

# **Health and Adult Social Care Overview and Scrutiny Committee**

## **Agenda**

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

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

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

1. **Apologies for Absence**

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

To approve the minutes of the meeting held on 5 February 2015.

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**

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For requests for further information

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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. **Quality Assurance**

To consider a presentation about quality assurance

7. **Developing the Role of Social and Private Landlords in Health and Wellbeing - Feedback from Workshop** (Pages 7 - 16)

To consider the discussions which took place at the workshop held by the Committee on 8 January. To consider producing a summary of the findings with recommendations for future ways of working.

8. **Forward Plan** (Pages 17 - 22)

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

9. **Work Programme** (Pages 23 - 28)

To review the current Work Programme

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Adult Social Care Overview and Scrutiny Committee**  
held on Thursday, 5th February, 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 and A Moran

**Apologies**

Councillors S Jones

**ALSO PRESENT**

Councillor J Clowes – Portfolio Holder for Care and Health in the Community  
Jacki Wilkes – Eastern Cheshire Clinical Commissioning Group

**OFFICERS PRESENT**

Brenda Smith – Director of Adult Social Care and Independent Living  
Heather Grimbaldeston – Director of Public Health  
Rob Walker – Commissioning Manager  
Jon Wilkie – Project and Performance Manager  
James Morley – Scrutiny Officer

**68 MINUTES OF PREVIOUS MEETING**

RESOLVED – That the minutes of the meeting on 4 December 2014 be approved as a correct record and signed by the Chairman.

**69 DECLARATIONS OF INTEREST**

There were no declarations of interest

**70 DECLARATION OF PARTY WHIP**

There were no declarations of party whip

**71 PUBLIC SPEAKING TIME/OPEN SESSION**

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

**72 CARERS TASK AND FINISH GROUP FINAL REPORT**

Councillor M Simon, Chairman of the Carers Task and Finish Group (the Group), presented the Group's Final Report to be approved by the Committee before being submitted to the Cabinet for consideration.

Councillor Simon gave an overview of the report and the process that the Group had gone through during its review. The Group's report contained recommendations to both the Council and health service commissioners and providers.

During discussion about the report the following points arose:

- One of the main issues carers had with current services was the requirement to repeat information about their case to various agencies/services. Information sharing between services was an important practice that needed to be put in place.
- A series of carers event had been held during January 2015 as follow up to the Middlewich event which the task group members had originally attended in November 2013. Some of the Group's recommendations had been tested with carers at these events and had received positive feedback.
- Carers had enjoyed the events and the social aspect of simply getting carers together to discuss their issues was useful to them. It had been agreed that carers events would become a regular occurrence in future, possibly on a quarterly basis.
- Some of the Group recommendations were elements of the current integrated care projects which were taking place between the Council and Clinical Commissioning Groups. For instance a pilot system for shared patient/resident records was being tested, this needed to ensure safeguarding of data.
- Guidance on the Care Act 2014 was being produced on an inconsistent basis however some elements of the Act relating to carers would be in force by April 2015.
- The Borough needed to consider how it was going to deal with its relative large and growing elderly population which included elderly carers.
- Identification of carers was difficult however every service that interacted with cared for people should be aware of potential carers and the role they may be playing.
- It was important to ensure that young carers were provided with the same opportunities for further education as their contemporaries. It was particularly difficult to identify young carers as they often did not wish to be identified for fear of being taken into care or perceived stigma of their caring role.
- Carers breaks were considered particularly important to support carers in maintaining their caring role, even if only for a few hours a week. The Dementia task and finish group which had reported in 2013 has also identified the role of carers and the importance of carer breaks.
- Parent carers of children with disabilities also needed to be taken into consideration. It was suggested that the Children and Families Overview and Scrutiny Committee might wish to conduct a review specifically about parent carers. Parent carers also existed for adults with disabilities as more people with disabilities were surviving longer due to medical advances. This raised the issue of parent carers reaching old age and their ability to care for their child being diminished. Adult Social Care was considering this issue.

- It was suggested that the Committee should review the task groups report in 12 months time to establish whether issues raised had been address and whether improvements had been made.
- The Committee was informed that a Carers Strategy was being developed by the Council and CCGs and would be present for consideration at a future meeting.
- In relation to recommendations made to health commissioners and providers the suggestion of carer champions was supported. It was suggested that awareness of carers and the role the played in supporting health services needed to be raised within the NHS.
- The Council and CCGs were consideration how respite for the cared for and carers breaks could be more joined up and how funding could be used by carers more flexibly.

Councillor Simon thanked all members and officers who had taken part in the review and proposed that the report be approved by the Committee.

RESOLVED:

- (a) That the Carers Task and Finish Group Final Report be approved and submitted to Cabinet and health commissioners and providers for consideration.
- (b) That a response to the report from both Cabinet and health commissioners and providers be requested and presented to the Committee.

### **73 ASSISTIVE TECHNOLOGY TASK AND FINISH GROUP FINAL REPORT**

Councillor J Saunders, Chairman of the Assistive Technology Task and Finish Group (the Group), presented the Group's final report to be approved by the Committee before being submitted to Cabinet for consideration.

Councillor Saunders gave an overview of the report and the recommendations to Cabinet. The Group had given consideration to three policy areas: Effectiveness of Assistive Technology (AT); Universal Accessibility; and Charging.

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

- The current charges for AT were not sustainable and the Group believed a new charging structure was required. However concern was expressed that the charges shouldn't be increase so much that people were discouraged from using the service.
- The Group believed that using AT in homes can help maintain independence and reduce the demand for residential care.
- There should be a drive to promote the use of AT to people who currently had low to moderate care needs in the interests of early intervention and prevention.
- Good marketing was required in order to increase the public's awareness of AT and the benefits. An increase in promotional activity was required including given people independent access to what was available.
- The Group second recommendation in relation to ensuring commissioned providers incorporated AT into their services would be an area where the strongest impact could be made.

- GP surgeries would be a useful place to advertise AT and GPs and other health service providers should be encouraged to promote the use of AT for early intervention and prevention and improving quality of life.
- It was suggested that AT could help to reduce the needs for other aspects of care, reducing overall costs to the Council.
- Individuals who were already receiving care should also be encouraged to independently look at additional AT which would help them to improve their quality of life.
- It was suggested that Extra Care Housing should be considered in the same way as affordable housing as being necessary for development in the Borough.
- Peterborough Council was given as an example of an authority with a useful adult social care services directory and a similar system would be useful in Cheshire East.
- The possibility of offering AT services free of charge to over 85s living alone was raised as a potential way of increasing the use of AT and reducing demand for residential care. It was suggested that a recommendation to produce a business case for this option be developed by officers to see if it was viable and would be effective.

RESOLVED:

- (a) That the Assistive Technology Task and Finish Group's Final Report be approved and submitted to Cabinet for consideration.
- (b) That an additional recommendation be added as follows: "6.11 That officers be requested to explore the possibility of providing telecare services free of charge to over 85s who live alone and whether this would be financially sustainable and effective in maintaining independence."
- (c) That a response to the report from both Cabinet and health commissioners and providers be requested and presented to the Committee.

#### **74 THE CARE ACT 2014 IN CHESHIRE EAST**

This item was deferred at the request of officers because documents relating to it could not be provided in time for the meeting.

RESOLVED – That the item be deferred and a potential new date for consideration of the item be considered by the Chairman.

#### **75 ADULTS SERVICES CHARGING AND TOP UP POLICY**

This item was deferred at the request of officers because documents relating to it could not be provided in time for the meeting.

RESOLVED – That the item be deferred and a potential new date for consideration of the item be considered by the Chairman.

**76 FORWARD PLAN**

The Committee gave consideration to the forward plan.

RESOLVED – That the Forward Plan be noted.

**77 WORK PROGRAMME**

The Committee gave consideration to its work programme. It was noted that the next meeting of the Joint Health Scrutiny Committee with Cheshire West and Chester Council was due to take place on 9 March 2015. The Committee was informed that a workshop to develop an action plan for the Health and Wellbeing Board, following a peer review in November 2014, was to take place this month. A report and action plan would be available to share with the Committee at the April 2015 meeting. It was also noted that feedback from the Health and Housing workshop held by the Committee on 8 January 2015 would be provided at a future meeting.

RESOLVED – That the work programme be noted.

The meeting commenced at 10.05 am and concluded at 12.05 pm

Councillor M Simon (Chairman)

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## DEVELOPING THE ROLE OF SOCIAL AND PRIVATE LANDLORDS IN HEALTH AND WELLBEING WORKSHOP

### Workshop Findings

#### Director of Public Health Presentation

Dr Heather Grimbaldeston, DoPH for Cheshire East, gave a presentation about Health and Wellbeing in Cheshire East. Heather's Public Health Annual Report in 2013 was focussed on Early/Premature Deaths in CE. The report suggested that CE has a low number of early deaths when compared with all local authorities but said overall CE performs less well when compared with similar LAs (11<sup>th</sup> of 15). Crewe has been identified as having a major issue with early deaths but there are problems with early deaths across CE. In particular, women in Crewe have significantly higher rates of premature mortality than any other LAP area.

Heather's latest Annual Report was about Children and Young People and how we impact on our long term health and life expectancy in our early years. The top 5 lifestyle factors which caused long term illness were: Tobacco smoking; High blood pressure; Hody body-mass index; Physical inactivity; Alcohol use. Mental health issues was also one for the worst issues for causing premature deaths in England and CE had one of the highest excess death rates for adults under 75 with serious mental illness.

The Marmot Review Report from 2010 suggested health differences result from social differences hence action on health differences requires action across all social determinants of health. One of Marmot's six policy objectives for reducing health inequalities is "Create and develop healthy and sustainable places and communities". Housing is one of several determinants of health and is something that health and care services can work on with housing associations and landlords.

Cold houses is a big issue. Excess seasonal deaths affect all areas, but are higher in people who live in the coldest homes. Improving the energy efficiency of housing across all homes will reduce deaths, although maximum impact will be in the coldest homes. Fuel Poverty affects 9.5% of households in CE, it affects many rural areas; Crewe is the only urban area with significantly higher levels of fuel poverty.

Poor housing can have an affect on children's health. Damp and mould can cause respiratory illness, poor quality housing can lead to social isolation, anxiety and embarrassment which impact on mental health, children who live in poor quality unsafe housing are five times more likely to die as a

result of an accident, overcrowding is associated with an increased risk of accidents, hygiene risks and communicable diseases. Landlords can play a role in reducing home injuries in all age groups (including children, disabled and elderly). Heather's Annual Report 2014 includes an eight point plan for reducing home injuries.

### Discussion Findings

Below is a summary of the points raised in the groups during their discussion. The discussions on each table were guided by five suggested questions:

- (1) How do landlords currently support the health and wellbeing of their tenants?
- (2) How do landlords and health and care commissioners currently work together?
- (3) What are the key areas where more work is needed to reduce health inequalities, keep people in their homes for longer and reduce the pressure on health and care services?
- (4) What, if any, factors obstruct landlords and commissioners from doing more?
- (5) What can be done to remove barriers to developing services/partnerships?
- (6) How can local communities support landlords and commissioners to improve services?

#### **Q1 – HOW DO LANDLORDS CURRENTLY SUPPORT THE HEALTH AND WELLBEING OF OUR TENANTS**

- 1.1 The impact of landlords on health and wellbeing can be split into two key areas: (1) the Bricks and Mortar – providing quality houses that are energy efficient and safe with required facilities on a well maintained estate. (2) Services and assistance for tenants to support healthy and happy lifestyles.
- 1.2 A Landlord's ultimate aim is to have longterm and sustainable tenancies which ensures stable income in rent and protects their assets (i.e. homes are well looked after). If Landlords provide the services that support people to be good tenants with happy and healthy lives then they are more likely to achieve their ultimate aim. Tenants who are able to maintain their tenancies is also beneficial to the Council as it reduces the demand for their Housing Services.
- 1.3 Issues with the quality of housing that can affect tenants health include coldness and development of mould which can lead to illness (e.g. colds/flu, bacterial and respiratory issues). Nationally the quality of housing provided by Housing Associations is good. HAs regularly conduct stock condition surveys with specific quality standards and regularly maintain and replace old stock, fixtures and fittings. When a tenant vacates a property houses are usually upgraded if needed before a new tenant moves in.
- 1.4 The Private Rented Sector can be an issue when it comes to the quality and maintainance of properties. The Council employs two Private Sector Liaison Officers and operates a number of forums to support private landlords to provide good quality housing and build good relationships with tenants. Only the proactive and high quality Landlords seemed to attend forums; it was difficult to engage those lower quality Landlords that were the ones that the Council needed to influence in order to improve living standards and health outcomes for the tenants.

- 1.5 Additionally it was difficult to identify landlords whose housing conditions were poor because tenants were often reluctant to complain about a property for fear of being evicted. Sometimes former tenants will make complaints once they have left a property but this is too late for them in terms of impact of poor housing on their health. Cheshire East employs 3.4 full time staff to cover the whole Borough so it's difficult to monitor and chase rouge landlords but some have been taken to court when necessary.
- 1.6 Some Housing Associations run their own support services for tenants but not all. Muir Group were currently reactive to issues arising with their tenants rather than being proactive about helping tenants to ensure issues don't arise. Regenda was currently running a scheme in Rochdale where they encouraged and supported their tenants to become community leaders, linking their communities thereby improving socialisation, sharing skills and helping each other to live well.
- 1.7 Need to help people sustain their tenancy and ensure they are matched to their tenancy for what they can afford and personal suitability. This helps keep the community alive as continually changing tenancies doesn't do that.
- 1.8 Every body, including contractors, must feed back on problems observed during their visit. Tenants are everybody's responsibility. (In some agencies) frontline staff are trained on domestic abuse and how to recognise it. Reference to appropriate agencies needs to be made before it is too late.
- 1.9 Tenants need to be encouraged to raise the alarm sooner rather than later if they are in difficulties.
- 1.10 Properties need to be maintained to a good/30 year standard.
- 1.11 In Wilmslow a housing agency has worked with NHS staff on designing properties to suite specific individuals – but this is rare – the tenant will then be able to stay there forever.
- 1.12 In CE there are 1200 'hits' every week on the property index. There is an acute shortage of properties and people tend to want to stay in their own areas in order to keep their support networks.
- 1.13 L/L training has been instigated by CE and there are 2 board meetings each year. Also, there is training for tenants who have got into difficulties so that they can avoid it happening again. Landlords are advised to keep in touch with their tenants but not all L/L want to work to assist tenants in difficulties.
- 1.14 Tenants being put on Universal Credit are advised of all the ways in which they can get assistance including access to computers, email advice, prepayment of monthly bills.

- 1.15 New tenants receive an information pack on local services, medical care etc and most L/L have that info on their websites. They are also advised about the Credit Union 'Jam Jar' account.
- 1.16 There are approx. 600 interventions pa to prevent tenants becoming homeless.
- 1.17 The Private Landlord in the group often felt like she was a social worker for some of her tenants, particularly when dealing with families on benefits. Good landlords keep their houses in good order however they are sometimes too small for some families. Families with 5+ kids have limited options and often end up in houses which are too small. Although there was a willingness to help her tenants she did not know where to signpost them when they required support. The Council has early help services available to families but it is sometimes difficult to engage them. Council needs to ensure information is publicised about services that are out there for families.
- 1.18 Wulvern Housing currently runs healthy eating projects and provides access to fitness. Great Places run healthy food courses and are working with women with mental health issues. Your Housing Group runs Silver Talk; it provides training for volunteers who speak to tenants who have requested the service on the phone to chat with them and signpost them to other services. All registered providers use frontline staff who visit tenants to help them access service which are available.
- 1.19 There is sometimes a difficulty in getting people to engage with services and it often takes a long time to get them to engage. Great Places have some champions on some of their estates who people may be happier to talk to.
- 1.20 Some RPs help tenants with employment skills and put on tai chi classes which are good for elderly people.

## **Q2 – HOW DO LANDLORDS AND HEALTH AND CARE COMMISSIONERS CURRENTLY WORK TOGETHER?**

- 2.1 Public Health currently commissions drug and alcohol service providers but does not require them to link with Housing Associations, who often have connection to people with drug and alcohol issues. It was suggested that the Council could be more rigorous in ensuring its providers make links and relationships with other bodies to carry out contracts more effectively. There is a great deal of monitor in relation to the way commissioned providers deliver services.
- 2.2 Health services tended to be reactive, rather than proactive, in linking with housing. Some GPs may have an idea what housing stock their patients currently live in but may not link this to their health issues. GPs don't carry out house visits as much as they used to so they don't tend to notice the quality of housing.

- 2.3 The Fire and Rescue Service did good work in the community to assess houses for fire safety and installed smoke alarms where needed.
- 2.4 Most Housing Associations provide assistive technology and monitoring services which help people to maintain their independence which supports health and social care to provide services and avoid need for residential care. Peaks and Plains Trust currently provides the Council's telecare services but commissioning could be expanded to other HAs as well and private customers can purchase services from them.
- 2.5 Currently very good at times of crisis. Now trying to get that moving at an earlier stage e.g. by finding/creating properties for young people to live in supported accommodation. It is excellent practice but rare.
- 2.6 Each case needs to be looked at individually. At present we do a lot of little things but need to look at how they can be built into the commissioning process – and the work of the HW Board.
- 2.7 The Housing Strategy is very good, clear and well laid out and does drill down to what is needed by way of types of schemes in specific areas. In some areas the LA assists by telling the developer what is needed and identifying the tenants for it. Elected Members can assist a great deal with this.
- 2.8 House swapping is being encouraged for tenants who want to upsize/downsize; it is a quick and easy way of dealing with the request, especially with the introduction of new housing benefit rules which reduce housing benefit for people with spare rooms.
- 2.9 There needs to be better connection between commissioners in order to connect initiatives. Commissioning should not be carried out in isolation and RSLs and private landlords need to be given more information about contracts and funding that is available to enable them to compete for more commissioning.
- 2.10 It was felt that between health and care staff and housing was lacking. Adult Services have new delivery mechanisms through integrated teams but this also needs to involve housing colleagues more.
- 2.11 Extra Care schemes are a good resource for contacting large numbers of people.

### **Q3 - WHAT ARE THE KEY AREAS WHERE MORE WORK IS NEEDED TO REDUCE HEALTH INEQUALITIES, KEEP PEOPLE IN THEIR HOMES FOR LONGER AND REDUCE THE PRESSURE ON HEALTH AND CARE SERVICES?**

- 3.1 Education and Communication of key message about health and wellbeing is important to help people to take responsibility for their own health. Community Champions can help in this respect but the Council and CCGs also need to play a role.

- 3.2 Crewe is an area needs to be targeted because of the relative poor health of residents and apparent health inequalities compared with other parts of the Borough.
- 3.3 Occupational Therapists can advise on works required to houses to ensure people can continue to live there. There is a willingness from HAs to carry out works but there are limited budgets. Housing officers are currently promoting “life time homes”; the Council has maintained a healthy budget for adaptations and it continuing to promote and expand the handyperson service.
- 3.4 Older people underoccupying large homes that they can’t afford to heat should be encouraged to consider downsizing however apprehension about leaving their home and their community can be a barrier.
- 3.5 Through the Local Plan we need to ensure that the right homes are available in the right places and that the surrounding infrastructure is appropriate. There is a need to ensure mixed community cohesion. Developers appear to be reluctant to build bungalows and extra care housing however HAs are good at building a mix of properties.
- 3.6 Mental health issues are often not highlighted until it is too late, Also there is difficulty in rehousing a tenant who has lost their tenancy due to arrears caused by their mental health difficulties.
- 3.7 Mental health reablement could be developed into the social prescribing model and include input from GPs, L/Ls etc.
- 3.8 Housing need and requests for change can be assisted by support from relevant people, such as medical practitioners, especially with regard to mental health. This could include the provision of housing for ex-offenders, and ex military personnel with mental health issues. It is very important that these people are integrated back into the community rather than being isolated and grouped together. The charities do the reablement work and identify tenants and the LA or HA provides the property.
- 3.9 The Police are good at identifying low level mental health issues and can liaise with the Housing Manager to ask for a visit to be made to see if there are underlying difficulties. The ‘Smart Team’ can visit to investigate further.
- 3.10 Reablement is a key area to improving recovery time from illness and reducing the length of hospital stays. Part of reablement is ensuring that a person’s home is suitable and safe for them to return to or that adaptations are put in place following deterioration as a result of illness.
- 3.11 Landlords would like to ensure there is support for tenants in relation to debt and avoiding debt therefore reducing the negative impacts of being in debt such as stress, disruption to families as a result of eviction etc.

- 3.12 Assistive Technology is key to helping people stay safe and live independently in their own homes. Cost reallocation rather than creating savings would help to manage budgets more effectively. Increasing access to information and advice and enabling people to take responsibility for their own health and wellbeing is also key.
- 3.13 Mental Health is an issue nationally. Attitude towards mental health in America was mentioned; apparently mental health is seen in the same way as other illnesses and counselling is prevalent.
- 3.14 There are some gaps in responsibility which need to be addressed. For example, an old person who's driveway is hazardous due to slippery moss may be in danger of injury however it is neither a housing association nor adult social care's responsibility to deal with. How could this be resolved and who would fund preventative measures such as these?
- 3.15 Links between Housing Strategies and the Health and Wellbeing Strategy are needed. Funding should be found to carry out research into how links and contacts between organisations can be improved including a mapping exercise is needed to establish which organisations are operating in the Borough and where.
- 3.16 **An example of good practice to investigate further**  
Based on the known turnover of properties an Agency can commit to providing a suitable property, within a period of time e.g. 12 months, for a particular group of tenants with special needs. A specific example was given where this has happened for Women's Aid. They then provided the tenants. This worked well as an example of reciprocal help.

## **Q4 – WHAT IF ANY FACTORS OBSTRUCT LANDLORDS AND COMMISSIONERS FROM DOING MORE?**

- 4.1 Budgets and resourcing are a barrier and often there isn't enough funding to put in place initiatives that HAs, Council and Health would like to implement.
- 4.2 A lack of communication between organisations can also be a barrier. Education and communication are key to removing barriers; officers need to know who they need to speak to and have links with partners. There are some issues which fall between the gaps between health and housing. Health and Wellbeing Strategy outcomes and the Council's Strategic Outcome 5 need to be linked to agendas in other organisations.
- 4.3 The Systems Resilience Group – SRG has funding to consider where plans can be developed around urgent and emergency care and discharge to ensure health services are being used effectively. There is an opportunity here to consider ways of funding adaptations to homes to ensure discharges from hospitals can take place therefore reducing overall costs of patients care.
- 4.4 The group did not agree that this came down to simply attitude, culture or money.

- 4.5 It would always be possible to spend more money, but it could be challenged that it is always spent in the most efficient way as all the partners work separately.
- 4.6 Teams need to be better integrated and there is a lack of free flowing information around the table.
- 4.7 The needs of people with complex needs should be dealt with differently. An e.g. was given of a housing unit being established for 3 people, with 2 full time carers, which was still considerably cheaper than those 3 people being cared for in a large centre such as David Lewis.
- 4.8 Health and Care services don't seem to engage with the private sector in the same way that they do with community and voluntary sectors.
- 4.9 Lack of time and resource to investigate potential initiatives/improvement to service is a barrier. Other barriers identified include; understanding of legislation, bureaucracy and changes to the benefits system.
- 4.10 One of the major obstacles to doing more is knowing who to contact across organisations. Another major obstacle is a lack of resources to put initiatives we would like to do in place.
- 4.11 Landlords do not currently work with CCGs as problems in getting the right contacts. RPs have no links with health commissioners at the moment. RPs need an individual person with responsibility in CCGs who they can contact.
- 4.12 **An example of good practice to investigate further**  
Outside London/Kent a 'Health Travel Lodge' has been established and is run by a consortium of Health Authorities. It works with 4/5 A & E departments and takes people on discharge from A & E and keeps an eye on them for 24 hours rather than them having to stay in hospital. This enables suitable arrangements to be made for their home care.
- 4.13 **An example of good practice to investigate further**  
In Manchester a GP surgery is rented at the weekend, filled with camp beds and used to look after young drunks so they do not need to go to A & E. They have to speak to an advisor before they leave and if they end up there a 2<sup>nd</sup> time they have to pay.

## **Q5 – WHAT CAN BE DONE TO REMOVE BARRIERS TO DEVELOPING SERVICE/PARTNERSHIPS?**

- 5.1 Devolve services to local level and partnerships.
- 5.2 Improving communication between partners to ensure opportunities to work together to improve services are not being missed.



- 5.3 It was suggested that commissioning managers should attend strategic housing groups and also operational groups should be established.

## **Q6 – HOW CAN LOCAL COMMUNITIES SUPPORT LANDLORDS AND COMMISSIONERS TO IMPROVE SERVICES?**

- 6.1 Suggestion was made that social workers could be more involved in communities, perhaps spending half days at sheltered schemes perhaps to sign post people to the appropriate services.
- 6.2 Communities need to be motivated to access services. Communities should be given a voice about services provided and where to inform decision making. Local Authority needs to be involved at the local level.
- 6.3 Within the local communities many different agencies and groups, such as churches and drop in centres, do a great deal of good work but better connection is needed between them.
- 6.4 POYNTON was given as a good example of using the LAP as a forum where all the partners can meet together and to provide an opportunity for dialogue.
- 6.5 Transformation Groups are being set up and these will provide strategic direction. Beneath this there will be Community Partnerships for the discussion of local matters. These will feed back up to the Transformation Groups but, in order to do so, it was suggested that some form of skilled support needed to be structured in.

## **FEEDBACK FROM POSTIT NOTES**

Commissioning within the Council needs to be joined up i.e. Housing, Adult Social Care; along with health e.g. CCGs to join up commissioning for people's needs as a whole rather than in separate parts.

Private sector needs to be assisted to become involved in the good practice currently provided by social landlords. Understanding that many landlords only have one or two properties and do not have the economies of scale that RSLs do.

Improve/Invest and recognise importance of private sector as many tenants with mental health issues have failed in social tenancies and end up in private properties due to not being able to function previously.

Many on Band E on Cheshire Homechoice have debt/social issues/mental health issues and have no access to support required.

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## FORWARD PLAN - 30 JUNE 2015

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

“an executive decision which is likely –

- (a) to result in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the local authority's budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising one or more wards or electoral divisions in the area of the local authority.

*For the purpose of the above, savings or expenditure are “significant” if they are equal to or greater than £1M.”*

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

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

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

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

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

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

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

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

Paul Mountford, Democratic Services Officer [paul.mountford@cheshitreeeast.gov.uk](mailto:paul.mountford@cheshitreeeast.gov.uk)

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

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

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

Forward Plan to 30 June 2015

<b>Key Decision and Private Non-Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 14/15-31 Adult Services Charging Policy Review 2015	<p>Approval to go to public consultation on a number of proposals around Adult Social Care charging – some of which are statutory requirements of the Care Act.</p> <p>The officers be authorised to take all necessary actions to implement changes outlined subject to the outcome of consultation.</p>	Cabinet	3 Mar 2015		Alison McCudden	

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 14/15-41 Congleton Lifestyle Offer	<p>To note the outcome of assessments and consultation to date and approval to:</p> <ol style="list-style-type: none"> <li>1. Progress the modernisation of the existing leisure facilities by undertaking all required consultation, supporting assessments and studies to develop a detailed design; and</li> <li>2. Delegate all necessary powers to the Executive Director for Strategic Commissioning to undertake procurement of a delivery partner and progress the scheme to a submission of a planning application.</li> </ol>	Cabinet	3 Mar 2015			No

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 14/15-50 The Care Act in Cheshire East	To provide an overview of the Care Act, regulations and statutory guidance in advance of the implementation of the Act from April 2015, and to seek approval for planned activity to prepare for implementation.	Cabinet	31 Mar 2015			No
CE 14/15-42 Cheshire East Indoor Facility and Playing Pitch Strategies	To adopt both the Indoor Facility and the Playing Pitch Strategies in support of the Council's Local Plan.	Cabinet	28 Apr 2015		Mark Wheelton	No

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## CHESHIRE EAST COUNCIL

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

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

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#### **1.0 Report Summary**

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

#### **2.0 Recommendations**

- 2.1 That the work programme be received and noted.

#### **3.0 Reasons for Recommendations**

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

#### **4.0 Wards Affected**

- 4.1 All

#### **5.0 Local Ward Members**

- 5.1 Not applicable.

#### **6.0 Background and Options**

- 6.1 In reviewing the work programme, Members must pay close attention to the Corporate Priorities and Forward Plan.
- 6.2 Following this meeting the document will be updated so that all the appropriate targets will be included within the schedule.
- 6.3 In reviewing the work programme, Members must have regard to the general criteria which should be applied to all potential items, including Task and Finish reviews, when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:

- Does the issue fall within a corporate priority

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

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

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

#### **7.0 Access to Information**

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

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

## Health and Adult Social Care Overview and Scrutiny Committee Work Programme – 25 February 2015

Topic	Description /Comments	Responsible Organisation /Officer	Suggested by	Current Position	Next Key Date
Impact of Social Landlords	To facilitate a discussion with partners about developing the role of registered social landlords in improving/maintain health and wellbeing and reducing health inequalities.	Council CCGs RSLs  James Morley/	Committee	Workshop was held on 8 Jan 2015. Information from workshop collect. Notes to be written for Committee to consider in making their conclusions and recommendations.	Ongoing  Next meeting TBA
Quality Assurance	Consideration is being given to establishing quality assurance processes for adult social care services	Brenda Smith	Portfolio Holder	Possible briefing followed by a 12 month review in 2015/16.	TBA
Care Act 2014	To brief the Committee on important aspects of the Care Act and implications for the Council	Anne Higgins	Brenda Smith	Report was to be provided at 5 Feb meeting but was deferred. Cabinet decision due on 3 March	TBC
Adult Social Care Charging Policy	To give consideration to a new policy for charging for services across Cheshire East	Alison McCudden	Brenda Smith	Report was to be provided at 5 Feb meeting but was deferred. Cabinet decision due on 3 March	TBC
Carers Strategy	Presentation of the draft Joint Carers Strategy 2015-2018 and the planned 3 year action plan to support carers in Cheshire East	Rob Walker CEC Jacki Wilkes Eastern Cheshire CCG	Committee	Committee discussed requesting Carers Strategy be submitted for consideration at 5 Feb meeting during Carers TG Report Item	Agenda Deadline 25 March Meeting Date 2 April
Ambulance Services	To explore the impact of First Responder and Co-responder services as well as Alternative Destination initiatives and patient transport to specialist services. Include Rapid	NWAS & CCGs Council	Chairman & Portfolio Holder	Item suggested by Chairman and Portfolio Holder. Proposal to be made to NWAS/CCGs	March or April meeting

## Health and Adult Social Care Overview and Scrutiny Committee Work Programme – 25 February 2015

	Response Service. Examine Response Times				
Health and Wellbeing Board	Consider report and action plan developed following a peer review of the HWB in November 2014	Health and Wellbeing Board	Guy Kilminster	Discussed at Committee's February meeting. To be confirmed with Chairman and Portfolio Holder	Possible date 2 April 2015
Health Impact Assessment on Planning Applications	To consider how health and wellbeing issues can influence planning and development in Cheshire East	Public Health and Planning	Committee	Awaiting completion of the Local Plan	TBC – Early 2015
Director of Public Health's Annual Report 2012-2013	To consider whether the aspirations of last year's report have been address and whether outcomes on early deaths have improved.	All commissioners and providers	Committee	The need to scrutinise outcomes twelve months on from DoPH raising issues in her report was agreed at the Committee's December meeting	Possible item to come in March/April
Public Health Services	Update on current position, particularly in relation to Commissioning, D&A, Sexual Health, School Nursing, Rollout of 0-5 and link to 5-19 role	Dr Heather Grimbaldeston Guy Kilminster	Chairman & Portfolio Holder	Item suggested by Chairman and Portfolio Holder	TBA
CCG Five Year Strategic Plans	To contribute to the improvement of health outcomes and reduce health inequalities	CCGs	Chairman	Committee to be requested to consider which specific aspects of the CCGs Strategies it should examine	TBA
Integrated Care (Caring Together/ Connecting Care)	To monitor the integration of health and care services to ensure better health outcomes for residents and reduction of health inequalities.	Council CCGs Lorraine Butcher	Committee	Received a briefing on Integrated Care at October informal meeting. Committee to consider how to progress further involvement	TBA
Access to GPs and GP Services	To consider the level of access and range of services provided by GPs across the Borough with a view to promoting greater	GPs/NHS England CCGs Healthwatch	Chairman	Chairman considered the possibility of a T+F, potentially working with Healthwatch and PPFs	Possible T+F Review in New Year

## Health and Adult Social Care Overview and Scrutiny Committee Work Programme – 25 February 2015

	access and reducing health inequalities.				
ESAR – Leisure Trust Annual Report	To examine the Trust's Annual Report and consider whether performance is being effectively monitored.	Mark Wheelton Commissioner of service	Mark Wheelton	Suggested that Annual Report be submitted for consideration when ready.	June 2015

<b>Task and Finish Groups</b>					
Assistive Technology	To develop the use of assistive technology in Social Care Services and to maintain people's independent living	Jon Wilkie	Health and Adults PDG	Final Report was approved by the Committee on 5 Feb. Report to be submitted to Cabinet on 3 March	Cabinet meeting 3 March
Carers Strategy	To develop a strategy to assist carers in their caring roles and ensure they are	Rob Walker	Health and Adults PDG	Final Report was approved by the Committee on 5 Feb. Report to be submitted to Cabinet on 3 March	Cabinet meeting 3 March

<b>Joint Health Scrutiny Activity</b>					
Whole System Review of Mortality Rates at Mid Cheshire Hospitals NHS Foundation Trust	To request a detailed report on mortality rates following concerns raised during consideration of Quality Account. CQCs Oct 2014 review report now available.	Mid Cheshire Trust, South CCG, Vale Royal CCG NHS England Both Councils	Committee	Joint Scrutiny Committee formed with CWAC and considered reports on MCHFT in July 2014. Follow up meeting to review progress has been arranged	Follow up meeting being scheduled 9 March 2015

### Possible Items to Monitor or consider at future Meetings

- Integrated Care – Caring Together and Connecting Care
- Family Nurse Partnership
- Future of local hospitals
- Mental Health and Learning Difficulties
- Health and Wellbeing Strategy
- NHS England – Specialist Commissioning
- Travel plans (i.e. patients, family and friends travelling to health services)
- Shifting services from hospitals to communities
- Quality of health and care services
- Integration and connecting budgets for health and social care
- Early Intervention and Prevention of illness and deterioration
- Screening – Cancer and other health screening

## **Health and Adult Social Care Overview and Scrutiny Committee Work Programme – 25 February 2015**

- Annual Report on Residential Care Commissioning
- Co-Commissioning – NHS England guidance due in spring, HWB to consider at meeting
- Future of Care4CE
- Quality Accounts for NHS Trust
- Annual Reports from CCGs
- Leighton Hospital CQC Report
- Healthwatch (Jill Greenwood/Nick Darwin)
- Local Safeguarding Board (Adult Social Care)
- Zero Hours Contracts for Commissioned Services? Do we have any? Is it in conflict with Council policy?
- Respite Care

### **Dates of Future Committee Meetings**

5 March 2015, 2 April 2015

### **Dates of Future Cabinet Meetings**

3 March 2015, 31 March 2015, 28 April 2015

### **Dates of Future Health and Wellbeing Board Meetings**

24 March 2015

### **Dates of Future Council Meetings**

26 February 2015, 20 May 2015