the person in need of care.

3.12 Under the Care Act all carers will be entitled to an assessment of their needs. If a carer is eligible for support for particular needs, they will have a legal right to receive support for those needs, just like the people they care for.

3.13 The assessment will consider the impact of the caring role on the carer. It will also consider the things that a carer wants to achieve in their own day-to-day life. It must also consider other important issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, whether they want to study or do more socially.

3.14 Once the assessment is complete, the local authority must decide whether the carer's needs are 'eligible' for support from the local authority (this is similar to the assessment used for adults with care and support needs). Eligibility for support depends on the carer's situation. The carer is entitled to support if they meet all of the following conditions:

- the needs arise as a consequence of providing necessary care for an adult;
- the effect of the carer's needs is that any of the circumstances specified in the Eligibility Regulations apply to the carer; and
- as a consequence of that fact there is, or there is likely to be, a significant impact on the carer's wellbeing.

3.15 If the carer is entitled to support, the local authority and the carer will agree a support plan which sets out how the individual carer's needs will be met. As long as the person receiving care agrees, it may be the case that, care and support could be provided directly to them allowing the carer to take a break.

3.16 In most cases local authorities do not charge for providing support to carers in recognition of the valuable contribution that carers make to their local community. Currently Cheshire East Council does not charge for services provided to carers however, at the time of writing this report, this issue has been the subject of a public consultation and a decision will be taken as part of the Council's budget setting process. If the local authority decides to charge a carer for providing them with support it may need to carry out a financial assessment to decide whether the carer can afford to pay.

3.17 Following assessment carers will receive a statement of their needs which will describe how the council will help to meet their needs and will also offer them information, advice and guidance to help them with their caring responsibilities. Providing advice about specific services they can access as a carer who the council and the clinical commissioning group have funded to support carers, they will also be given information about universal services which carers can also access. In some cases the carer having met the council's 'carer's eligibility criteria' may be eligible for support via a direct payment and personal budget.

The Implications of the Care Act 2014 on the Council (in relation to carers)

3.18 From April 2015 under the Care Act the Council will have a statutory duty to carry out a carer's assessment where an individual provides or intends to provide care and it appears that they may have any level of needs for support. The Council will also have a statutory duty to meet the eligible needs of carers. Carers will be eligible for support firstly if they need help to maintain their caring role and secondly if their caring is having a significant impact on their wellbeing and is having an adverse effect on their lives.

3.19 The implementation of the Care Act 2014 in relation to carers will impact on the Carers Policy, Adult Social Care Charging Policy and the joint Carers Strategy which was agreed with the former Primary Care Trust, VCFS and carers in 2011. It links to the delivery of priority three of the Cheshire East 3 year plan –

- Outcome 3, People have the life skills and education they need to thrive, and
- Outcomes 5, People live well and for longer.

3.20 The government's transition guidance for the Care Act makes it clear that existing policies need to be reviewed in the light of the new national minimum eligibility threshold for carers. Where this indicates individuals or groups who may have become eligible then a carer's assessment should be offered.

3.21 If a carer is found to have eligible needs, support can be met by providing care to the person that they care for. This then forms part of the cared for person's personal budget as the service is provided directly to the adult needing care. However, this will still have cost implications for the Council, as it would increase the cost of care packages for some service users.

There are groups of carers, some of whom will have already had a carer's assessment and received information and advice, some may be already accessing universal or care specific specialist services funded by the Council or CCGs who will qualify a carers assessment under the new legislation. This will potentially impact on the number of carer's assessments that will need to be undertaken as soon as possible after April 2015.

3.23 The Group was informed that CCG carer breaks grants are funded by the two Clinical Commissioning Groups until 31st March 2015. In 2014/15 the allocation for these grants was £403,051 funded through a section 256 agreement, from April 2015 this money will form part of the Better Care Fund. The commitments on this fund are an extension of the original Personal Budgets pilot, Carers

Support & Activity Group for people in the South, Central Cheshire Buddies, Parent Carer Support offering regular breaks for parent carers, Cheshire East Carer Roadshow for carers of people with muscular dystrophy. The emphasis on the Carer Breaks Innovation fund for 2014/2015 was identification of Hidden carers. Further review of the demand for carer break and funding may be required and further investment by the Council may be needed.

Cheshire East Joint Carers Strategy Event

3.22 On 22 November 2013 a Cheshire East Joint Carers Strategy event was held in Middlewich to enable carers and professionals from health, social care and the voluntary and community sector to work together to consider how everyone could work together to deliver what matters to carers in Cheshire East. The half day workshop was organised by the Cheshire East Carers Reference Group in partnership with the Council, Eastern Cheshire CCG and South Cheshire CCG.

3.23 During the event, participants were asked to focus on five key areas, taken from the joint commissioning plan for 2013/15, which were:

1) Improve the experience carers have when interacting with services
2) Increase the number of people represented on carers registers
3) Increase in the number of carers feeling supported to manage their loved ones' condition
4) Increase the percentage of carers engaging in social and educational activities
5) Improve the information and support available to carers

3.24 As part of the workshop the carers, voluntary and community sector organisation and commissioners looked at what the priority issues should be. They looked at which projects, initiatives or ideas needed to be: stopped (as they had limited benefit for carers); started (as a new idea or initiative which would provide benefit to carers and providers); or continued (as they had benefit to carers and providers). Having discussed the various existing and potential projects, initiatives and ideas the participants came up with a combined top ten priorities. They were:

1) Continue to provide Carers' Personal Budgets
2) Start marketing "Proud to be a Carer"
3) A single point of information for carers – i.e. one person
4) Organisations to Start talking to each other and work together, having systems that speak to each other for the benefit of the carer
5) Stop treating everyone the same, one size doesn't fit all
6) Use legislation e.g. Mental Capacity Act to protect people not the system
7) Start planning for a crisis early to ensure people feel empowered and services don't repeat actions that don't help
8) Start a local offer for carers (Carers Charter about what they can expect)
9) Start listening more to the unpaid carer. What matter to the individual
10) Continue Pathway planning – thinking ahead about the future

4.0 Findings

Identifying Carers

4.1 The Group has learned that there are a significant number of carers in the Borough that are unknown to health and care services. This is often due to the fact that the Carer does not identify themselves as a carer. Some people simply see themselves as performing their duties as a spouse/parent/child, or others who are performing minor roles to help a friend or family member and don't realise this could be classed as caring.

4.2 There is a risk that those carers who are unknown to services could cease their caring role as they are unable to continue leading to the deterioration of the cared for person and the need to greater intervention by health and care services. If services can identify these carers and provide the support required enabling them to continue their caring role then this can help reduce the demand for care services and the deterioration of cared for people. There will be a significant amount of publicity, both national and local about the Care Act with a view to reach out to unknown and unsupported carers.

4.3 The Group believes that GPs are in a valuable position to assist with identifying carers as they have access to the whole population as patients. As mentioned previously, the stresses and strains of a caring role can cause health issues. When a patient visits their GP there is an opportunity to identify whether they are currently performing any caring roles. If GPs routinely asked patients about possible caring roles and any potential impact on their health they could then signpost carers to local support services or where they could get additional information.

4.4 The Group has been informed that there are efforts ongoing to raise the profile of carers within primary care and GP practices have been asked to identify a "Carers' Champion" to promote carers and the benefits they bring, and to encourage carers to sign the practice register of carers. As well as practice champions there is also the opportunity to identify a CCG wide primary care Carers Champion to encourage all GP practices to engage with the initiative.

4.5 Others that could be in a position to identify carers are social workers, district nurses, occupational therapists, housing associations, Healthwatch and relevant charities/voluntary organisations (e.g. Age UK, Alzheimer's Society). Any services which interact with care users should be aware of the potential that there is someone performing an informal caring role and that there might be support services that they could benefit from.

Carers Assessments

4.6 The Care Act entitles a carer to their own assessment. The regulations which support the Act ensure that the assessment is appropriate and proportionate, so that people have as much contact with the authority as they need. In addition, they require the authority to consider the wider needs of the family of the person (for instance, if there is a young carer. The Group believes that it is important for Carers to have their needs properly considered. Where appropriate the carer and cared for

should be offered the option to be assessed together, if all parties are in agreement. However a carer should always be informed of their right to their own assessment.

4.7 The Group was made aware that the Council used a 20 page pre-assessment questionnaire which was a legacy document from Cheshire County Council that Carers were asked to complete prior to their assessment. The Group found this to be too detailed and onerous on a Carer, particularly if it was carried out at a time of crisis and Carers often didn't have time to complete the questionnaire before their assessment.

4.8 In February 2014 the Group was also informed that there was an 18 month backlog on assessments and reviews for Cared For and Carers. The Group was concerned that this backlog was leading to people's needs not being met or that people were receiving services that they were no longer entitled to. The Group subsequently learned that additional staff had been recruited during the summer of 2014 to assist with reducing the backlog of assessments.

4.9 The Care Act places a statutory duty to assess carers and the Act gives local authorities a new legal responsibility to provide a support plan in the case of a carer. It is expected that there will be greater demand for assessments, putting more pressure on local authorities in carrying out assessments, referrals, allocations and annual reviews. The Group considered whether adult social care should consider the possibility of commissioning a provider to carry out carers' assessments.

4.10 There is also potential to set up an online self assessment process for Carers. This could be set up on the Council's website and would facilitate signposting by linking an individual's responses to services/information they might benefit from. The Group has been informed that this is under active consideration as part of improvements and options to make it easier for people to access social care using a range of methods.

Financial Assessments for Carers

4.11 The group received a briefing on the Council's current Financial Assessment process and fairer charging process/policy. Due to the new rules introduced by the Care Act there has been a requirement for public consultation and engagement with customers at all levels due to the changes around financial planning, care accounts and reviewing the care act guidance when published on Carers Fairer Charging and policy implications. The consultation was due to close on 25 January 2015; results of the consultation would be reported to Overview and Scrutiny and Cabinet.

Cost Benefit of Supporting Carers

4.12 During its review the Group wanted to develop evidence that investing in support for Carers, therefore leading to less demand for residential care, would reduce the Council's overall care costs. It was explained to the Group that due to the complexity of care services and each individual case it was extremely difficult to prove that this would be the case. However, it was reasonable to assume, based on the cost of residential care and the costs of support services for carers, that the Council's costs would be reduced if supporting carers reduced the need for residential care.

4.13 The Group also acknowledges the role unpaid carers also play a vital role in discharge of patients from hospitals. Delayed discharge is one of the main issues hospitals are affected by and it's often the result of patients not having the appropriate care and support in place at home to enable them to be released safely. Delayed discharge is a cost to hospitals both in terms of staff caring for the patient longer than necessary and beds being blocked for new patients. Carers can provide safe environments for patients, enabling hospitals to discharge them sooner provided that they are given the information and support needed during pre discharge planning stages. Carers can also reduce the chances of readmission following discharge by, for example, ensuring medication is taken and falls are prevented although this may require some additional support post discharge.

Young Carers Transitioning to Adult Carers

4.14 How do young carers transition to being adult carers? How do we support them to enable them to take up further education? Pathways should be developed to ensure safe transition from young person to adult carer that enables young people to have equal access to education and employment as their peers.

A seamless service for carers

4.15 Changes in the Care Act require the council and, where appropriate, its partners to review the processes and Carer's Journey. The Group discussed the Implementation and Implications of the Care Act. Further concerns were raised by members that the lack of consistency in workers when the cared for goes into hospital and the change of social worker at each admission/discharge.

4.16 The Group discussed the number of transfers between services that take place when a patient moves from health to care services. The Group found that patients were transferred from the Hospital Teams, to the Intermediate Teams and then onto social care SMART Teams. The Members' experience this could sometimes result in issues where patients care would be delayed because they were in limbo between teams. This can create stressful situations, not only for the cared for but for the carer trying to support them. Transfers often resulted in patients having to repeat their information to new people. The Group believes patients should only need to tell their story once and all teams who subsequently come into contact with them should have access to that information.

4.17 There has also been some concern regarding support for self-funding customers and the lack of information, case management for these individuals and families. The Care Act requires the Council to provide more support to self funders. Work has been carried out to improve the advice, information and support offered to self funders.

Identifying the current budget allocation and associated spend for carers

4.18 The group were updated on the Early Intervention and Prevention commissioned services for carers, universal services and the CCG Carer Breaks fund. The issue relating to carers receiving additional respite has been a consistent theme as members recognise that this is a key service which sustains carers within their caring role. Supporting officers have clarified the difference between carer breaks and respite for the cared for being an indirect break for the carer.

4.19 Cheshire East Council contracts commissioned services through the Voluntary, Community and Faith Sector (VCFS) relating to Early Intervention & Prevention and also manages Carer Breaks grants on behalf of the two Clinical Commissioning Groups. The services commissioned provide 'Early Help' through either specialist or universal services that support people to remain independent and can help to stop them reaching crisis point. Universal services are available to anyone who lives in Cheshire East and has an identified social care need, or to the carers of these people. Specialist services are for specific groups of people, for example Carers services are specifically for the Carer and not for the person who they care for.

4.20 The Group had been informed by carers at the events that what they could spend the Carers Breaks funding on was limited, and in many cases they couldn't spend it on what they really felt would support them as a carer. For example, one carer wanted to spend the money on driving lessons, to enable her to travel for her caring duties more easily, however she wasn't able to use it for this as it was not considered a break.

Assistive technology

4.21 Assistive technology provides a range of benefits for those with care needs, enabling them to remain in their own home and maintain health for longer. Assistive Technology can also play a role in reducing the demands on the carer. The Group did not consider this issue in detail as there is another Task and Finish Group currently conducting a review of Assistive Technology.

Signposting on the Council's website

4.22 The Group examined the Council's website and how information on Adult Social Care services was communicated to the public. In their own experiences, the Group found examples of webpages which were out of date or contained incorrect information. The Web Team's goal was that all Council webpages were updated at least every three months. The Web Team was able to ensure the webpages worked effectively but did not have the expertise to know whether the information contained with a page on adult services was accurate or up to date. In quite a few cases it was unclear who was responsible for particular pages because no one had been allocated to monitor them.

4.23 Only 20% of visitors to the website went through the home page. Most visitors accessed pages directly through a search engine such as Google or Bing. Search engines use "tags" (words relevant to the information on the webpage) attached to webpages to produce the results of a search. Webpages with the most relevant tags to a search are placed at the top of search results list. Officers needed to attach the right tags to their pages to ensure they would appear on internet searches making it more likely that the public could find the information they are looking for.

4.24 The Council's website now includes a section called information Cheshire East (iCE). iCE is a directory of services that the public can use to search for services using key words and by location. This is currently being used by Children's Services and some external providers but Adult's Services is yet to make a decision about taking up the system. Having used iCE the Group believes it is an excellent

tool for sharing information about services and signposting residents to what's available in their local area. By including Council services on the directory and encouraging all health and care providers and community organisations in the Borough to contribute to the directory and ensure their information is continually up to date residents will be able to access services they may otherwise be unaware of. This will help carers to maintain their caring role and improve their quality of life.

4.25 Since the Group considered the content of the website, Adult Social Care has been working on its web pages in order to make improvements and meet Care Act requirements regarding information and advice. The new web pages will be launched prior to April 2015.

5.0 Conclusions

5.1 This review of Carers has taken place during a period of considerable change for adult social care and carers. The Care Act has initiated some of the biggest changes to services in recent memory and this has created a level of uncertainty that has made it difficult for the Group to develop detailed conclusions and recommendations. The Care Act is still in its early stages of implementation and will be followed by further regulations and guidance.

5.2 However there are a number of areas where the Group is clear on what is needed to improve outcomes for Carers.

5.3 Carers play a crucial role in keeping people out of residential care which reduces demand and saves cost of social care. Although it is difficult to clearly illustrate because of the complex nature of care and what the costs are, residential care and domiciliary care are the most costly to the Council. If budgets can be redirected to increase support for Carers, therefore reducing the demand for residential care and domiciliary care, then there is a possibility that the overall costs to the Council can be reduced and carers would feel more supported. Early intervention and prevention, rather than treatment, is one of the key themes in the future of health and care services.

5.4 Carers can also play a role in reducing costs for health services. They can facilitate the discharge of patients from hospital, avoiding additional costs associated with delayed discharge, and can reduce the chances of readmission. This impact could be enhanced by providing training to the carer in the use of equipment and managing the cared for person's needs prior to them being ready to be discharged.

5.5 The Group is aware that there are a wide variety of types of carer. All Carers should be valued by the Council. The Council should continuously be trying to identify hidden carers in order that they can be supported to continue their role. Many carers do not view themselves as carers and are reluctant to pursue or are unaware of any support that is available to them. A lack of support can lead to carers themselves becoming ill, in some cases requiring care themselves, or forcing them to relinquish their caring role therefore increasing the demand on health and care services.

5.6 GPs can play an important role in the identification of carers, signposting them to services and helping them to cope with their caring role. The Group urges the need for Carers Champions to encourage more services to be aware of Carers, the benefits they provide and their needs.

5.7 Carers Assessment process should be simplified. The Group would support the use of an online preassessment tool to enable carers to identify their needs with signposting to appropriate services and potentially on to a full assessment for those with eligible needs.

5.8 There should also be a seamless services for both cared for and their carers. Health and care teams should work closer together to ensure no one is lost in the system or falls through the gaps between teams. The current drive to integrated health and care services through Caring Together and Connecting Care is an important opportunity to ensure that service users receive a seamless service focussed on their needs, including those of the carers.

5.9 There should be a directory of services as part of signposting. The Group believes that services should make it as easy as possible for Carers to locate them and Carers should be encouraged to seek out support where there is a need. A services directory would make it simple for Carers to find services and support in their local area but would also be beneficial to providers by advertising their services to a wider audience. Service directories also help organisations to identify where they may be duplicating each other or where there are gaps in service that they can work together to fill.

5.10 The Group supports budgets for carer breaks however would like to see more flexibility in what carer can spend the money on. Carers knows what would really help them to feel better or support them in their caring role therefore funding should work in a way that maximises the benefits to them.

5.11 All social care employees should be aware of the Care Act and the new ways of working. All Services should be aware of Carers and their valuable role. They should have information to support Carers earlier. Every little helps for the carers and all contributes to reducing the burden of adult social care. This would be a Corporate Parent style approach.

5.12 The Council's Website is a key portal for connecting with service users and providing important information. Senior Managers should ensure that each service with webpages allocates someone to be responsible for monitoring the webpages to make sure they are up to date and accurate.

6.0 Recommendations

Recommendations to Cheshire East Council

6.1 The Council should agree the following principles to underpin the future development of carers services:

A. **Carers should be informed of their entitlement to an assessment.**
The Council should carry out an options appraisal for conducting carers' assessments to assess the best option for ensuring all carers known to adult social care have an assessment when they

are identified and that existing carers who had a joint assessment with their cared for person are offered a review in their own right.

B. **Carers should experience a seamless service across health and social care.**
There needs to be seamless service between hospital, social care and community services. The number of transfers between care teams needs to be reduced. This could possibly be done by reducing the number of teams from three to two by integrating services.

C. **"Tell Us Once" - Carers should only have to explain their situation once.**
A person's information should be available to all social workers, hospital teams, GPs and carers so there don't have to repeat anything each time someone different interacts with them.

D. **Carers should be targeted for information and advice about support available to them.**
The Council needs to ensure it identifies as many carers as possible to ensure they get the support they need and avoid crisis. This includes educating those who may not see themselves as carers as they are unaware they are performing a caring role.

E. **Carers should have east access to their own assessment.**
The Council needs to be prepared for the increased demand created by Carers' entitlement to an assessment in the Care Act 2014. The Council should consider simplifying the reassessment process to avoid future backlogs.

F. **Carers should have access to increased advice, information, preventative services and support.**
The Council's Adult Social Care budget should be redirected to invest more in supporting Carers and other preventative measures which may keep service users out of residential care and avoid the need for domiciliary care which are more expensive to provide. This should include training to carry their caring role effectively.

G. **Carers should have access to advice and information about the support available to them.**
Adult social care services need to establish the use of iCE, or something similar, to make information available to residents in the way that children and families services has. Managers also needed to encourage external providers and NHS services to use the directory to provide a comprehensive list of services to carers. Processes should also be in places to ensure pages are kept up to date and accurate.

H. **Young Carers Pathway is developed to support them in there transition to adult status.**
That a pathway for young carers transitioning to adult status be created to ensure all young carers are provided with the same opportunities for employment and further education as their peers. A memorandum of understanding should be put in place between Children and Families and Adult Social Care to make it clear what is required during transition.

I. **Carers should be identified in order that they can be supported in their caring role.**
The Council should encourage commissioned services and community organisations to contribute towards the identification of carers.

J. **Carers should have the opportunity to engage with the Council and CCGs to influence future developments and receive services.**
The Council and CCGS should develop Engagement Strategies for carers and communities to improve standard and scale of engagement.

K. **Carers should always feel safe and be aware of safeguarding issues if they occur.**
That the Council and CCGs promote safeguarding for carers from abuse and train them to recognise the signs of abuse from their cared for person.

Recommendations to NHS Commissioners and Providers

6.2 NHS Commissioners and Providers should also consider the following recommendations to improve the interaction with carers:

J. That GP surgeries should make it common practice to proactively identify carers but also inform their GPs about which of their patients are carers so they can monitor their wellbeing from that perspective. This should include young carers and parents carers.

K. CCGs and GP practices should have a carers' champion (This could be a nurse of receptionist: it doesn't have to be a GP) to promote the role carers play and the need to support them.

L. All identified carers should be offered annual "carer's health checks"; this could be at GPs' surgeries or in the community/at home if needed.

M. That other NHS service providers also be mindful of the potential impact a caring role may be having on their patients and be aware of how where they can signpost them to services.

N. CCGs should consider how Care Breaks Funding can be made more flexible to enable carers to use funding for products and services that they feel will benefit them the most.

O. Health services should ensure training and advice for Carers is provided by when their Cared for Person is discharged to ensure Carers are prepared to fulfil their role effectively, helping to avoid readmissions and delayed discharge.

CHESHIRE EAST COUNCIL

REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 5 February 2015
Report of: Head of Corporate Resources and Stewardship
Subject/Title: Assistive Technology Task and Finish Group Final Report – Cover Report
Portfolio Holder: Councillor Janet Clowes

1.0 Report Summary

1.1 This report introduces the Assistive Technology Task and Finish Group's Final Report on its findings, conclusions and recommendations following its review.

2.0 Recommendation

2.1 That the Committee consider the Task and Finish Group's report for approval.

3.0 Reasons for Recommendation

3.1 Any report from a Task and Finish Group of a Scrutiny Committee must be approved by the Scrutiny Committee before being submitted to the appropriate body.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 All

6.0 Background

6.1 Prior to Council agreeing changes to its decision making and governance arrangements in May 2014, the Adult Social Care Policy Development Group (PDG) set up a sub group to look at Assistive Technology (AT) and how its use could be developed throughout adult social care services to help people remain independent and healthy in their own homes for longer. The sub group was set up following a PDG meeting in February 2014 where a report about the potential to develop the use of assistive technology in adult social care was received. The Sub Group had the following membership:

- Councillor Jos Saunders (Chairman)
- Councillor Janet Jackson
- Councillor Brendan Murphy

6.2 At the Council's Annual Meeting on 14 May 2014 the Council decided to replace the previous scrutiny committee and policy development group system with a new Overview and Scrutiny Committee system. The responsibilities of the Adult Social Care PDG were taken up by the Health and Adult Social Care Overview and Scrutiny Committee; the Committee decided to continue the work of the PDG's sub group by setting up a task and finish group with a new membership:

- Councillor Jos Saunders (Chairman)
- Councillor Carolyn Andrew
- Councillor Laura Jeuda

6.3 The PDG sub group which subsequently became the Overview and Scrutiny Task and Finish Group (the Group) has held several meetings and site visits over the course of the review including:

- A site visit to Liverpool Museum to see the Mi Smarthouse Exhibit to discover more about the types of AT that are currently available and how they work to help people live independently or assist carers with caring duties.
- A visit to Peaks and Plains Housing Trust to discuss the provision of the Council's Telecare service and the additional services provided by P&P to their tenants and other private customers.
- Meeting with officers to discuss financial aspect of Assistive Technology.

6.4 During the review the Group considered three policy areas suggested in the original report to the PDG which are:

- Effectiveness: - how effective is assistive technology in achieving good outcomes for prevention and early intervention of illness to help maintain independence?
- Universal Accessibility: - how accessible should the Council make AT? Should it be reserved for the few with critical and substantial needs or should it be made available to everyone who could benefit from it?
- Charging: - Who should pay and how much; what is financially sustainable for the Council and what are the cost benefits of providing AT?

6.5 The Group's report documents it's findings, conclusions and recommendations.

7.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

Name: James Morley
Designation: Scrutiny Officer
Tel No: 01270 6 86468
Email: james.morley@cheshireeast.gov.uk

Health and Adult Social Care Overview and Scrutiny Committee

Assistive Technology Task and Finish Group

March 2014 – January 2015

Chairman's Foreword

Insert Foreword from Councillor Saunders

1.0 Introduction and Background

1.1 Prior to Council agreeing changes to its decision making and governance arrangements in May 2014, the Adult Social Care Policy Development Group (PDG) set up a sub group to look at Assistive Technology (AT) and how its use could be developed throughout adult social care services to help people remain independent and healthy in their own homes for longer. The sub group was set up following a PDG meeting in February 2014 where a report about the potential to develop the use of assistive technology in adult social care was received. The Sub Group had the following membership:

- Councillor Jos Saunders (Chairman)
- Councillor Janet Jackson
- Councillor Brendan Murphy

1.2 At the Council's Annual Meeting on 14 May 2014 the Council decided to replace the previous scrutiny committee and policy development group system with a new Overview and Scrutiny Committee system. The responsibilities of the Adult Social Care PDG were taken up by the Health and Adult Social Care Overview and Scrutiny Committee; the Committee decided to continue the work of the PDG's sub group by setting up a task and finish group with a new membership:

- Councillor Jos Saunders (Chairman)
- Councillor Carolyn Andrew
- Councillor Laura Jeuda

2.0 Methodology

2.1 The PDG sub group which subsequently became the Overview and Scrutiny Task and Finish Group (the Group) has held several meetings and site visits over the course of the review including:

- A site visit to Liverpool Museum to see the Mi Smarthouse Exhibit to discover more about the types of AT that are currently available and how they work to help people live independently or assist carers with caring duties.
- A visit to Peaks and Plains Housing Trust to discuss the provision of the Council's Telecare service and the additional services provided by P&P to their tenants and other private customers.
- Meeting with officers to discuss financial aspect of Assistive Technology.

2.2 During the review the Group considered three policy areas suggested in the original report to the PDG which are:

- Effectiveness: - how effective is assistive technology in achieving good outcomes for prevention and early intervention of illness to help maintain independence?

- Universal Accessibility: - how accessible should the Council make AT? Should it be reserved for the few with critical and substantial needs or should it be made available to everyone who could benefit from it?
- Charging: - Who should pay and how much; what is financially sustainable for the Council and what are the cost benefits of providing AT?

3.0 Background

3.1 British Assistive Technology Association definition of assistive technology: Assistive technology is any product or service that maintains or improves the ability of individuals with disabilities or impairments to communicate, learn and live independent, fulfilling and productive lives.

3.2 Telecare Services Association definition of telecare: Telecare is support and assistance provided at a distance using information and communication technology. It is the continuous, automatic and remote monitoring of users by means of sensors to enable them to continue living in their own home, while minimising risks such as a fall, gas and flood detection and relate to other real time emergencies and lifestyle changes over time.

3.3 Nationally it is felt that AT should be used a lot more than is currently the case as AT can support individuals to retain or regain independence. This in turn reduces the costs of social care support for individuals and to local authorities as commissioners. AT takes many forms and provides a variety of benefits to people with diverse ranges of need.

3.4 Assistive Technology can help people to live more independently but it also makes valuable contributions to making people safe. For example; a woman living on her own with a diagnosis of dementia had some telecare fitted to manage a number of identified risks in her home. She had a heat rise detector fitted in her kitchen, flood detectors in her bathroom and kitchen where she also had a heat rise detector. Weeks after the equipment was installed there was an alert from her heat rise detector in the kitchen followed by an alert from the smoke detector. Staff at her local call centre received the alert and tried to speak to her via the loud speaker on her lifeline unit but received no reply. They contacted the fire service who attended and put out a fire in the kitchen which had started in the cooker. The woman herself had been distressed and confused by the incident and had stayed in the kitchen trying to stop the smoke alarm from beeping. She was rescued from her home uninjured with only cosmetic damage to her property. Without the telecare being fitted, the need to manage the risks to her health and safety meant that she would have been assessed as needing to go into permanent care which she (supported by her family) was anxious to avoid.

3.5 Another example; a woman living on her own and receiving daily domiciliary support had reported having two night time falls in a short period of time. There was no obvious cause for these falls and support workers had also reported that she was reluctant to eat when

they assisted her to prepare a meal at tea time. A reassessment led to consideration of whether this woman needed to move on to permanent care. The woman herself expressed her wish in the strongest terms to remain in her own home. She had a bed sensor placed under her mattress which produced an alert if she was out of bed for more than 15 minutes at night time which managed the risk of a night time fall. She also had a lifestyle monitoring system installed as part of the reassessment which showed that she was moving around in the kitchen half an hour before the daily support called to assist with her tea time meal. It became clear that she was able to prepare food for herself and was doing so before the support worker arrived. Her reluctance to eat was not an indicator of a general increase in needs as had been assumed. Three years later the woman was still living independently in her own home with support tailored to her needs.

3.6 Fire Authorities have done a lot of work over the past few years in the community, particularly elderly people living alone, to ensure that homes have the appropriate safety equipment (e.g. fire alarms) properly installed and maintained.

4.0 Findings

Mi Smarthouse Exhibit, Museum of Liverpool

4.1 The exhibition included technology for all rooms in a normal home, kitchen, bathroom, living area, bedroom and front door. Technology displayed in the exhibit included:

- Outside key safes for front door keys,
- Fingerprint recognition locks on doors,
- intercom with video link,
- alarms to alert when front door is left open,
- easy to use kettles and stoves,
- talking microwave,
- electronic adjustable beds and arm chairs,
- wifi light controls,
- remote power outlet controls,
- colour coded remote buttons that link to various appliances,
- large print home phones with pictures of people on speed dial.

4.2 There were examples of technology, such as front door sensors, that could be added to the range of items that the Council supplied to service users. However some of the equipment wasn't seen as essential to independent living or was too expensive to be a viable option to supply as part of a social care package (e.g. easy to use kettles and talking microwave). The Council is also unlikely to fund big capital expenses such as special adjustable beds or chairs.

4.3 Nonetheless, the Council could provide a signposting service to those service users who want to purchase such equipment. Anything that service users are able to do for themselves

would assist the Council in reducing the level of assistance it needed to provide whilst maintaining the recipients own living standards.

4.4 As well as the list of technologies above, the exhibit demonstrated the use of the internet, linked to the television or computer, to communicate with health and care services. This enables users to contact their GP or Nurse to discuss illnesses and treatment without them having to leave their home. Technology also enabled users to submit vital statistics such as blood pressure, weight and heart rate etc. online.

Council's Telecare Service

4.5 The Council's Telecare Service is currently provided through a service contract by Peaks and Plains Housing Trust. The Trust provides 24/7 monitoring on telecare.

4.6 The basic service comes with one control box which was used for communication between the resident and the monitoring team. Service users living in a two story house can find it difficult to get to the box quickly from a different floor. The Group was informed that additional boxes connected to the original can be installed with an additional cost.

4.7 All technologies used are linked to a control unit in the home which is connected to the P&P contact centre. If any of the devises are activated the contact centre will make a call to the control box to check in with the resident. If no response is received then a call is made to the house phone which will be followed by response staff attending the home if required.

4.8 Customers are given a comprehensive assessment with the installation of equipment to ensure its suitability. This is when the Trust will also identify the most appropriate responder e.g. family member, neighbour or Peaks and Plains staff.

4.9 The Council's customers (i.e. C+S eligible) are currently charged £1.14 per week for monitoring and response but not for renting equipment. A person's family is able to purchase top ups through P&P if desired on a flexible basis (i.e. they were able to increase or decrease level of service at any time which was useful when away on holiday and required extra assistance).

4.10 The Telecare contract allows new technologies to be added as and when they are introduced.

Financial Implications for Council

4.11 The Council's Telecare customers receive the service at a heavily subsidised rate and some customers do not pay for the service having been financially assessed as being eligible for support.

4.12 The cost of maintaining care plans and carrying out financial assessments is insufficient to keep up with the demand of reviewing 2000 assessments to reclaim £1.14 per week which therefore makes the current situation unsustainable. Telecare has also developed since this charge was originally but in place and much more options are available. The Council also needs to consider that service users require different levels of support which incur different costs. Therefore there is a need to examine how Telecare can be changed.

4.13 At the time of writing this report the Council is conducting a public consultation on a new adult social care charging policy. Most of the proposed changes to the old policy are necessitated by the Care Act 2014 but there are also proposed changes to the Telecare charging structure.

4.14 The Council is proposing three levels of Telecare service with associated charges.

(1) The first level proposed is similar to the current basic level. This would involve a standard charge that all service users would be liable for; this removes need for financial assessments at low levels.

(2) Level two would include more equipment such as fall sensors and property exit sensors. This would require a higher level of response from the provider therefore incurring a greater cost. This level would involve a financial assessment of the service user.

(3) The third level would be something that the Council does not currently provide through its current Telecare contract. This would involve more complex cover and more technology e.g. GPS trackers.

4.15 Evidence from elsewhere shows that there is some price elasticity in the demand for AT and people are likely to accept charges knowing the value of the service. In developing its charges, the Council will benchmark against comparator authorities and the private sector to ensure charges are competitive. The table below shows what some other authorities in the North West are currently charging.

4.16 Table 1

Halton Borough Council	Service Level 1 – Community alarm emergency response - £5.64/week Service Level 2 – Telecare service environmental monitoring response service - £6.76/week Service Level 3 - Telecare lifestyle/environmental monitoring response service - £9.00/week	http://www3.halton.gov.uk/Pages/adultsocialcare/pdf/CommunityAlarmLeaflet(new).pdf
Knowsley Council	Level 1 Lifeline unit Pendant or wristband You pay £1.09 per week for Level 1 package Level 2 Lifeline unit Pendant or wristband	http://www.knowsley.gov.uk/residents/care/telecare-alarms/telecare-monitoring-charges.aspx

	Environmental sensors (e.g. bogus caller alarm, smoke detector, flood detector) You pay £1.09 per week plus 33p per week for each environmental sensor Level 3 Lifeline Unit Pendant & wristband Lifestyle sensors (e.g. wandering alarm, bed sensors, chair sensors) You pay £1.09 per week plus 75p per week for each lifestyle sensor Level 4 Lifeline unit Pendant or wristband Combination of environmental and lifestyle sensors from levels 2 and 3 You pay £1.09 per week plus 33p per week for each environmental sensor and 75p per week for each lifestyle sensor	
Sefton Council	Based on assessment equipment can be fitted to individual needs Lifeline - £11.22/month Lifeline with falls/sensors fitted - £21.70/month Cost is means tested	http://carehomeguides.com/sefton

4.17 The Council's Top Up Policy (family members paying to enhance a service users care package) also applied to AT services.

4.18 The charging policy for people with Learning Disabilities (LD) is the same as that for the Elderly and Infirm and AT is used as part of the overall support package for people with LD.

Registered Social Landlords

4.19 Registered Social Landlords in the Borough all provide an AT service to its residents and private customers. Peaks and Plains, Wulvern Housing and Plus Dane Cheshire are all providers of AT and could be encouraged to market their services beyond just their residents. The Group has learned about the services RSLs can provide during a visit to Peaks and Plains (P&P).

4.20 P&P used to provide a standardised service for all customers but has developed a "5 star" service which offers five different levels depending on the clients requirements.
The basic package of a pendent alert button and control unit for the private sector is £4.01.The top rate is £15.93 per week followed by £12.37, £10.02 and £7.68. Costs are based on a 1 to 5 star rating which prescribes the number of house calls per week the

customer is entitled to. The cost includes a fee for renting the equipment and cost of monitoring and response and additional pieces of technology costs extra.

4.21 RSLs provide a variety of technologies including: smoke detectors, temperature gauges/alarms, flood detectors, door sensors, emergency pull cords, fall detectors, pill dispensers, pressure sensors for beds/chairs and pagers for carers (linked to the control unit). As well as providing assistive technology inside the home RSLs may potentially be able to support people outside the home, enabling people to be more active and avoid isolation in the home.

4.22 There is unlimited capacity to increase the number of Telecare and private customers RSLs serve and many of them are keen to develop their services further. RSLs can play a key role in supporting the Council and Health Commissioners to increase the use of assistive technology and telecare across the Borough.

Case Study (How AT enables a man with Alzheimer's disease and his wife [carer])

4.23 During its visit to P&P the Group met with one of the Council's customers who had volunteered to share her story. She was the carer for her husband who had Alzheimer's. The husband enjoyed getting out of the house and travelling on the bus to various locations. This often caused difficulties for his carer as he would sometimes become lost or not return home for long periods meaning that the Police were sometimes called to help bring him home.

4.24 To enable him to continue enjoying his trips outside yet enable the carer to keep track of him at the same time they were provided with a GPS tracker. The supplier taught the carer to use the technology on a computer and it enables her to work with the supplier to track down her husband should he wander out of his "safe zones" (familiar areas he usually goes to). The tracker gives the carer peace of mind, enables her to find her husband quickly when he needs assistance and enables the husband to enjoy his time out and about which is very important to his wellbeing.

Involvement of Health Care Providers

4.25 The Group believes that AT is able to support hospitals and social care services to get patients discharged quicker, reducing costs of hospital stays. RSLs work with the discharges programme board (consisting of hospital and social care managers) to install technology in patients homes were needed to enable people to be discharged into their own homes when they would otherwise have been kept in hospital or admitted to residential care. Below are further examples of how health care providers may be able to contribute to, and benefit from, AT services.

4.26 The Group has learnt that P&P recently took part in a pilot with North West Ambulance Service (NWAS) to help reduce hospital admissions when ambulances were called to

tenants/service users. Using "Winter Pressure Funding" the pilot ran for 9 weeks. If NWAS was called out to a tenant for a fall or something that did not necessarily require hospital treatment, rather than take tenant to hospital, the paramedics would inform the Trust who would then check in on the tenant and provide support to stabilize them. The pilot worked well with reduced admissions to hospital, meaning reduced costs for NWAS and the Hospital Trusts. P&P is currently working with Eastern Cheshire CCG to consider running the scheme again, this time for a six month period.

4.27 Pharmacists can play a role in increasing the use of pill dispensers, as they reduce the risks of users forgetting to take pills or taking too many/wrong pills. There is a cost to users for pharmacists' services to fill dispensers, as well as the cost of the equipment itself which might discourage some people from using them. However promoting the benefits of the technology and looking at ways to reduce the cost may encourage wide spread use.

4.28 There may also be a role for GP surgeries to play in promoting the use of AT. GPs could contribute to the identification of people who may be close to crisis or might benefit from some support as part of early intervention and prevention.

Assessments and Signposting

4.29 There are requirements in the Care Act 2014 which entitle anyone to a Needs Assessment. This means that the Council is likely to be approached by a number of people who will not be assessed as having critical or substantial needs. Whilst the Council is only required to support people with critical and substantial needs it is still in a position to be able to help those at low and medium risk avoid becoming critical and substantial by providing signposting and advice about the various AT and other services that people would be able to purchase for themselves. The Council's website would be a useful place to have a directory/portal where people can get access to information about available products and services in the area.

4.30 The Group asked how the Council might encourage people with low to moderate needs to invest in AT as part of early intervention and prevention. There is potential for a website promoting the benefits of AT that would also include a questionnaire for people to fill out, identifying potential needs and then signposting them to potential services. Officers were also working with GPs to encourage their patients to take on AT (where beneficial) ensuring they are aware of their needs.

4.31 As a private provider, anyone can refer a family member or themselves to an RSL for private assistive technology services. If it transpires that a person referred to an RSL is identified as possibly having critical or substantial (C+S) needs they will be referred on to the Council for assessment.

4.32 As well as providing the AT services the RSLs can signpost users to other services, activities and groups they may be interested in, and some proactively assess people for falls and social

isolation to help prevent injury and illness. For example, P&P assesses it's none C+S customers on a six monthly basis to see if their conditions have degenerated to establish whether they needed any additional services. This helps to avoid potential crisis points resulting in hospital admissions.

4.33 The Group considered ways of reaching out to people who were not yet C+S but would benefit from AT and avoid becoming C+S and maintain independence for longer. Ways identified include:

- accessing applicants for blue badges,
- those who receive council tax credits,
- through GPs and Hospitals,
- through the fire authorities community home safety scheme,
- through Age UK, Healthwatch and other sign posting organisations,

Private Service Users

4.34 The Council is aware that some private customers are choosing to go into residential care unnecessarily i.e. when they are not in critical or substantial need. This is difficult for the Council to monitor and discourage because it does not have any contact with these people therefore they can not be identified. Private providers tend not to question whether an individual is genuinely in need of residential care when they come to them (it is not in a providers interests to turn potential customers away).

4.35 These private customers will often be in residential care for a long time due to their relatively good health (the average length of stay for Council service users with C+S is three years). This often results in privately funded customers reaching the capital thresholds for eligibility for Council funding or reaching the care cost cap because residential care is expensive (The Care Act makes the Council responsible for anyone who reaches the care cost cap of £72,000).Those individuals who reach the capital threshold would then become eligible for Council funding, which results in a cost to the Council that could be avoided by those individuals living independently in their own home longer and only going into long term care when necessary.

4.36 The Council is trying to encourage private providers to do more to ensure potential customers are in need of their services and that they can afford to fund their care for at least three years.

Extra Care Housing

4.37 Before the Council admits people into residential care it explores all alternative options, including AT and Extra Care Housing.

4.38 Extra Care Housing offers a positive alternative to residential care in the same way as AT. ECH is a communal estate where care is provided to all residents, enabling them to maintain

independence, support each other (also providing a social element) and provides economies for care services by having a number of service users in close proximity.

4.39 ECH has AT integrated into the property as standard and the control boxes are linked to an onsite monitoring service. Oakmere in Handforth, Beachmere in Crewe and Willowmere in Middlewich are all examples of ECH developments in Cheshire East however it is felt that more sites are needed to cope with the Borough's growing older population.

Cost Benefit of Keeping People out of Residential Care

4.40 The Group wanted to establish whether it was possible to illustrate the assumption that investing in AT and other alternative services to residential care and domiciliary care would result in an overall cost saving. The Group was informed that it is difficult to calculate precise figures because of the complexity of care services, the needs of each individual and the size of the cohort.

4.41 There are a number of factors that contributed towards someone remaining independent at home for longer (e.g. AT, support from a carer, individual needs both mental and physical, personal preference etc). If one element of support was missing from an individuals care package there is a likelihood that they would not be able to live independently and would require residential care.

5.0 Conclusions

5.1 Based on the three policy areas considered during the review, namely effectiveness, universal accessibility and charging, the Group has developed the following conclusions.

Effectiveness

5.2 The Group believes that assistive technology is very effective in helping people live independently in their own homes for longer. By avoiding the need for residential care and promoting independence, not only does it provide people with better quality of life but it also reduces costs to the Council and service users (and their families).

5.3 In certain situations AT could reduce the demands on care staff or family carers, reducing the costs to Council and reducing the burden on family members. In some instances AT can be used to support service users in carrying out tasks independently however it is noted that AT cannot replace the need for human interaction and socialising that is so important to a person's wellbeing. There are some examples of how AT can facilitate social interaction, such as Skype being linked to the television which enabled users to video chat with friends and family or easy to use mobile phones users could call friends on.

5.4 As well as helping people to socialise using AT in their homes the Council needed to enable service users, particularly some elderly people who were socially isolated, to have opportunities to get out and socialise with others in community settings. Linking the use of a variety of services, including AT, to create a full package of support for service users would meet more of their needs and improve their overall health and wellbeing to a greater extent.

5.5 The Group agreed that the benefits of AT from an early intervention and prevention perspective, helping to reduce accidents and incidents of ill health, that result in reduced demand for health services, mean that Health Commissioners should also consider supporting the use of AT to help reduce their overall costs.

5.6 The Group believes that there is a need to engage CCG's, GPs, Pharmacies etc. to involve them in the use of AT in people's homes and to help people access services. The technology demonstrated by the Mi Smarthouse Exhibit shows how users can interact with their GP or Nurse without having to leave the home. Having access to your GP via email would also help users to share the health queries easier and might enable GPs to deal with more people quicker and easier than during a visit to the surgery.

5.7 Health care providers need to have a knowledge and understanding of AT and the benefits it can bring. Health providers should be encouraging the use of AT by signposting patients to particular items in the interest of early intervention and prevention.

5.8 The Group is interested in the impact of the innovative approach to handling ambulance call outs piloted by P&P and NWAS and was keen to explore extending this to the South of the Borough.

5.9 The Group believes that Extra Care Housing (ECH) with AT integrated into it is an effective option for people who want to maintain their independence but require close monitoring to ensure they are safe and secure. The Group agreed that the Borough needed more ECH in the future to cope with increased need.

Universally Accessibility

5.10 The Group suggests that there were two areas of work for the Council:
(1) to provide services for those with critical and substantial needs; and
(2) to assist people currently at low to medium risk with early intervention and prevention.

5.11 As well as increasing the use of telecare in the care packages of people with critical and substantial needs the Council should also encourage these services users to expand their use of assistive technology by purchasing additional items that are available in the private market that they feel would benefit them and support their independence.

5.12 The Group does not believe that the Council should be providing direct access to AT to those who are not eligible because of limited capacity and budgets. However the Council can support these low to medium risk residents with information and advice regarding the

benefits of AT increase the accessibility of AT by having effective signposting. The Council should be encouraging people to support themselves and think about their needs at an earlier stage in order to maintain their health and independence for longer.

Charging

5.13 The Group is keen to see the use of assistive technology expanded and promoted but wants to ensure it was done in a sustainable and effective way.

5.14 The Group believes that the current pricing of Council Telecare is not sustainable and that changes to the charging policy are needed. It is understood that this may lead to service users being charged more however it will be necessary to ensure the Council can continue to provide effective services.

5.15 Whilst there may be a need to increase charges for some services to ensure they are sustainable, the Group emphasises the need to ensure charges are set at a level that avoids service users opting out of Telecare services. If a person with critical or substantial needs chose not to use Telecare, the chances of incidents that cause harm are raised which could lead to the need for residential care, therefore resulting in additional cost to the Council.

5.16 Whatever charges are chosen the Group advises that the Council will have to be clear with residents about the needs to increase charges to avoid a negative reaction.

6.0 Recommendations

6.1 That the development of Extra Care Housing be prioritised to ensure that there is sufficient supply in the Borough to meet the rising demand from the growing older population.

6.2 That the use/provision of assistive technology is included in all of the Council's contracts with care providers that it commissions.

6.3 That the Council with its CCG Partners, the North West Ambulance Service and Housing Associations give consideration to funding to implement the initiative piloted by Peaks & Plains and NWAS to reduce the number of hospital admissions across the Borough.

6.4 That the three levels model of Telecare service proposed in the Charing Policy public consultation be adopted.

6.5 That charges for the three levels of Telecare service be set at a level that ensures the service is financially sustainable without deterring potential service users.

6.6 That the need to implement new charges for assistive technology and rationale for the charges chosen be effectively communicated to service users.

6.7 That when residents request an assessment and are assessed as being low to medium risk they are provided with information and advice about assistive technology, and the benefits of early intervention and prevention, to enable them to access products and services privately.

6.8 That service users in receipt of Telecare service also be provided with information and advice about additional assistive technology to enable them to access products and services to further support their needs privately.

6.9 That the Health and Wellbeing Board be requested to encourage health service providers and commissioners to promote the benefits of assistive technology to patients and service users in order to increase its use as part of early intervention and prevention initiatives.

6.10 That the Health and Wellbeing Board be requested to consider how funding for assistive technology projects can be increased through contributions from health and care commissioners.

This page is intentionally left blank

FORWARD PLAN TO 31 MAY 2015

This Plan sets out the key decisions which the Executive expect to take over the four month period indicated above. The Plan is rolled forward every month. Key decisions are defined in the Councils Constitution as:-

"an executive decision which is likely –

(a) to result in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the local authority's budget for the service or function to which the decision relates; or

(b) to be significant in terms of its effects on communities living or working in an area comprising one or more wards or electoral divisions in the area of the local authority.

For the purpose of the above, savings or expenditure are "significant" if they are equal to or greater than £500,000."

Reports relevant to key decisions, and any listed background documents, may be viewed at any of the Councils Offices/Information Centres 5 days before the decision is to be made. Copies of, or extracts from these documents, may be obtained on the payment of a reasonable fee from the following address:-

Democratic Services Team
Cheshire East Council ,
c/o Westfields, Middlewich Road, Sandbach Cheshire CW11 1HZ
Telephone: 01270 686472

However, it is not possible to make available for viewing or to supply copies of reports or documents, the publication of which is restricted due to confidentiality of the information contained.

A record of the decision for each key decision is published within 6 days of it having been made. This is open for public inspection on the Council's Website, at Council Information Centres and Council Offices.

This Forward Plan also provides notice that the Cabinet may decide to take a decision in private. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, 28 days notice must be given of any decisions to be made in private by the Cabinet, with provision for the public to make representations as to why they should be made in public. In these cases Members of the Council and the public may make representations in writing to the Democratic Services Team Manager using the contact details below. A further notice of intention to hold the meeting in private must then be published 5 clear days before the meeting setting out any representations received about why the meeting should be held in public with a response from the Leader and the Cabinet.

The list of decisions in this Forward Plan indicates whether a decision is to be taken in private, with the reason category for that decision being taken in private being drawn from the list overleaf:

1. Information relating to an individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including to authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under the authority
5. Information in respect of which a claim to legal and professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation of prosecution of crime

If you would like to make representations about any decision to be conducted in private at a meeting then please email

Paul Mountford, Democratic Services Officer paul.mountford@cheshitreeast.gov.uk

Such representations must be received at least 10 clear working days before the date of the Cabinet or Portfolio Holder meeting concerned.

Where it has not been possible to meet the 28 day rule for publication of notice of a key decision or intention to meet in private the relevant notices will be published as soon as possible in accordance with the requirements of the Constitution.

The law and the Council's Constitution provides for urgent key decisions to be made. Any decision made in this way will be published for these in the same way.

Forward Plan to 31 May 2015

Key Decision and Private Non-Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 14/15-41 Congleton Lifestyle Offer	To note the outcome of assessments and consultation to date and approval to: 1. Progress the modernisation of the existing leisure facilities by undertaking all required consultation, supporting assessments and studies to develop a detailed design; and 2. Delegate all necessary powers to the Executive Director for Strategic Commissioning to undertake procurement of a delivery partner and progress the scheme to a submission of a planning application.	Cabinet	3 Mar 2015			No
CE 14/15-42 Cheshire East Indoor Facility and Playing Pitch Strategies	To adopt both the Indoor Facility and the Playing Pitch Strategies in support of the Council's Local Plan.	Cabinet	28 Apr 2015		Mark Wheelton	No

This page is intentionally left blank

CHESHIRE EAST COUNCIL

REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee

---

Date of Meeting: 5 February 2015
Report of: Democratic Services
Subject/Title: Work Programme update

1.0 Report Summary

1.1 To review items in the 2014/15 Work Programme, to consider the efficacy of existing items listed in the schedule attached, together with any other items suggested by Committee Members.

2.0 Recommendations

2.1 That the work programme be received and noted.

3.0 Reasons for Recommendations

3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 Not applicable.

6.0 Background and Options

6.1 In reviewing the work programme, Members must pay close attention to the Corporate Priorities and Forward Plan.

6.2 Following this meeting the document will be updated so that all the appropriate targets will be included within the schedule.

6.3 In reviewing the work programme, Members must have regard to the general criteria which should be applied to all potential items, including Task and Finish reviews, when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:

- Does the issue fall within a corporate priority

- Is the issue of key interest to the public
- Does the matter relate to a poor or declining performing service for which there is no obvious explanation
- Is there a pattern of budgetary overspends
- Is it a matter raised by external audit management letters and or audit reports?
- Is there a high level of dissatisfaction with the service

6.4 If during the assessment process any of the following emerge, then the topic should be rejected:

- The topic is already being addressed elsewhere
- The matter is subjudice
- Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

7.0 ***Access to Information***

The background papers relating to this report can be inspected by contacting the report writer:

Name: James Morley
Designation: Scrutiny Officer
Tel No: 01270 686468
Email: james.morley@cheshireeast.gov.uk

Health and Adult Social Care Overview and Scrutiny Committee Work Programme – 28 January 2015

Topic	Description /Comments	Responsible Organisation /Officer	Suggested by	Current Position	Next Key Date
Impact of Social Landlords	To facilitate a discussion with partners about developing the role of registered social landlords in improving/maintain health and wellbeing and reducing health inequalities.	Council CCGs RSLs James Morley/Karen Carsberg	Committee	Workshop was held on 8 Jan 2015. Information from workshop collect. Notes to be written for Committee to consider in making their conclusions and recommendations.	Ongoing Next meeting TBA
Carers Strategy Task Group Final Report	To receive task group's final report for approval before being submitted to Cabinet	James Morley Rob Walker	Chairman	Work to be concluded and final reports to be drafted in time for submission to Committee	Report to be submitted for consideration in February
Assistive Technology Task Group Final Report	To receive task group's final report for approval before being submitted to Cabinet	James Morley Jon Wilkie	Chairman	Work to be concluded and final reports to be drafted in time for submission to Committee	Report to be submitted for consideration in February
Care Act 2014	To brief the Committee on important aspects of the Care Act and implications for the Council	Anne Higgins	Brenda Smith	Report to be provided at Committee meeting	Agenda Deadline 28 January Meeting Date 5 February
Adult Social Care Charging Policy	To give consideration to a new policy for charging for services across Cheshire East	Alison McCudden	Brenda Smith	Request received from officers to be presented to the Committee in March	Agenda Deadline 28 January Meeting Date 5 February
Health Impact Assessment on Planning Applications	To consider how health and wellbeing issues can influence planning and development in Cheshire East	Public Health and Planning	Committee	Awaiting completion of the Local Plan	TBC – Early 2015
Health and Wellbeing Board observation	To observe a HWB formal meeting and discuss with its members the activity of previous year and	Health and Wellbeing Board	Guy Kilminster	Item agreed with HWB Chairman	Possible item for March 2015

Health and Adult Social Care Overview and Scrutiny Committee Work Programme – 28 January 2015

	developments for the future.				
Director of Public Health's Annual Report 2012-2013	To consider whether the aspirations of last year's report have been address and whether outcomes on early deaths have improved.	All commissioners and providers	Committee	The need to scrutinise outcomes twelve months on from DoPH raising issues in her report was agreed at the Committee's December meeting	Possible item to come in March/April
Ambulance Services	To explore the impact of First Responder and Co-responder services as well as Alternative Destination initiatives and patient transport to specialist services. Include Rapid Response Service. Examine Response Times	NWAS & CCGs Council	Chairman & Portfolio Holder	Item suggested by Chairman and Portfolio Holder. Proposal to be made to NWAS/CCGs	TBA
Quality Assurance	Consideration is being given to establishing quality assurance processes for adult social care services	Brenda Smith	Portfolio Holder	Possible briefing followed by a 12 month review in 2015/16.	TBA
Public Health Services	Update on current position, particularly in relation to Commissioning, D&A, Sexual Health, School Nursing, Rollout of 0-5 and link to 5-19 role	Dr Heather Grimbaldeston Guy Kilminster	Chairman & Portfolio Holder	Item suggested by Chairman and Portfolio Holder	TBA
CCG Five Year Strategic Plans	To contribute to the improvement of health outcomes and reduce health inequalities	CCGs	Chairman	Committee to be requested to consider which specific aspects of the CCGs Strategies it should examine	TBA
Integrated Care (Caring Together/ Connecting Care)	To monitor the integration of health and care services to ensure better health outcomes for residents and reduction of health inequalities.	Council CCGs Lorraine Butcher	Committee	Received a briefing on Integrated Care at October informal meeting. Committee to consider how to progress further involvement	TBA
Access to GPs and	To consider the level of access	GPs/NHS	Chairman	Chairman considered the	Possible T+F

Health and Adult Social Care Overview and Scrutiny Committee Work Programme – 28 January 2015

GP Services	and range of services provided by GPs across the Borough with a view to promoting greater access and reducing health inequalities.	England CCGs Healthwatch		possibility of a T+F, potentially working with Healthwatch and PPFs	Review in New Year
ESAR – Leisure Trust Annual Report	To examine the Trust's Annual Report and consider whether performance is being effectively monitored.	Mark Wheelton Commissioner of service	Mark Wheelton	Suggested that Annual Report be submitted for consideration when ready.	June 2015

Task and Finish Groups					
Assistive Technology	To develop the use of assistive technology in Social Care Services and to maintain people's independent living	Jon Wilkie Ann Riley	Health and Adults PDG	Information about technology available gathered during a site visit. Meeting with service users being arranged	Report being drafted. Next meeting 26 Jan
Carers Strategy	To develop a strategy to assist carers in their caring roles and ensure they are	Rob Walker	Health and Adults PDG	Previous meeting to consider draft report on 21 November	Report being drafted. Next meeting TBC

Joint Health Scrutiny Activity					
Whole System Review of Mortality Rates at Mid Cheshire Hospitals NHS Foundation Trust	To request a detailed report on mortality rates following concerns raised during consideration of Quality Account. CQCs Oct 2014 review report now available.	Mid Cheshire Trust, South CCCG, Vale Royal CCG NHS England Both Councils	Committee	Joint Scrutiny Committee formed with CWAC and considered reports on MCHFT. Cttee to review again in FEbruary 2015	Follow up meeting being scheduled for March 2015 TBC

Possible Items to Monitor or consider at future Meetings

- Integrated Care – Caring Together and Connecting Care
- Family Nurse Partnership
- Future of local hospitals
- Mental Health and Learning Difficulties
- Health and Wellbeing Strategy
- NHS England – Specialist Commissioning
- Travel plans (i.e. patients, family and friends travelling to health services)
- Shifting services from hospitals to communities
- Quality of health and care services

Health and Adult Social Care Overview and Scrutiny Committee Work Programme – 28 January 2015

- Integration and connecting budgets for health and social care
- Early Intervention and Prevention of illness and deterioration
- Screening – Cancer and other health screening
- Annual Report on Residential Care Commissioning
- Co-Commissioning – NHS England guidance due in spring, HWB to consider at meeting
- Future of Care4CE
- Quality Accounts for NHS Trust
- Annual Reports from CCGs
- Leighton Hospital CQC Report
- Healthwatch (Jill Greenwood/Nick Darwin)
- Maternity Services – Cheshire and Merseyside CCGs, NHS England (Catherine McClennan)
- Local Safeguarding Board (Adult Social Care)
- Zero Hours Contracts for Commissioned Services? Do we have any? Is it in conflict with Council policy?
- Respite Care

Dates of Future Committee Meetings
5 February 2015, 5 March 2015, 2 April 2015

Dates of Future Cabinet Meetings
3 February 2015, 3 March 2015, 31 March 2015, 28 April 2015

Dates of Future Health and Wellbeing Board Meetings
27 January 2015, 24 March 2015

Dates of Future Council Meetings
26 February 2015, 20 May 2015