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Health and Adult Social Care Overview and Scrutiny Committee

Agenda

Date:	**Thursday, 3rd November, 2016**
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 3 - 8)

   To approve the minutes of the meeting held on 6 October 2016.

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: Mark Nedderman
Tel: 01270 686469
E-Mail: mark.nedderman @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. **Cheshire and Wirral Partnership (CWP)NHS Foundation Trust Quality Account 2015/16**

CWP to provide a presentation.

7. **Cheshire and Wirral Commssioning Policy** (Pages 9 - 32)

Eastern Cheshire and South Cheshire CCGs to update the Committee on new commissioning arrangements across Cheshire and Wirral.

Note: this is a Cheshire & Wirral CCG wide consultation not just that of Eastern Cheshire even though the document does reference and provide links to other documents held on the Eastern Cheshire CCG website. The attached documents have been adopted across all CCGs and have slight amendments to reflect local website links.

8. **Update on Local and Personalised Carer Respite for Older People in Cheshire East** (Pages 33 - 44)

To consider a report of the Strategic Director of Adult Social Care and Health.

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

To review the current Work Programme

10. **Forward Plan** (Pages 51 - 62)

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

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Overview and Scrutiny Committee**
held on Thursday, 6th October, 2016 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor J Saunders (Chairman)
Councillor S Pochin (Vice-Chairman)

Councillors D Bailey, Rhoda Bailey, B Dooley, L Jeuda, G Merry and A Moran

Apologies

Councillors (none)

20 **ALSO PRESENT**

Councillor Janet Clowes - Adult Care and Integration Portfolio Holder
Councillor Paul Bates – Communities and Health Portfolio Holder
Councillor Stewart Gardiner – Deputy Cabinet Member
Mark Palethorpe - Strategic Director of Adult Social Care and Health
Julia Cottier CWP
Anushta Sivananthan, Clinical Director, CWP
Avril Devaney, Director of Nursing, Therapies and Patience Partnership CWP

21 **MINUTES OF PREVIOUS MEETING**

RESOLVED – That the minutes of the meeting held on 8 September 2016 be confirmed as a correct record and signed by the Chairman.

22 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

23 **DECLARATION OF PARTY WHIP**

There were no declarations of the existence of a party whip.

24 **PUBLIC SPEAKING TIME/OPEN SESSION**

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

25 **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORTS**

Lucy Heath, acting Director of Public Health gave a presentation on the annual reports of the Director of Public Health form 2012/13, 2013/14 and 2014/15.Each of the three reports had separate themes.

The 2012/13 annual report looked into why some people died early.
It found that premature mortality in Cheshire East was heavily influenced by high death rates in Crewe.

The recommendations from that review had included:

- Targeting those at risk of premature death
- Lifestyle support – drinking, smoking, inactivity, diet
- Promoting NHS Health Checks and NHS Cancer Screening
- Building health and wellbeing into everyday business

One of the highlights from the 2012/13 recommendations was the 'every breath you take' campaign aimed at raising awareness of the signs and symptoms of lung cancer amongst people living in Crewe. This had led to 115 community campaign champions taking part.

In summary, Lucy informed the committee that the outcome of the 2013 report had been very positive and she therefore had no additional recommendations to make.

The 2013/14 report had looked at the main reasons for ill health during childhood which was mostly influenced by family, housing and environmental factors

The recommendations of the report focused on:

- Improving public health outcomes
- Increasing self-care for minor illnesses
- Reducing unintentional injuries in and around the home
- Reducing road traffic injuries
- Improving young people's health

A new app had been produced in Cheshire East called CATCH (Common Approach to Children's Health) which currently had over 1700 users. The app was aimed at parents and carers of children aged 0-5 to provide information to parents/carers to give them confidence to know when a child needed medical treatment.

The 2014/15 annual report focused on the determinants and outcomes of mental health in children and young people.

The recommendations focused on:

- Supporting emotional health during and after pregnancy
- Treating some mental health problems in 2 and 3 year olds
- Mental health (and other services) were currently structured in a way that did not meet the specific needs of older teenagers and young adults in their twenties. These young people experienced many difficulties (work, money, housing) in their transition to adulthood, which made them highly vulnerable to developing mental health problems.

RESOLVED -

(a) – That the presentation be noted;

(b) That Members of this Committee be invited to study the presentation in detail and raise any matters that they would like to review in more detail with Chairman and Scrutiny Manager.

26 **CHESHIRE WIRRAL SUSTAINABILITY AND TRANSFORMATION PLAN (STP)**

Matthew Cunningham from Eastern Cheshire CCG attended the meeting and gave a presentation on the development of the Cheshire and Wirral STP (Sustainability and Transformation Plan)

In December 2015, the NHS had shared planning guidance 2016/17 – 20/21 outlining a new approach to help ensure that health and care services were built around the needs of local populations. To do this, every health and care system in England had been required to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services would evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

Care quality across the region varied and preventable illnesses were still common. People were living longer and expectations were changing including expectations to gain access to treatment closer to home. At the same time, more complex, new and emerging treatments were placing additional pressures on the system.

Across the STP area, it was predicted that if services were continued to be provided as at present, a financial challenge of £999m challenge would result by 2021 if no action was taken

It was suggested that by working more co-operatively across organisations (CCGS, LAs, NHS providers) repetition could be reduced, in addition to waste and unnecessary cost, whilst providing a more patient-focused health experience.

The STP would therefore be focusing on:

- Reducing hospital demand and costs
- Improving patient experience and reducing unwarranted variation
- Improving health awareness and illness prevention
- Using new technology to improve patient care
- Improving ‘back office’ efficiencies and reducing unnecessary waste.

In order to make the plans a reality, each local plan needed input and support from its stakeholders and from local people. Health and care organisations within the Borough had started to have initial conversations with people about these plans. These initial conversations would be followed by more formal conversations and consultations as plans developed.

RESOLVED –

(a) That the presentation be received;

(b) That a briefing be arranged as soon as possible for all Members of the Council.

27 **REDESIGNING ADULT AND OLDER PEOPLES MENTAL HEALTH SERVICES**

Julia Cottier, Anushta Sivananthan and Avril Devaney from the Cheshire and Wirral Partnership (CWP) attended the meeting and presented a report concerning a proposal to conduct a consultation exercise on the reconfiguration of Adult and Older People's Mental Health Services in Central and Eastern Cheshire.
The purpose of the consultation was to address five key pressures being experienced by CWP:

1. Suitability of existing buildings
2. Increased demand on services
3. Shortfall in funding
4. Shortage of health professionals in the area
5. Geographical challenges for care close to home

The committee was informed that there were two potential delivery options to either:

- Sustain inpatient care at all 3 current locations - Millbrook Unit Macclesfield, Bowmere Hospital and Chester and Springview Hospital, Wirral through a reduction in community mental health to Central and Eastern Cheshire residents;

- Provide inpatient care from Bowmere Hospital, Chester and Springview Hospital, Wirral and increase community mental health services to Central and Eastern Cheshire residents.

In connection with the Millbrook Unit at Macclesfield Hospital, CWP informed the committee that this facility did not match the standard of facility offered at the other two sites which were also managed by CWP and that it had been estimated that it would cost £15 million to bring the facility up to standard. Unlike the other two facilities, CWP did not own the Millbrook unit.

Members of the committee questioned representatives of CWP on the estimated travel journeys referred to in the report which suggested that journey times to the alternative units in Chester and Wirral from Crewe based on an average distance of 24 miles would take of 41 minutes by car. It was reported that the average journey from Crewe to Springview Hospital, Wirral by car was 48 minutes with an average distance of 36 miles.

Further questions were raised about the availability of transport for relatives of patients; clarification on the numbers of beds affected; the impact of the bed

based review being undertaken by the Council ,which would provide a better understanding of current usage and future demand for beds; and whether alternative sites within Cheshire East had been investigated. The committee also expressed its wish to be informed of the views of commissioners on the proposals.

RESOLVED –

(a) That the Cheshire and Wirral partnership be informed that this committee believes that further work is required on the proposal to redesign Adult and Older peoples mental health Services in Central and Eastern Cheshire and therefore this Committee recommends that CWP delays the commencement of the formal consultation process on the proposal;

(b) That CWP be invited back to this Committee in November 2016 with further information on:

- Travel Times
- Arrangements for visiting relatives
- Impact on adult Social care
- Alternative Options

(c) That Strategic Director of Adult Social Care and Health be requested to contact the Chief Executives of Eastern and South Cheshire CCGs to obtain the views of those two organisations on the CWP proposal.

28 **WORK PROGRAMME**

The Committee reviewed its work programme.

RESOLVED –

(a) That the work programme be noted;

(b) That items relating to Access to GPs and GP Services, Pharamcies and cancer screening be deleted.

The meeting commenced at 10.00 am and concluded at 12.40 pm

Councillor J Saunders (Chairman)

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Service Review Policy – Public Consultation

Public view sought on changes to some NHS services

Why are we consulting?

The NHS faces a big challenge with demographic changes leading to increasing pressure and demand on health and care services. The **NHS Five Year Forward View** (FYFV) was published in 2014 and outlines three key areas for change that are needed if the NHS is going to be sustainable now and in the future, these are as follows:

- **Health and wellbeing**
- **Quality of care**
- **NHS finance and efficiency**

In order to address these gaps, NHS Clinical Commissioning Groups (CCGs) are increasingly working together to focus on some specific areas for review.

By doing this we can begin to address the gaps highlighted in the FYFV to ensure that NHS services are safe, effective and sustainable. A lot of work has taken place to date with a particular focus on people living healthier lives and NHS organisations working together more to provide high quality care. CCGs across Cheshire and Wirral are looking at areas where they feel they positively impact on the efficiency of services and to ensure that treatments and procedures provided for patients are based on good clinical evidence and value.

We have recognised that in a number of cases there is a variation in services provided by different CCGs and how clinical policies are applied. Put simply, we need to look at providing similar treatments and procedures as well as having the same criteria by which these are completed.

The proposals outlined within this summary document and within the more detailed **service review document** are intended to reduce variation in services across Cheshire and Wirral, to ensure uniformity of access criteria and to ensure the NHS across Cheshire & Wirral operates within its available resources.

Engagement

How we engage with patients and the public is important as we move forward with this work and a number of CCGs have already started engaging with their communities about the challenges ahead. This will increasingly see more CCGs working together, not only to review

services but also to coordinate their public engagement/consultation across a wider area. With this in mind, the CCGs for Wirral, Eastern Cheshire, West Cheshire, South Cheshire and Vale Royal have come together in partnership to work on a programme of change to review some of the services they provide. The public and other stakeholders are being asked for their views before we make any decisions to ensure we have a thorough understanding of the impact these changes may have on our local population.

NHS Eastern Cheshire CCG currently has a **Commissioning Policy listing Procedures of Lower Clinical Priority** (PLCP). This policy details a number of procedures which are not funded unless a specified criterion is met. This policy was approved via public consultation and implemented across Cheshire and Merseyside and will remain in place.

What are we asking the public to consider?

Some of the treatments and procedures provided have a set clinical criterion – a checklist of sorts that allows a decision to be made, and this helps to ensure they are only carried out where there is clinical evidence that they are effective, beneficial to patients and affordable to our local health economy. Therefore each of the services included in this consultation will be in one of the following three categories:

Threshold approval – This means that we are proposing making changes to the threshold that needs to be met before a treatment or procedure can be carried out.

Individual funding request – We are proposing that some treatments and procedures are no longer routinely carried out and an **individual request for funding** will need to be completed by the referring clinician.

Not funded – We are proposing that some services are no longer funded unless it is considered to be a clinical exception.

What impact will these changes have on the local NHS?

This review, along with a number of other proposals the CCG is undertaking this year will help to make a significant impact on our ability to meet our legal duty to reduce our £10.77 million deficit. It will also mean that we are contributing to the wider changes necessary across the NHS as detailed earlier.

We believe **this proposal** will offer an opportunity to reduce the amount spent each year on health services which have the lowest impact on patient care; this will enable us to allocate resources to other priority services. We understand however, there will be an impact on

those directly affected and are keen to find out exactly what that impact will be before we make a decision.

Please click here to take the survey.

For more information, please email CCG Engagement and Involvement Manager **Usman Nawaz**: usman.nawaz@nhs.net or call 01625 663864.

What are the proposed changes?

Procedure/treatment	Proposal
Section 1 - Cosmetic Procedures	• To stop funding for correctional surgery for asymmetrical breasts • To stop funding for surgery to reduce the size of breasts • To stop funding for Gynaecosmatia (surgery to correct enlarged breasts in men) – this would exclude patients with enlarged breasts caused by cancer treatment • To stop funding for hair removal treatments for patients with hirsutism (excessive hair growth on certain areas of the body) such as laser hair removal or Electrolysis (eradicating hair growth by treating each hair follicle individually with a sterile probe to stop future hair growth) • To stop funding for all procedures deemed to be primarily for cosmetic purposes
Section 2 - Dermatology (branch of medicine dealing with skin) Services	• To introduce a further threshold for the way we commission (buy) surgery to remove benign (non-cancerous) skin lesions (e.g. a skin tag) • To introduce a threshold approval for how we commission (buy)

	desensitising light therapy using UVB or PUVA (light therapy to induce sunlight tolerance using controlled exposure)
Section 3 – Ears Nose and Throat (ENT)	• A number of options are proposed to change the way we commission (buy) procedures and treatments for the removal of ear wax, including microsuction (gentle suction to remove wax)
Section 4 - Fertility treatments (treatments to help females get pregnant) and Sterilisation (a medical treatment that intentionally leaves a person unable to reproduce (male & female)	• A number of options are proposed to change the way we commission (buy) fertility treatments • A number of options are proposed to change the way we commission (buy) sterilisation (male & female) treatments including procedures such as vasectomy
Section 5 - Trauma & Orthopaedics (an area of surgery concerned with injuries and conditions that affect the bones, joints, ligaments, tendons, muscles and nerves) and Musculoskeletal (relating to the muscle and the skin together)	• To introduce a threshold for patients being referred for shoulder arthroscopy (surgery that uses a tiny camera called an arthroscope to examine or repair the tissues inside or around the shoulder joint. • A number of changes are proposed for the way we commission (buy)surgical and non-surgical interventions for Dupuytren's Contracture (a condition in which there is fixed forward curvature of one or more fingers) • To add a further threshold to how we commission (buy) knee replacement surgery • A number of options are proposed for the way we commission (buy) hip

	injections
Section 6 – Urology (urinary tract system and male reproductive organs) and Uro-gynaecology (incontinence and female reproductive organs) services	• To stop funding pharmaceutical (medications) and secondary care treatment for erectile dysfunction (also known as impotence, inability to get and maintain an erection) • To stop funding for male circumcision (surgical removal of the foreskin) for religious reasons (please note Eastern Cheshire CCG, South Cheshire CCG, Vale Royal CCG and West Cheshire CCG do not commission (fund) this procedure for religious reasons, therefore responses to this question will relate to Wirral patients only) • To stop funding for percutaneous posterior tibial stimulation (PTNS) for urinary and faecal incontinence. PTNS involves inserting a needle into a nerve just about the ankle. A mild electric current is passed through the needle and carried to the nerves that control bladder and bowel function)

Please note: criteria for each procedure and treatment will be finalised after the consultation to ensure feedback received during consultation can be incorporated as appropriate

If you would like a detailed list of any of these clinical areas, please email CCG Engagement and Involvement Manager **Usman Nawaz**: usman.nawaz@nhs.net or call 01625 663864.

The procedures listed do not stop the referrer (GP or consultant) from being able to refer patients with suspected cancer.

What happens next?

NHS Eastern Cheshire CCG is undertaking a consultation to seek views on these proposals and obtain feedback from patients, health professionals and the public.

This consultation will run from **Tuesday 25 October 2016** until **midnight on Tuesday 17th January 2017.**

At the end of the consultation period an analysis of what people have told us during the consultation will be completed and will be considered as part of the final proposal. The NHS Eastern Cheshire CCG Governing Body will consider the proposal, including the consultation feedback, on 25 January or 22 February 2017 when a final decision will be made.

As part of the consultation we need your views on the proposal and to understand the impact they may have on you.

Share your thoughts

We would really like to hear your thoughts and ideas on other initiatives that we as a CCG could adopt to help improve the quality of care and ensure we are commissioning procedures and treatments that are beneficial to patients and affordable to the local economy.

Please share your views by contacting:

CCG Engagement and Involvement Manager **Usman Nawaz**:

Email: usman.nawaz@nhs.net

Telephone: 01625 663864.

Public meetings:

A number of public meetings will be held to give people a further opportunity to have their say. Details will be published on the CCG website www.easterncheshireccg.nhs.uk

Service Review Consultation

What is this document for?

This document can be used to support the completion of the consultation questionnaire. The below tables provide a detailed overview of the procedures and treatments that are being consulted on, the proposed changes, the rationale for change and the impact.

This consultation will run from **Tuesday 25th October 2016** until midnight on **Tuesday 17th January 2017.**

Please note – a number of these procedures and treatments are already included in NHS Eastern Cheshire CCG's Procedures of Lower Clinical Priority (PLCP) policy. This consultation proposes that further criteria are added to some of these procedures and treatments, this will be stated in the below tables, the symbol ♦ will appear on procedures and treatments that are currently included in the PLCP.

Procedures of Lower Clinical Priority

Click here to access PLCP policy

Infertility Policy

Click here to access Infertility Policy the symbol ■ will appear on procedures and treatments relating to the infertility policy.

Section 1 - Cosmetic Procedures:

Procedure/Treatment	Definition	Proposed change	Rationale for change	Impact
Surgery for the correction of asymmetrical breasts ♦	Asymmetrical breasts – i.e. if one breast is larger or a different shape to the other.	To stop funding for correctional surgery of asymmetrical breasts	This procedure is considered to be primarily for cosmetic purposes. Cosmetic surgery is not routinely commissioned on the NHS.	Procedures deemed to have low clinical priority will be declined.
Surgery for breast reduction ♦	Surgery to reduce the size of breasts	To stop funding for surgery to reduce the size of breasts	This procedure is considered to be primarily for cosmetic purposes.	Procedures deemed to have low clinical priority will be declined
Surgery for	Surgery to correct	To stop funding for	This procedure is	Procedures deemed to

Gynaecosmastia. ♦	enlarged breast(s) in men	surgery for Gynaecosmatia (this would exclude patients with enlarged breasts caused by cancer treatment).	considered to be primarily for cosmetic purposes.	have low clinical priority will be declined If clinically exceptional an individual funding request could be submitted.
Hair removal treatments (including Depilation Laser Treatment or Electrolysis) for Hirsutism. ♦	Hirsutism is excessive hair growth in certain areas of the body. Depilation laser treatments - laser hair removal Electroylsis - eradicating hair growth by treating each hair follicle individually with a sterile probe to stop future hair growth	To stop funding of hair removal treatments such as Depilation Laser or Electrolysis.	This procedure is considered to be primarily for cosmetic purposes	Procedures deemed to have low clinical priority will be declined
An overarching principle to stop funding all procedures requested primarily for cosmetic purposes		To stop funding for all procedures deemed to be primarily for cosmetic purposes	Procedure(s) are considered to be primarily for cosmetic purposes.	Procedures deemed to have low clinical priority will be declined

Section 2 - Dermatology (branch of medicine dealing with skin) Services:

Procedure/Treatment	Definition	Proposed change	Rationale for change	Impact
Surgery to remove benign skin lesions ♦	Benign lesion - a non-cancerous region in an organ or tissue which has suffered damage. For example a benign pigmented mole or a skin	These treatments are currently included in the Procedure of Lower Clinical Priority policy. The proposed change is to	This procedure is considered to be primarily for cosmetic purposes.	Patients meeting the set criterion will continue to receive surgical treatment and therefore it is anticipated there will be limited impact.

	tag.	introduce a further threshold for surgery to remove benign skins lesions where there is no suspicion of cancer. The further threshold proposed is (criteria which should be met to go ahead with the treatment): • Sebaceous cysts (a swelling in the skin arising in a small gland in the skin which secretes a lubricating oil matter (sebum) into the hair follicles) where there has been more than one episode of infection • **OR**, Lesions which cause functional impairment which prevents the individual from fulfilling work/study/carer or domestic responsibilities • **OR**, Lesions of the face where the extent, location and size of the		A potential impact may be seen on two week suspected cancer referrals i.e. referring doctors may use this pathway inappropriately Procedures deemed to have low clinical priority will be declined

		lesion can be regarded as considerable disfigurement		
Desensitising light therapy using UVB or PUVA for PMLE	Light therapy to create sunlight tolerance, using controlled exposure using: • UVB (ultra-violet, shortwave) • UVA (ultra violet long wave) • Psoralen combined with UVA (PUVA) treatment. PUVA is a type of ultraviolet radiation treatment (phototherapy) used for severe skin diseases These treatments are used for patients with polymorphic light eruption (PMLE) – this occurs when the patient is exposed to sunlight after a period of time were the skin has been covered and scarcely exposed to the sun.	The proposed change is to introduce a threshold for desensitising light therapy UVC & PUVA: • The diagnosis of PMLE has been confirmed by a Consultant Dermatologist (Consultant skin specialist) • The patient's PMLE is judged as severe • Symptoms from PMLE rash are causing some parts of the body to not work at their full capacity. This would need to classed as severe • Symptoms remain severe despite thorough use of prevention treatments • A Consultant Dermatologist (Consultant skin	Alternative treatments are available, therefore it is appropriate to limit this treatment option to those who most need it. Alternative treatments include creams, tablets. There are a number of preventative measures that can be adopted is patients are known to suffer from PMLE.	Patients meeting clinical threshold will receive light therapy. Therefore it is anticipated that there will be limited impact. Procedures deemed to have low clinical priority will be declined

		specialist) assessment considers light therapy likely to significantly improve the patients quality of life and parts of the body not working at their full capacity due to PMLE		

Section 3 – ENT (Ear, Nose and Throat):

Procedure/Treatment	Definition	Proposed change	Rationale for change	Impact
Ear wax removal including microsuction	Earwax is produced inside the ears to keep them clean and free of germs. It usually passes out of the ears harmlessly, but sometimes too much can build up and block the ears. There are a number of techniques available to remove the excess wax. Microsuction is a procedure where a small device is used to suck the ear wax out of the ear	There are two options proposed for this procedure, which are being consulting on: **Option 1**- Introduce a threshold to receive this procedure. The patient must meet one of the following criteria: • Complication in the past • Middle ear (air filled central cavity of the ear) infection in the last 6 weeks	The vast majority of ear wax can be managed through self-care, pharmacy treatments and within Primary Care, i.e. Practice Nurse if additional support is required. Alternative methods of wax removal are available including olive oil, ear drops, ear syringing.	Procedures deemed to have low clinical priority may be declined

		• The patient has undergone any form of ear surgery (apart from grommets, which is a small tube inserted into the ear to help drain away fluid from the middle ear and maintain air pressure)18 months previously • Peforation (a hole made by piercing) or mucas discharge • Cleft palate (a split in the roof of the mouth which has been there since birth) • Acute otitis externa (condition that causes inflammation of the external ear canal) with pain and tenderness **<u>Option 2</u>** – To stop funding for all secondary care (hospital) management of ear wax, excluding patients with		

		perforation. Management and self-care advice and ear syringing will continue to be available in primary care if clinically appropriate.		

Section 4 – Fertility treatments (treatments to help females get pregnant) and Sterilisation (a medical treatment that intentionally leaves a person unable to reproduce) and Sterilisation (Male & Female):

Procedure/Treatment	Definition	Proposed change	Rationale for change	Impact
In Vitro Fertilisation (IVF) with or without Intracytoplasmic Sperm Injection (ICSI) ■	IVF is one of the several techniques available to help people with fertility problems. During IVF, an egg is removed from the female's ovaries and fertilised with sperm in a laboratory environment. The fertilised egg, call an embryo is then returned to the woman's womb to grow and develop ICSI – is an IVF procedure in which a single sperm is injection directly into an egg. It is commonly used in cases of male infertility.	A numbers of options have been proposed for this procedure which are being consulted on (a copy of the infertility policy can be found at the top of this document, or can be downloaded on the CCG website) Note more than one option may be applicable: **Option 1** – A reduction in the number of cycles from 3 to 2 (women aged 23-39) **Option 2** – A reduction in the number of cycles from 3 to 1 (women aged 23-39)	The proposal for a new local IVF policy has been benchmarked against CCGs nationally. The majority of other CCGs do not fund as many cycles as Wirral. Of the CCGs offering IVF to patients, 110 CCGs fund one cycle of treatment, 61 CCGs fund two cycles of treatment and only 38 CCGs fund three cycles. The chances of getting pregnant reduce with each continuous round and percentages of IVF cycles resulting in birth decreases from 20% when the mother is aged 38-39 and to 14% at age 40-42.	Each option has a different impact. The impact of reducing from three to one or two cycles will have a lesser impact than stopping altogether as it will still provide at least one chance of conception. The individual impact for couple unable to conceive may be significant

		AND (the options below are being proposed alongside the above options) **<u>Option 3</u>** – introduce additional restrictions within the policy i.e. Body Mass Index and smoking thresholds for both the female and male partner **<u>Option 4</u>** – funding for IVF only to be available after 3 years of unexplained infertility (this is not applicable if there is a diagnosed cause for infertility)		
Surgical Sperm Recovery (Testicular Epididymal Sperm Aspiration (TESA)/Percutaneous Sperm Aspiration (PESA) including storage where required. ■	Technique used to help men with fertility problems due to blocked tubes or genetic conditions preventing sperm release. The procedure involves surgery to extract sperm and enable sperm injection to take place	The proposed change is to introduce the following process: The submission of an individual funding request for the following circumstance: • Severe oligospermia (semen with a low concentration of sperm) or azoospermia	The CCG is currently reviewing all services of low and limited clinical value.	The individual impact for couples unable to conceive may be significant.

		(absence pf viable sperm in the semen) (genetic condition) **AND** To stop funding other Surgical Sperm Recovery. Where this is part of a current cycle the proposal is that: • The CCG will fund this for the current cycle • The CCG will not fund storage beyond the current funded cycle requirement		
Donor Oocyte Cycle – depending on outcome of consultation relating to IVF ■	Donor Oocyte Cycle involves fertility treatment using a donor egg often through IVF.	The proposed change is to introduce: The submission of an individual funding request for the following circumstance: • The patient has a genetic condition **AND** To stop funding use of	The CCG is currently reviewing all services of low and limited clinical value	The individual impact for couples unable to conceive may be significant.

		donor eggs. Patients already undergoing treatment would be able to complete the current cycle.		
Donor Sperm Insemination ■	Donor sperm insemination involves fertility treatment using donor sperm, often through IUI or IVF.	The proposed change is to introduce: The submission of an individual funding request for the following circumstance: • The patient has a genetic condition **AND** To stop funding of donor sperm insemination. Patients already undergoing treatment would be able to complete the current cycle.	The CCG is currently reviewing all services of low and limited clinical value	The individual impact for couples unable to conceive may be significant.
Intrauterine Insemination (IUI) unstimulated ■	IUI is one of several techniques available to help people with fertility problems. It involves sperm being placed into the womb through a fine plastic tube. Sperm is collected and washed in a fluid.	To stop funding IUI. Patients already undergoing IUI would be able to complete the current cycle.	Figures from the Human Fertilisation and Embryology Authority (HFEA) suggest that each cycle of IUI with donor sperm has a limited success rate of: • 15.8% for women under 35 • 11% for women aged 35-39 • 4.7% for women aged 40-42	The individual impact for couples unable to conceive may be significant.

Sterilisation (male & female)	Sterilisation is a surgical procedure to stop male and female fertility and leaves a person permanently unable to reproduce i.e. male vasectomy & female blocking or sealing the fallopian tubes (tube the egg travels through)	Two options are being proposed through this consultation. **Option 1** – to stop funding all male and female sterilisation, excluding those based on medical advice and/or psychological impact **Option 2** – to introduce a threshold approval – to stop all male sterilisation conducted under general anaesthetic	Other forms of contraception are available. Option 2 – male sterilisation under local anaesthetic is associated with lower risks.	Alternatives are available however it is possible that there will be an impact to couples and a potential increase in unintended consequences i.e. increased pregnancy rates and an increase in abortion procedures.

Section 5 – Trauma & Orthopaedics (an area of surgery concerned with injuries and conditions that affect the bones, joints, ligaments, tendons, muscles and nerves) and Musculoskeletal (relating to the muscle and the skin together):

Procedure/Treatment	Definition	Proposed change	Rationale for change	Impact
Arthroscopy – Shoulder	Shoulder arthroscopy is	For information – knee and	It is appropriate that other	Procedures deemed to

	surgery that uses a tiny camera called an arthroscope to examine or repair the tissues inside or around the shoulder joint.	hip arthroscopy are included in the PLCP policy. The proposal is to include a threshold approval for this procedure. The threshold would be as follows: This procedure will only be carried out for patients with adhesive capsulitis (frozen shoulder) if the following treatments have all be tried and failed: (a) Activity modification (lifestyle change that can help to relieve symptoms) (b) Physiotherapy and exercise programme (c) Oral analgesics (pain killer management) including Non-steroidal anti-inflammatory drugs (NSAIDs) unless there is a risk associated (d) Intra-articular (joint) steroid injections (e) Manipulation (improve soft tissue movement) under anaesthetic **AND**	effective treatment is trialled before surgery. Physiotherapy in the elderly reduces the need for arthroscopy. This has been cited from a piece of work conducted by Keele University. Alternative treatments are available for example exercise, rehabilitation, physiotherapy and pain relief – these have lower risk associated.	have low clinical priority will be declined.

		Patient has had adhesive capsulitis (frozen shoulder) at least 12 months		
Dupuytren's Contracture – surgical and non-surgical interventions. ♦	A condition in which there is fixed curvature of one or more fingers, caused by the development of a fibrous connection between the finger tendons and the skin of the palm.	This procedure is currently included in the PLCP policy. The following option is being proposed as part of this consultation: To stop funding of the following conservative management due to limited clinical evidence of effectiveness: • The use of Collagenase clostridium histolyticum (Xiapex®) for Radiation therapy for early Dupuytren's contracture • Needle fasciotomy (fascia, band of connective tissue is cut to relieve tension or pressure) **AND** To introduce the following threshold for surgery for Dupuyten's Contracture. The patient must meet the criteria below: • Metacarpophalangea	There is limited clinical evidence for the non-surgical interventions listed. Most patients with Dupuytren's Contracture do not require any treatment.	Procedures deemed to have low clinical priority will be declined.

		l joint (MCPJ) and /or Proximal IP (flexion) joint contracture (PIPJ) of 30° and/or more (inability to place hand flat on the table) **AND** • Where such condition (either MCPJ or PIPJ) is severely impacting on activity of daily living with a clear significant worsening impact on daily activities with functional limitation **OR** • A young person with early onset disease (premature) (aged 25-40) with or without family history, whose clinical assessment demonstrates that they will benefit from the surgery		
Knee replacement ♦	Knee replacement surgery (arthroplasty) is a routine operation that involves replacing a damaged, worn or	This procedure is currently in the PLCP policy. The proposal is to introduce an additional threshold to	Conservative management options are available including physiotherapy. Physiotherapy in the elderly reduces the need for	Procedures deemed to have low clinical priority will be declined.

	diseased knee with an artificial joint.	the criteria. The patient would need to meet the following criteria to be suitable for the procedure: • Severe pain (will be defined by pain score) • Radiological (imaging technique) features of severe disease • Demonstrated disease within all three compartments of the knee (tri-compartmental) or localised to one compartment plus patellafemoral (at the front of the knee cap) disease bi-compartmental)	arthroscopy and can also reduce or delay the need for a knee replacement. This has been cited from a piece of work conducted by Keele University.	
Hip Injections (excluding bursitis)	Hip injections may be used to reduce inflammation and pain. Bursitis is inflammation and swelling of the bursa. A bursa is a fluid filled sac which forms under the skin, usually over the joints and acts as a cushion between the tendons and the bones.	Two options are being consulted on for this procedure: **Option 1:** Limit hip injections to the below criteria i.e. the patient would need to meet the below criteria to be suitable for this procedure: • A diagnostic aid (the process of determining by	Conservative management (non-surgical) options are available for patients who do not meet the criteria. For example: pain relief, physiotherapy and disease modifying medications. Current evidence on safety and efficacy does not appear adequate to routinely recommend hip injections	Procedures deemed to have low clinical priority will be declined.

		examination the nature and circumstances of a condition) • To introduce contrast medium (substance introduce into a part of the body in order to improve visibility on internal structure) to the joint as part of the hip arthrogram • Babies for hip arthrography • Children and adults with inflammatory arthropathy **Option 2:** To stop funding of all hip injections (this would exclude babies and children aged up to 18)		

Section 6 – Urology (surgical speciality covering diagnosis and treatment for kidneys, bladder, prostate and male reproductive organs) and Uro-gynaecology (female incontinence) services:

Procedure/Treatment	Definition	Proposed change	Rationale for change	Impact
Erectile Dysfunction	Erectile dysfunction is also known as impotence, it is the inability to get and maintain an erection.	To stop funding pharmaceutical (medications) and secondary care treatment for erectile dysfunction. Exclusions such as diabetes and post cancer	The CCG is currently reviewing all services of low and limited clinical value.	There could be an individual impact to patients; however, therapeutic treatments will continue to be available within sexual health services.

		may be considered on a case by case basis. This proposal does not include the therapeutic treatments funded within the council commissioned sexual health service provision.		Procedures deemed to have low clinical priority will be declined.
Circumcision for religious reasons. **(please note East Cheshire CCG, South Cheshire CCG, Vale Royal CCG and West Cheshire CCG already do not commission (fund) this procedure for religious reasons, therefore responses to this question will relate to Wirral patients only)** ♦	Male circumcision is the surgical removal of the foreskin.	To stop funding circumcision for religious and cultural reasons. This would bring Wirral CCG in line with East Cheshire CCG, South Cheshire CCG, Vale Royal CCG and West Cheshire CCG commissioning (funding policy) for this procedure.	The CCG is currently reviewing all services of low and limited clinical value. There is no clinical value to circumcision for religious reasons. Other local CCGs (East Cheshire CCG, South Cheshire CCG, Vale Royal CCG and West Cheshire CCG) do not routinely commission circumcisions for religious reasons.	There may be an impact to families who for religious reasons wish to opt to have their child circumcised. There is a potential risk that if this service is not available on the NHS, patients may consider alternative methods of circumcision which may be unsafe and lead to increased risk of infection.
Percutaneous posterior tibial nerve stimulation (PTNS) for urinary and faecal incontinence.	PTNS is used to treat an overactive bladder and bowel. It involves inserting a needle into a nerve just above the ankle. A mild electric current is passed through the needle and carried to the nerves that control bladder and bowel	To stop funding PTNS for urinary and faecal incontinence (unable to control going to the toilet)	The CCG is currently reviewing all services of low and limited clinical value.	It is anticipated that there will be limited impact to patients. Other options are available for overactive bladder/urinary incontinence.

	function.			

Agenda Item 8

CHESHIRE EAST COUNCIL

REPORT TO: Health and Social Care Overview and Scrutiny Committee

Date of Meeting: 3 November 2016

Report of: Mark Palethorpe, Strategic Director of Adult Social Care and Health

Subject/Title: Update on Local and Personalised Carer Respite for Older People in Cheshire East

Portfolio Holder: Cllr Janet Clowes, Portfolio Holder for Adult Social Care and Integration

1.0 Report Summary

1.1 Many residents of Cheshire East have care and support needs and are looked after by relatives and friends who as carers, support them in a variety of ways. The Council recognises the valuable role of all carers, the significant contribution they make and is committed to ensuring that they are supported in their caring role.

1.2 A report on the provision of older people's respite services was considered by Cabinet on 30 June 2015. The report detailed Council's commitment to ensuring respite care for carers that is both personalised and local. Consequently the Council commissioned a greater choice of pre-bookable residential carer respite places from the independent sector for older people who need to receive care in a residential setting to give their carers a break.

1.3 A report on the progress made to implement the local and personalised residential carer respite provision for older people was considered by Members of Health and Adult Social Care Overview and Scrutiny Committee on 29 April 2016. Members requested a further update on the implementation and usage of the new provision in six months time.

1.4 The purpose of this report is to inform Members on the usage and feedback following the implementation of local and personalised respite in Cheshire East and to make recommendations for the future of the provision.

2.0 Recommendation

2.1 That Members note the content of the report and consider any further action as recommended.

3.0 Reasons for Recommendation

3.1 To ensure the continued provision of effective personalised and local carer respite for older people in Cheshire East.

4.0 Wards Affected

4.1 All Wards

5.0 Local Ward Members

5.1 All Wards

6.0 Background/Chronology

Award of Contracts

6.1 Following a competitive tendering exercise the Council awarded contracts to seven care providers for 21 respite care beds in 15 care homes located across the Borough including Congleton, Macclesfield, Crewe, Holmes Chapel, Wilmslow, Knutsford, Poynton, Nantwich, Alsager and Audlem. The spread of beds across the borough has ensured that people are able to access carer respite provision that is more local as well as increasing choice for carers and service users. Two of these beds are commissioned (one in the north and one in the south of the Borough) to provide support to carers in an emergency situation. Full details can be found in Appendix 1.

6.2 Contracts were signed by 25 November 2015 and the new services were phased in from 1 December 2015 with all beds being immediately available to carers who have been assessed by the Council as requiring residential respite care.

Implementation Arrangements

6.3 Existing respite bookings at Hollins View and Lincoln House up to 2 January 2015 continued as planned and were unaffected after which the services ceased.

6.4 The council have continued to operate a single contact number with a direct line for Carers wishing to pre-book respite care. This has been particularly helpful in supporting carers and their families to identify the best respite placement to meet their needs. Feedback from carers regarding the booking process has been overwhelmingly positive. Responses when asked 'Was it is easy to book your stay?' include:

Responses when asked 'Was it is easy to book your stay?' include:
Yes, better than the old system. Jane was most helpful, understanding and empathetic. *Yes - 1 call and it was sorted.* *Yes - confirmation of booking by post would be helpful.* *Yes and your office were very good trying to get her admittance sorted quickly.* *Yes - full co-operation from everyone.*

6.5 All service users referred for a respite placement are assessed by the home prior to their stay. This is to ensure that the service users care needs can be met in the home they have chosen and is a requirement of the care home by the Care Quality Commission (CQC).

Utilisation of Pre Bookable Residential Carer Respite Beds Commissioned from the Independent Sector from January 2016

6.6 Further details of bookings and trend data to date can be found in Appendix 2 and 3 of the report but the key trends are as follows:

- Since the introduction of the new provision the number of carers assessed by the Council as being entitled to respite care has increased from 155 to 237. Of these 234 have used the service, with many carers making multiple bookings.

- A total of 2,348 pre booked carer respite nights have taken place since December 2015.

- Carers and Users are on average having to travel less than 5 miles to access carer respite provision.

- Occupancy of the pre booked respite beds has increased to 70% at peak holiday periods. See Appendix 3.

- There has been a 61% average occupancy of the Emergency Beds. Emergency stays have tended to be for 14+ nights.

- The council have received no formal complaints about respite provision during the half year period. Performance therefore remains unchanged for the same period the previous year when no formal complaints were received about internal respite provision.

- There has been one safeguarding referral received in relation to the carer respite provision. The incident was investigated and found to be unsubstantiated.

- Feedback from services users and carers on the new provision continues to be positive and is detailed below.

6.7 Prior to the contract award a review of all the homes CQC status and quality assurance visits by the Council was undertaken to ensure that homes were meeting the required standards.

Below is a breakdown of the current CQC rating for the 15 care homes commissioned to provide respite care:

CQC Rating	Number of Homes
Outstanding	0
Good	10
Requires Improvement	5
Inadequate	0

6.8 Action plans are in place for all homes who have been rated as requiring improvement. Officers from the Council have met with the home owners and are working with homes to make the required improvements. Additional quality assurance visits are also being undertaken. Feedback from our quality assurance visits did not warrant the need to place any of the homes in default of their contracts with the Council and we continue to make respite and permanent placements within all the carer respite homes.

6.9 It should be noted that the CQCs inspection process does not allow for Care Homes ratings to be updated until their next inspection, even if the Care Home has addressed the areas of concern and for several of the homes the rating of requires improvements was issued over 6 months ago and Council Officers are confident that the areas for improvement have been addressed. Officers will continue to work with and closely monitor all care homes.

6.10 As shown in Appendix 3, use of the pre booked carer respite beds has, as expected, fluctuated over the year with high levels of occupancy at peak holiday periods such as Easter and school summer holidays. Occupancy levels peaked during August and September with an average occupancy of 70%. Bookings for the Christmas and New Year period are already over 50% and advance bookings have been made up to September 2017. Officers responsible for managing the bookings are working with the homes to ensure beds are utilised as effectively as possible to minimise these gaps.

6.11 As mentioned in the report of the 29 April 2016 there was some initial confusion over in the initial assessment letters with regard to people requiring a 'dementia bed' and how the homes were interpreting this. Both Lincoln House and Hollins View were residential homes and we commissioned like for like provision. In the independent sector residential homes can and do care for many people with dementia but the term dementia bed is specifically used to refer to an Elderly Mentally Infirm (EMI) bed on a locked unit. Whilst some service users do need to be supported in a locked unit, many can be supported in a residential home. We have monitored the number of people requiring a bed on locked unit since implementation. As a result we have varied the contracts with two care homes, one in the north of the Borough and one in the south, and offer pre booked carer respite provision for people who's dementia / mental illness requires them to be supported within a locked unit.

6.12 The occupancy levels of the majority of beds has increased from the commencement of the contract with up to 70% occupancy levels during peak times. It should be noted, however, that a small number of beds have consistently showed a lower level of usage.

6.13 In addition since the implementation of this provision for older people we have identified a need for other types of respite provision for people with physical and learning disabilities. The Council is working with the Multiple Sclerosis (MS) Society, Disability Information Bureau (DIB) and Healthwatch to ensure that these respite needs are also met in a local and personalised way.

Feedback from Service Users and Carers

6.14 To ensure that service users and carers are getting the services they need and want

we have asked them about their stay. We have sampled the views of 30 (13%) of service users and carers on the service. Feedback has been generally positive with 81% of those surveyed satisfied with the new provision.

6.15 Comments received include:

Service users
'I enjoyed my stay very much. Found the staff very friendly, helpful and caring.' *'Staff were very friendly'* *'Being only 59 this is obviously a gap in age between myself and the majority of residents (except I) but I realise I have to accept this. The staff made up for this as they were nearer to my age range.'* *''would have liked a larger TV.'* *'Clean, light, airy, pleasant staff and caring.'* *'Lounge ideally situated for views of what is happening outside. Friendly atmosphere'* *'Its friendly, homely atmosphere. Staff are cheerful and professional. They are wonderful!'*
Carers
'it was very assuring to think and know that we are only 10 minutes away' *'Good food. Nice staff. En-suite room. Allowed to do whatever he wanted when he wanted.'* *'This home is a lifeline to xxx as he likes to be amongst people whom he can talk to. xxx appreciates that he can rest knowing xxx is in safe hands'.* *'The staff were outstanding. The manager was very knowledgeable and went through every detail of care''* *''TV to be provided in room as respite rooms in other homes have. Difficult for some elderley people to disconnect/connect TV'*

6.16 We will address the issue of televisions in bedrooms with homes and make this a requirement of the contract.

Next Steps

6.17 The review has evidenced that the number of respite nights within the current level of provision exceeds the number needed to provide a like for like replacement for the care previously provided at Hollins View and Lincoln House. It is proposed that the number of basic residential carer respite beds could be reduced by 3 beds. The beds where usage has remained low since the commencement of the contract will be removed and the resources redirected into other services for carers.

6.18 Two of the existing beds have already been varied to provide support for people who require beds on a locked unit. This will continue to be reviewed to evidence if this level of provision is appropriate.

6.19 Whilst not part of the scope of the original commissioning exercise, this review has evidenced that there is also a need for the Council to provide local and personalised carer respite provision for people with complex physical disabilities and learning disabilities.

6.20 Removing the 3 most under utilised residential carer respite beds from the current provision of 21 beds will release £83k per annum for re-investment in other services for carers.

Conclusion

6.21 The Council are confident that the current respite arrangements provide a like for like replacement for Hollins View and Lincoln House and offer carers a more local service.

6.22 Feedback from carers and users has continued to be positive.

6.23 The Council have identified as part of this review a need to widen its carer respite offer to ensure that carers of people with more complex needs are also able to exercise greater choice and control over which service is best for them and those they care for.

6.24 We are committed to the continuous review and improvement of these services for the benefit of carers going forward.

7.0 Implications of Recommendation

7.1 Policy Implications

7.1.1 Local and personalised carer respite for older people in Cheshire East puts Residents FIRST:

Flexible – Local provision for residents and increased choice to best meet your personal needs and circumstances

Innovative – being creative in our thinking and the way we approach our work and challenging convention where this no longer seems appropriate

Responsible – delivering what we promise and ensuring efficient use of resources

Service –focusing on what matters to residents and serving your best interests

Teamwork - respecting and working well with the independent provider market to collectively achieve the best outcomes for residents and communities.

7.1.2 The Council is committed to providing a range of excellent care and support locally for the residents of Cheshire East and we are building on our commitments to ensure residents are supported to live well for longer (Outcome 5 of the Corporate Strategy)

7.2 Legal Implications

None

7.3 Financial Implications

7.3.1 The cost of providing respite care to older people in house at Lincoln House and Hollins View was £2.3 m per annum.

7.3.2 The cost of providing respite care to older people in the independent sector is £674k per annum.

7.3.3 The re-provision of local and personalised carer respite for older people in Cheshire East has resulted in an annual saving of £1.6 m.

7.3.4 This saving (detailed in Appendix 4) has been reinvested in the Adult Social Care budget to meet needs of Cheshire East residents and has contributed to the £5.3m uplift in provider fees which was implemented from April 2016 in response to the introduction of the National Minimum Wage.

7.4 Equality Implications

In making the decision to move to a system of local and personalised carer respite for older people in Cheshire East Cabinet had due regard to the Public Sector Equality Duty as set out at S149 of the Equality Act 2010 and an Equality Impact Assessment was carried out.

7.5 Rural Implications

There is now a greater choice of type and location of support for those in rural communities to have a personalised response to their circumstances and needs.

7.6 Human Resources Implications

None

7.7 Public Health Implications

The One You Cheshire East campaign encourages people in mid life to look after their health. The availability of local and personalised carer respite for older people in Cheshire East supports carer's in mid life to look after their health.

7.8 Other Implications

None

8.0 Risk Management

8.1 The procurement of the contracts via a competitive procurement process in accordance with the 2012 Act and Regulations meets the requirements of the Public Contract Regulations 2015.

8.2 Cheshire East Council are actively managing the contracts for these services which are subject to regular quality monitoring visits both from the Council's Quality Assurance Team and also the Care Quality Commission (CQC), the independent regulator of health and social care in England.

9.0 Access to Information

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

Name: Sarah Smith, Commissioning Manager
Tel No: 01625 378209
Email: sarah.smith@cheshireeast.gov.uk

Appendix 1 – Information on Carer Respite from the Cheshire East Website
www.cheshireeast.gov.uk/care-and-support/carers-information/carer-respite.aspx

Carer respite

Caring for somebody can be a rewarding yet challenging job.

One way you can look after yourself as a carer is by taking occasional breaks from your caring role.

Under the Care Act, carers are entitled to a carer's assessment. This means you may be able to access more support to help you look after yourself and carry on caring which may include carer respite.

A financial assessment will also be undertaken to assess whether the person you care for will need to contribute financially to the cost.

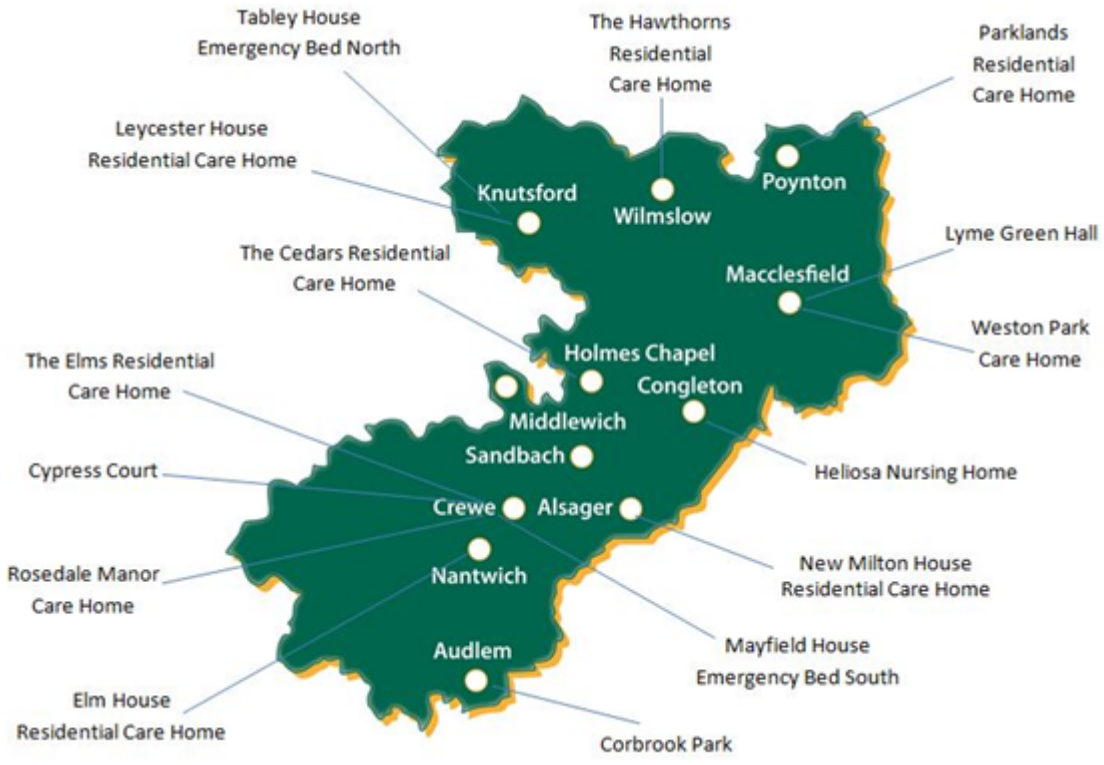
Do you know that carer respite provision is changing for the better?

The Council are committed to providing a choice of respite beds local to you:

- **Local provision** – respite is now available in 15 care homes throughout Cheshire East
- **Increased choice** – enabling you to choose a setting that best suits your personal needs and circumstances

The Council have now signed new contracts with the independent sector to provide 21 respite care beds, 19 of these are pre bookable and two are reserved for carer emergency. Information is available on how to book beds.

Carer respite is now available at the following care homes in Cheshire East:



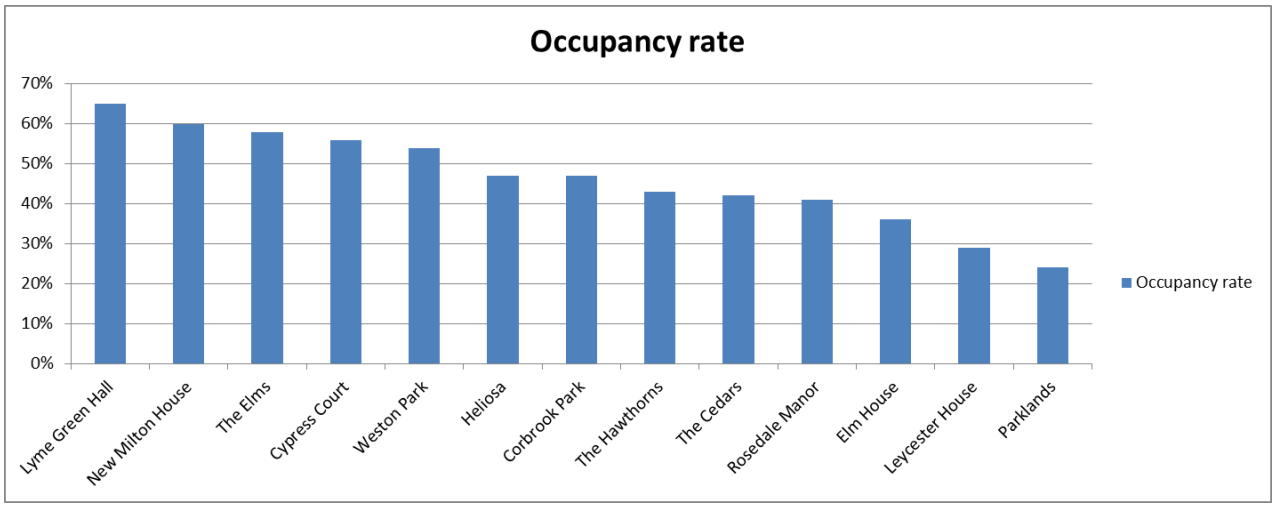
Appendix 2 Average Occupancy by Care Home

Pre-bookable carer respite

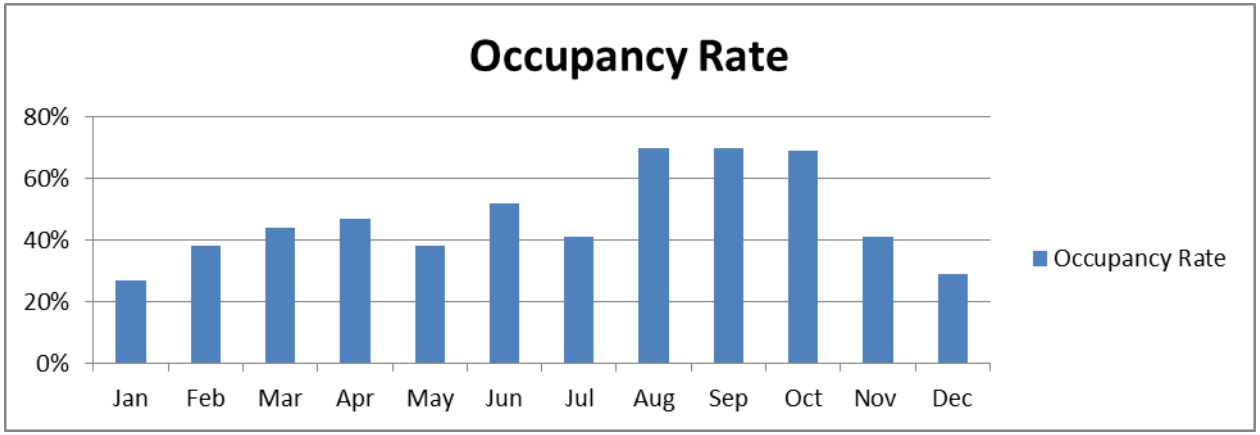
Location	Home	Provider	Number of beds	Average Occupancy
Alsager	New Milton House	CLS	1	60%
Audlem	Corbrook Park Nursing Home	Morris Care	2	47%
Congleton	Heliosa Care & Nursing Home	Takepart Ltd	1	47%
Crewe	Cypress Court	Four Seasons	2	56%
Crewe	Rosedale Manor	Four Seasons	1	41%
Crewe	The Elms	CLS	2	58%
Holmes Chapel	The Cedars	CLS	2	42%
Macclesfield	Lyme Green Hall	Pendlebury Care Homes Ltd	1	65%
Macclesfield	Weston Park	Four Seasons	2	54%
Mobberley	Leycester House	CLS	1	29%
Nantwich	Elm House	CLS	2	36%
Poynton	Parklands	CLS	1	24%
Wilmslow	The Hawthorns	CLS	1	43%

Emergency carer respite

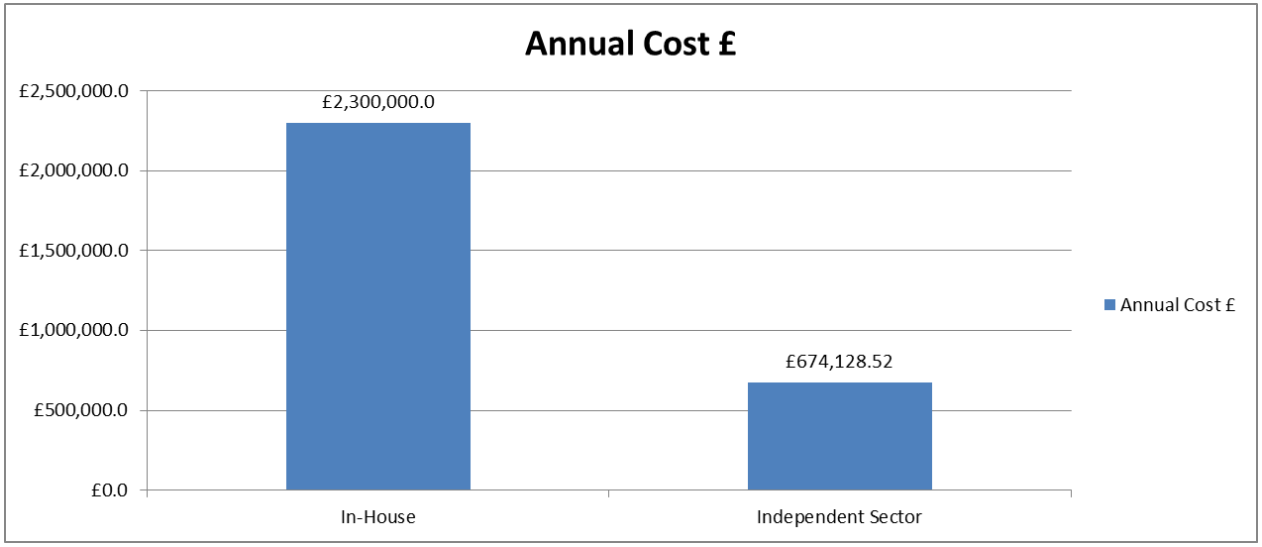
Location	Home	Provider	Number of beds	Average Occupancy
Crewe	Mayfield	Mayfield House	1	
Tabley	Tabley House Nursing Home	Cygnet Healthcare	1	



Appendix 3 – Overall Average Occupancy Levels / Trends Jan 16 – Dec 16



Appendix 4 Carers Respite Cost Comparison



CHESHIRE EAST COUNCIL

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

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Date of Meeting: 3 November 2016
Report of: Director of Legal Services and Monitoring Officer
Subject/Title: Work Programme update

1.0 Report Summary

1.1 To review items in the 2016/17 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 reviewed and updated following actions from the meeting and other amendments.

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: Mark Nedderman
Designation: Scrutiny Managerr
Tel No: 01270 686459
Email: mark.nedderman@cheshireeast.gov.uk

Health and Adult Social Care Overview and Scrutiny Committee – 3 November 2016

Future Meetings

Formal Meeting	Formal Meeting	Formal Meeting	Informal Meeting	Formal Meeting	Informal meeting
Date: **3 Nov 2016** Time: 10:00am Venue: Committee Suites, Westfields	Date: **1 Dec 2016** Time: 10:00am Venue: Committee Suites, Westfields	Date: **12 Jan 2016** Time: 10:00am Venue: Committee Suites, Westfields	Date: **2 Feb 2017** Time: 10:00am Venue: Committee Suites, Westfields	Date: **9 Mar 2017** Time: 10:00am Venue: Committee Suites, Westfields	Date: **6 April 2017** Time: 10:00am Venue: Committee Suites, Westfields

Essential items

Item	Description/purpose of report/comments	Outcome	Lead Officer/ organisation/ Portfolio Holder	Suggested by	Current position	Key Dates/ Deadlines
CCG Recovery Plans	New item to replace review of 'caring together'	People live well and for longer	Eastern and South CCGs		New Item	January 2017
Redesigning adult and older people's mental health services.	Consultation on how best to deliver adult and older people mental health services currently provided across Central and Eastern Cheshire with allocated resources.	People live well and for longer	Cheshire and Wirral Partnership(CWP)	CWP	Additional information requested at 8 September and 6 October meetings	2 February 2017
Review of Healthwatch	New Healthwatch contract to be commissioned in the Autumn of 2016.	People live well and for longer	Director of Adult Social Care	The Committee	New item	April 2017
Director of Public Health Annual Report 2013, 2014 and 2015 review	To look at whether the recommendations of the DoPH in previous reports have been implemented and improvements made	People live well and for longer	All Cheshire East commissioner and providers	The Committee	Interim DPH reported on the annual reports Oct 2016. Review od f specific aspects of the report to be undertaken in	June 2017

					response to suggestions to be made by members of the committee.	
Mental Health Reablement	To establish the future delivery of mental health reablement services	People live well and for longer	Council, SCCCG and ECCCG	Committee	Commissioners to be requested to provide item. To be linked with BCF	12 January 2016
South Cheshire Mental Health Gateway	To provide Committee's view on proposals relating to a new Mental Health Service	People live well and for longer	South Cheshire CCG	South Cheshire CCG	Presentation considered on 6 July. South CCG agreed to come back to Committee March/April 2017	March/April 2017
Cheshire and Wirral Partnership NHS Trust	To consider performance information specific to Cheshire East following Quality Account meeting in May 2016	People live well and for longer	CWP	Committee	CWP agreed to provide item when required. Proposed 3 Nov meeting	3 Nov 2016
Delayed Discharges from Hospital	To undertake a spotlight review of the effect of delayed discharges in Cheshire East.	People live well and for longer	Director of Adult Social Care	Chairman's 1:1	Special meeting Capesthorne Room Macclesfield	18 January 2017
Cheshire/Wirral Commissioning Policy	To review a consultation on new commission policy across Cheshire/Wirral footprint	People live well and for longer	CCGs	Eastern Cheshire CCG		3 November 2016
Workforce	To scrutinise an options appraisal on the future delivery of Workforce and provide advice to the Portfolio Holder when considering proposals to implement the recommendations.	People live well and for longer	David Laycock Project Manager	Portfolio Holder		1 December 2016
Electroconvulsive Therapy (ECT)	To review a consultation on ECT services	People live well and for	CWP	CWP		1 December 2016

		longer				

Monitoring Items

Item	Description/purpose of report/comments	Outcome	Lead Officer/ organisation/ Portfolio Holder	Suggested by	Current position	Key Dates/ Deadlines
Joint Strategy for Carers	Presentation of the draft Joint Carers Strategy 2016-2018 and the planned 3 year action plan to support carers in Cheshire East	People live well and for longer	Commissioning Manager (Rob Walker)	Committee	Further information required. Follow up TBA	1 December 2016
Future of Carer Respite	Further to the Call In Meeting – to review the progress of the decision to secure alternative carer respite support via a formal tender process, initially in November 2015	People live well and for longer	Deputy Chief Executive and Executive Director People	Committee	Report updating the committee on implementation of the Cabinet decision received in Nov 2015. First report on performance received in April 16	3 November 2016
Health and Wellbeing Board	Consider report and action plan developed following a peer review of the HWB in November 2014	People live well and for longer	Head of Health Improvement	Committee	Development of an MoU with the Board and Healthwatch ongoing	On hold
Better Care Fund	To monitor the achievement of health and social care integration and improved health outcomes through BCF schemes	People live well and for longer	Commissioning Manager (Caroline Baines)	Committee	Briefing on 2016/17 funding received at 3 March 2016 meeting	12 January 2017
Local Safeguarding	The Committee wishes to receive a presentation from the Board at	People live well and for	Business Manager	Committee	Robert Templeton invited to present	12 January 2017

Adults Board	an informal meeting as part of it's scrutiny role to monitor the adult safeguarding	longer	LSAB		Annual report	
ESAR	To monitor the performance of the Charitable Trust set up to run the Council's leisure facilities	People live well and for longer	Corporate Commissioning Manager: Leisure	Committee	Most recent item received in sept 2015	TBA
Mid Cheshire NHS Trust Quality Accounts	To consider the Quality Accounts of Local NHS Trust	People live well and for longer	NHS Trusts	Committee		May 2017
Cheshire and Wirral Partnership Quality Accounts	To consider the Quality Accounts of Local NHS Trust	People live well and for longer	NHS Trusts	Committee		May 2017
East Cheshire NHS Trust Quality Accounts	To consider the Quality Accounts of Local NHS Trust	People live well and for longer	NHS Trusts	Committee		May 2017
North West Ambulance Services (NWAS)	Monitor progress made in respect of the recommendations made by this committee in the 2016 spotlight review.	People live well and for longer		Committee		TBA

Possible Future/ desirable items

- Mental Health Services

FORWARD PLAN FOR THE PERIOD ENDING 31ST JANUARY 2017

This Plan sets out the key decisions which the Executive expects to take over the period indicated above. The Plan is rolled forward every month. A key decision is defined in the Council's 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 £1M."*

Reports relevant to key decisions, and any listed background documents, may be viewed at any of the Council's 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 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 at Council Offices.

This Forward Plan also provides notice that the Cabinet, or a Portfolio Holder, may decide to take a decision in private, that is, with the public and press excluded from the meeting. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, 28 clear days' notice must be given of any decision to be taken in private by the Cabinet or a Portfolio Holder, with provision for the public to make representations as to why the decision should be taken in public. In such 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, together 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 the 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, please email:

Paul Mountford, Democratic Services Officer paul.mountford@cheshireeast.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 clear 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 provide for urgent key decisions to be made. Any decision made in this way will be published in the same way.

Forward Plan

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 16/17-16 Cheshire East Local Development Scheme	To approve the fifth local development scheme, setting out a programme and timetable for the preparation of documents for the Local Plan 2016 – 2018. It will be used to support the Local Plan Examination Hearings in September/October 2016.	Cabinet Member for Housing and Planning	17 Oct 2016		Frank Jordan, Executice Director: Place	
CE 15/16-49 Review of Available Walking Routes to School	To review all available walking routes to school linked to Home to School Transport; and to ensure that equitable and appropriate arrangements are in place for all Home to School Transport.	Cabinet	18 Oct 2016		Kath O'Dwyer, Deputy Chief Executive and Executive Director: People	No

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 16/17- 6 Crewe Green Roundabout Preferred Scheme Selection and Works Contract Award	1. To select a preferred design solution 2. to select a procurement route for the delivery of the Works resulting in the appointment of a Contractor and award of the Contract 3. to authorise the extension of the appointment of the Designer and production of detailed design for the preferred solution 4. to authorise that officers enter into discussions with The Duchy of Lancaster and effect the transfer of the necessary land 5. to authorise the conduct of the necessary diversions of statutory-undertakers apparatus to enable the highways Works 6. to authorise the completion of assembly of the identified funding solutions	Cabinet	18 Oct 2016		Phil Christian, Research and Consultation Team Leader	

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 16/17-9 Prevent Duty and Channel Duty	To consider the authority's responsibilities under the Prevent Duty Guidance 2015 and the Channel Duty Guidance 2015.	Cabinet	18 Oct 2016		Stephanie Cordon, Head of Communities	No
CE 16/17-15 Children's Residential Home Tender	To give delegated authority to the Deputy Chief Executive and Executive Director People in consultation with the Portfolio Holder for Children and Families to award a contract for the Children's Residential Home tender.	Cabinet	18 Oct 2016		Kath O'Dwyer, Deputy Chief Executive and Executive Director: People	No
CE 16/17-17 LAN Switch Replacement Project	To approve the procurement and award of contracts for the replacement of all EOL/EOS LAN equipment at an estimated cost of £3M over a seven year contract period, via the Crown Commercial Service RM1045 LOT 2 – Local Connectivity Services.	Cabinet	18 Oct 2016		Gareth Pawlett, ICT Manager	No

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 16/17-18 Connected Communities	To approve the Connected Communities Strategy and to agree the allocation of existing Partnerships and Communities Budget for the delivery of the Strategy; and to authorise officers to take all necessary steps to implement and deliver the Strategy.	Cabinet	18 Oct 2016		Kirstie Hercules	No
CE 16/17-10 Middlewich Eastern Bypass: Selection of Preferred Route, Development of Detailed Design and Outline Business Case	To select a preferred design; develop the detailed design; authorise discussions with landowners and developers; and develop an outline business case, identifying the funding required to deliver the bypass.	Cabinet	8 Nov 2016		Andrew Round, Interim Executive Director of Growth and Prosperity	No

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 16/17-12 Expressions of Interest to the DfE Innovation Programme	To authorise the Executive Director People to submit the business cases and proceed to the final stages of the bidding process to the DfE Innovation Programme, and to undertaken all necessary negotiations and enter into any funding and associated agreements to secure the funding from the DfE Innovation Programme. To delegate the authority to make decisions on the sue of funds for these projects to the Executive Director People, including the procurement of services, provision of grants, entering into partnership agreements and authorising the acceptance and use of funds.	Cabinet	8 Nov 2016		Nigel Moorhouse, Interim Director of Childrens Services	No

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 16/17-14 Congleton Link Road - Procurement Strategy	To approve the preferred procurement strategy for Congleton Link Road and to authorise the officers to take the necessary actions to commence the procurement process.	Cabinet	8 Nov 2016		Paul Griffiths	No
CE 16/17-19 Highways Service Contract Re-Procurement	To approve the contract model, procurement route and project management framework, and to authorise the officers to progress the re-procurement exercise in consultation with the Portfolio Holder.	Cabinet	8 Nov 2016		Frank Jordan, Executice Director: Place	No
CE 16/17-21 Commissioning a Voluntary, Community and Faith Infrastructure Service	To approve the commissioning of a Voluntary, Community and Faith Infrastructure Service from April 2017 and authorise the officers to take all necessary actions to implement the proposal.	Cabinet	8 Nov 2016		Stephanie Cordon, Head of Communities	Exempt by virtue of para 5

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 15/16-8 Poynton Relief Road - Procurement Strategy and Compulsory Purchase of Land	The Poynton Relief Road forms an important part of the Council's strategy of enabling job creation, delivering housing growth and addressing long standing traffic congestion and environmental issues in the town, as well as delivering an important part of the wider SEMMMS Strategy. One report will outline the work undertaken to identify the procurement process to appoint a contractor in order to construct the scheme. A second report will seek authority for the compulsory purchase of land. The reports will also seek authority for the officers to undertake all necessary actions to implement the proposals.	Cabinet	6 Dec 2016		Paul Griffiths	No
CE 16/17-11 Crewe HS2 Masterplan	To approve the HS2 masterplan for Crewe, and to authorise the Executive Director Place to enter into a public consultation on the masterplan in 2017.	Cabinet	6 Dec 2016		Andrew Ross	No

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 15/16-18 Bentley Development Framework	To approve the development framework as a consultation draft document; and to agree to review the development framework following public consultation with a view to considering endorsing the final version of the document as a material consideration when determining future planning applications on the site.	Cabinet	17 Jan 2017		Andrew Round, Interim Executive Director of Growth and Prosperity	No
CE 16/17-20 Crewe Nurseries	To give delegated authority to the Executive Director- People and Deputy Chief Executive, in consultation with the Portfolio Holder, to award a contract for the Children's Residential Home tender.	Cabinet	17 Jan 2017		Kath O'Dwyer, Deputy Chief Executive and Executive Director: People	No
CE 16/17-4 Medium Term Financial Strategy 2017-20	To approve the Medium Term Financial Strategy for 2017-20, incorporating the Council's priorities, budget, policy proposals and capital programme.	Council	23 Feb 2017		Alex Thompson	No

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 14/15-42 Cheshire East Indoor Facility Strategy	To adopt the Indoor Facility Strategy in support of the Council's Local Plan.	Cabinet	11 Apr 2017		Mark Wheelton	No

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