

Health and Adult Social Care Overview and Scrutiny Committee

Agenda

Date: Thursday, 2nd April, 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

2. Minutes of Previous meeting (Pages 1 - 6)

To approve the minutes of the meeting held on 5 March 2015

For requests for further information

Contact: James Morley

Tel: 01270 686458

E-Mail: james.morley@cheshireeast.gov.uk with any apologies

This page is intentionally left blank

CHESHIRE EAST COUNCIL**Minutes of a meeting of the Health and Adult Social Care Overview and Scrutiny Committee**

held on Thursday, 5th March, 2015 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor M Simon (Chairman)
Councillor J Saunders (Vice-Chairman)

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

ALSO PRESENT

Councillor J Clowes – Portfolio Holder for Care and Health in the Community
Jo Vitta – South Cheshire Clinical Commissioning Group

OFFICERS PRESENT

Sarah Smith – Corporate Commissioning Manager
Kate Phillips – Commissioning Manager for Quality Assurance
James Morley – Scrutiny Officer

79 APOLOGIES FOR ABSENCE

There were no apologies

80 MINUTES OF PREVIOUS MEETING

RESOLVED – That the minutes of the meeting held on 5 February 2015 be approved as a correct record and signed by the Chairman.

81 DECLARATIONS OF INTEREST

There were no declarations of interest

82 DECLARATION OF PARTY WHIP

There were no declarations of party whip

83 PUBLIC SPEAKING TIME/OPEN SESSION

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

84 QUALITY ASSURANCE

Sarah Smith, Corporate Commissioning Manager, and Kate Phillips, Commissioning Manager for Quality Assurance, provided a presentation about

the Council's new Quality Assurance Team (QA Team). During the presentation the following points were made:

- The QA Team was responsible for monitoring of the independent sector market for care and support with a view to raising standards, minimising risks to service users.
- Cheshire East Council hosted the QA Team but it was a partnership initiative with the two Clinical Commissioning Groups (CCGs) in the Borough.
- The CQC was represented at fortnightly governance meetings, which involved senior managers from the Council and CCGs, to share intelligence.
- Healthwatch Cheshire East were also represented at meetings to ensure there was no duplication with the QA Team's work and Healthwatch's "Enter and View" programme.
- A QA Team toolkit was being developed to ensure providers were complying with national standards and contractual requirements. This was expected to be completed by April 2015 and was being led by South Cheshire CCG.
- The QA Team supported the closure of care homes when they occurred and attempted to learn lessons from closures to make improvements in the future.
- Since September 2014 the number of care homes at high risk of having their contract with the Council cancelled (in Default stage) had reduced from eight to one. This was considered to be due to good engagement with the QA Team in raising standards of care.
- Generally there were positive relationships between the QA Team and providers.

When the presentation was completed the Committee asked questions and the following points arose:

- There had been a joint stakeholder event about quality assurance was held in November 2014 and was well attended by GPs, CCG officers, the CQC and Councillors. Feedback from attendees was positive.
- Concerns regarding a care home were communicated to service users and their families via a letter informing them of the issues that needed to be addressed and the timescales involved.
- QA Team's visits were unannounced. Homes were prioritised for visits if there was a suggestion there were major issues at a home. If follow up visits were required to assess delivery of required improvements these would be announced.
- Any Safeguarding issues identified during a site visit were dealt with by frontline services immediately.
- The Council's contracts with providers were regulated by national minimum standards. If a provider was not meeting any one of the standards they would be in default. If the provider failed to deal with an issue causing a default then the Council could cancel the contract.

- Providers had to be registered with the CQC before being able to gain a contract with the Council. All providers were considered for contracts using the same methods during the tender process.
- The QA Team always referred findings from visits to the CQC and the activity of the QA Team was coordinated with the CQC. The Council only had power to cancel its contract with a home and did not have powers to close homes which was the responsibility of the CQC.
- The Council paid the provider a rate per bed in the care home and did not have any control over the rate of pay for carers within independent sector homes. The amount providers paid carers did not necessarily correlate with the quality of care received. It was suggested that culture and managerial style with a provider had the most impact on quality of care.
- The Council had contracts with approximately 70 providers to provide more choice to service users. Members suggested that many care homes were already full which limited the actual level of choice service users had.
- The QA Team review all care homes in the Borough whether they were a supplier to the Council or not. The Council had some service users placed out of Borough but the host local authority was responsible for monitoring and councils shared information with each other.
- There was scope to involve overview and scrutiny members in the work of the QA Team and the development of policies and practices.

RESOLVED – That the presentation be noted.

85 DEVELOPING THE ROLE OF SOCIAL AND PRIVATE LANDLORDS IN HEALTH AND WELLBEING - FEEDBACK FROM WORKSHOP

The Committee gave consideration to a report of the discussions which took place during a workshop hosted by the Committee on 8 January 2015. The Workshop was arranged to consider developing the role of social and private landlords in health and wellbeing. The Committee was requested to consider the findings and agree the main points and recommend possible actions to be taken to increase the positive impact social and private landlords have/can have on health and wellbeing of tenants and communities as a whole.

During the discussion about the workshop the following points were made:

- Members were disappointed with the low level of representation from private landlords due to the large numbers of private landlords in the Borough. It was suggested that greater engagement with private landlords was needed at local authority and health organisations. A further workshop event involving more private landlords was suggested.
- It was felt that local authorities did not have enough control over the quality of housing private landlords maintained, which in some cases was considered to be poor. Some private landlords actively tried to support their tenants however were often unaware of the

services that were available to signpost their tenants. Some privately rented properties were managed by agents on behalf of landlords and it was suggested that greater engagement with the agencies might stimulate improvements.

- The workshop was a useful opportunity for networking between council officers, health organisations and housing associations. Health organisations had a responsibility to engage with landlords as there played an important role in supporting people's health. The workshop helped to raise attendees awareness of what other organisations were doing and how they might better work together.
- Fire and Rescue services did a very good job of sharing information from home fire safety visits with social services and health and care charities. More needed to be done to encourage all organisations that come into contact with residents to share information and concerns about health and wellbeing. For example, district nurses should report issues which aren't their responsibility to the appropriate body so they can be addressed.
- The Council and its partners in Cheshire were currently looking to implement a share patient record scheme which would improve information sharing between health and care organisations, hopefully leading to better integration of services.
- Social and private landlords were well placed to inform their tenants about health and wellbeing, care and support, and lifestyle services and facilities that were available in their area to encourage people to use them. The Council was currently developing a comprehensive directory of services in the Borough and social and private landlords might be a useful partner to help distribute the information to residents.

RESOLVED:

- (a) That the Scrutiny Officer be requested to develop a summary report based on the workshop findings and the Committee's views.
- (b) That the Committee's summary report to distributed to all attendees and other stakeholders for consideration.
- (c) That consideration be given to the organisation of a follow up workshop in July.

86 FORWARD PLAN

The Committee gave consideration to the Forward Plan. The Chairman invited the Portfolio Holder for Care and Health in the Community to comment on the items relevant to health and social care in the plan.

RESOLVED – That the Forward Plan be noted.

87 WORK PROGRAMME

The Committee considered its work programme.

RESOLVED – That the work programme be noted.

The meeting commenced at 10.00 am and concluded at 12.00 pm

Councillor M Simon (Chairman)

This page is intentionally left blank