

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

## **Agenda**

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**Date:** Thursday, 7th August, 2014  
**Time:** 2.00 pm  
**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 10 July 2014

3. **Declarations of Interest**

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

4. **Declaration of Party Whip**

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

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

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For requests for further information

**Contact:** James Morley

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**E-Mail:** [james.morley@cheshireeast.gov.uk](mailto:james.morley@cheshireeast.gov.uk) with any apologies

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

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

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

6. **Call-In of the decision of Cabinet dated 1 July 2014 relating to Dementia Commissioning Plan** (Pages 7 - 26)

To consider the Call-In of the above decision

7. **Call-In of Cabinet decision dated 1 July 2014 relating to Mountview Services Review** (Pages 27 - 42)

To consider the Call-In of the above decision

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

held on Thursday, 10th July, 2014 at Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

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

Councillors C Andrew, R Domleo, S Jones, G Merry and A Barratt

**Apologies**

Councillors L Jeuda and A Moran

**ALSO PRESENT**

Councillor Janet Clowes – Cabinet Member for Care and Health in the Community  
Stewart Gardiner – Deputy Cabinet Member  
Dr Heather Grimbaldeston – Director of Public Health  
Brenda Smith – Director of Adult Social Care and Independent Living  
Guy Kilminster – Corporate Manager for Health Improvement  
Fiona Field – South Cheshire Clinical Commissioning Group  
Dr Alison Rylands – NHS England Cheshire Warrington and Wirral Area Team  
Caroline O'Brien – Healthwatch Cheshire East  
Stefan Pyra – Healthwatch Cheshire East

**10 MINUTES OF PREVIOUS MEETING**

RESOLVED – That the minutes of the Health and Adults in the Community Overview and Scrutiny Committee meeting held on 12 June be approved as a correct record.

**11 DECLARATIONS OF INTEREST**

There were no declarations of interest

**12 DECLARATION OF PARTY WHIP**

There were no declarations of party whip

**13 PUBLIC SPEAKING TIME/OPEN SESSION**

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

**14 INTEGRATED CARE BRIEFING**

This item was deferred until a future meeting.

## 15 HEALTHWATCH CHESHIRE EAST - ANNUAL REPORT 2013-14

Caroline O'Brien, Director, and Stefan Pyra, Chairman, of Healthwatch Cheshire East (HCE) presented the organisation's Annual Report 2013/14. During the presentation the following points were made:

- This was the first annual report since HCE began operating in April 2013 when Healthwatch took over from the Local Involvement Network (LINKs).
- HCE was managed by seven directors representing a consortium of organisations that had been commissioned by the Council to deliver Healthwatch Services in the borough.
- HCE had a Board of 15 local people with two full time and two part time staff as well as 30 volunteers recruited to carry out a number of roles.
- HCE provided information and signposting services, carried out community and youth engagement and undertook scrutiny activities on areas of community concern around health and social care service provision.
- Advocacy services were provided by the Carers Federation based in Liverpool.
- HCE was planning to conduct a reflective audit with stakeholders to find out their views of HCE's performance so far.
- HCE was planning to review access to GPs and additional services from GPs.

Members asked questions and the following points arose:

- It was suggested that the number of enquiries the signposting service had was low and perhaps more resource should be put into promoting the service since signposting was a requirement of HCE.
- The Committee was also interested in reviewing GP services and it was suggested that the Committee and HCE could cooperate on a joint piece of work.
- There seemed to be duplication in the work of HCE with other organisations; e.g. CQC conducted care home inspections and site visits, Age UK offered signposting and advocacy support, hospitals offered their own complaints services and this Committee was responsible for scrutinising services and commissioners. It was suggested that HCE was able to fill gaps in each of these areas and offer an impartial and independent service.
- HCE would refer issues that were brought to its attention of the Committee for consideration and also worked with CCGs closely to inform them about the issues the public raised with them.

RESOLVED:

- (a) That the Healthwatch Cheshire East Annual Report 2013/14 be noted.

- (b) That the Committee's comments be submitted to Healthwatch Cheshire East for consideration.

**16 NHS ENGLAND - PROPOSED REDESIGN OF SPECIALISED CANCER SERVICES**

Dr Alison Rylands, Deputy Medical Director at NHS England Cheshire Warrington and Wirral Area Team, presented NHS England's proposed redesign of specialised cancer services within Greater Manchester and East Cheshire. The proposal made the following points:

- Specialised services needed to be considered on a large regional basis rather than locally, there were currently too many providers conducting very few procedures each year with too much variation in quality of outcomes.
- Resources such as equipment and expertise needed to be centralised in specialist regional hubs to ensure they were used effectively on a consistent basis. This would be more efficient and provide better outcomes for patients.
- Changes to services were limited to specialist surgeries and parts of the process such as diagnosis, chemotherapy and radiotherapy, and follow up and care would continue as they currently were.
- To be successful the proposals would require close links between regional specialist centres and local hospitals and GPs to ensure a seamless service from beginning to end for patients.
- As many of the current providers had expressed an interest in becoming the specialised cancer service provider for the region NHS England was conducting a procurement process. NHS England would only commission services from providers who were able to meet all the required standards.

Members asked questions and the following points arose:

- Members supported the principle of improving outcomes for patients by consolidating resources and expertise in specialised centres.
- Members were concerned about the effect centralisation would have on patients travelling long distances to receive treatment, particularly elderly patients. It was suggested that the specialist surgery would usually be a one off part of the whole treatment process so would not have a sustained impact on the patient and the majority of their treatment would be carried out locally; however the Committee requested assurance that effective strategies regarding the transport of patients and easy access to specialist centres would be part of the procurement process.
- The Committee was given assurance that centralisation would not impact on waiting times. NHS England would commission services to ensure waiting time targets could be met.
- It was suggested that the process for considering changes to specialist cancer services had already been going for a protracted period, prior to NHS England being established, and would be

having an impact on the motivation and morale of those staff that would be affected by changes. The Committee wanted assurance that whatever changes were put in place would be completed quickly and with the engagement of staff to avoid adverse impacts on staff and therefore services.

- The Committee was concerned that South Cheshire CCG appeared to have been overlooked during the consultation process. Although the most impact would be felt in the North of the Borough, many patients from the South Cheshire CCG area would be affected and the CCG should be a consultee on the proposals. The Committee received assurances from Dr Rylands that South Cheshire CCG would be involved in future.

RESOLVED:

- (a) That the briefing report on proposals to improve specialised cancer services be noted.
- (b) That the Committee's comments on the proposals be submitted to the NHS England Cheshire Warrington and Wirral Area Team for consideration.

#### **17 NHS ENGLAND CHESHIRE WARRINGTON AND WIRRAL AREA TEAM - TWO YEAR OPERATIONAL PLANS**

Dr Alison Rylands, Deputy Medical Director for NHS England Cheshire Warrington and Wirral Area Team, presented a report on the Area Team's recent activity and its two year operational plan. The report contained the following points:

- NHS England had just completed its first full year having begun operating in April 2013. During the first year the Area Team had been developing new structures, building teams and new relationships with local CCGs and with the national team.
- The Area Team and the CCGs had been working to develop both their five year strategies and two year operational plans as required by NHS England and the NHS Trust Development Agency on planning guidance "Everybody Counts".
- There had been a number of achievements in both Primary Care and in Public Health commissioning and management.
- There were several routes through which service priorities had been identified for the next two years, these included;
  - Legacy issues from previous commissioning organisations,
  - Quality improvement reviews relating to national standards, and
  - Capacity issues arising from growth in need for services.

Specific initiatives which the Committee would be consulted on over the next two years were listed in the report. The Committee was requested to consider which issues it would prioritise for significant consideration and contribute to the Committee's Work Programme. It was suggested that the Chairman consider

these items in detail with officers and make amendments to the Work Programme on behalf of the Committee.

RESOLVED:

- (a) That the report be noted.
- (b) That the Chairman be requested to consider possible items for the Committee's work programme arising from the report.

## 18 WORK PROGRAMME

The Committee gave consideration to its Work Programme. It was suggested that in future the Forward Plan should be included as a standing agenda item so that Members could identify potential items for pre-decision scrutiny. The following items were suggested for inclusion in the work programme:

- Performance monitoring of Health and Wellbeing Board
- Co-commissioning of services
- Future of Care4CE

It was suggested that Item 6 on Integrated Care which was deferred be considered at the next meeting. Winter Wellbeing and Adult Social Care Commissioning Strategy were also suggested as possible items for the next meeting.

RESOLVED:

- (a) That the Work Programme be updated as discussed.
- (b) That the following items be considered at the next meeting:
  - i. Integrated Care
  - ii. Winter Wellbeing
  - iii. Adult Social Care Commissioning Strategy

The meeting commenced at 10.05 am and concluded at 12.05 pm

Councillor M J Simon (Chairman)

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## CHESHIRE EAST COUNCIL

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

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**Date of meeting:** 7<sup>th</sup> August 2014  
**Report of:** Head of Governance and Democratic Services  
**Title:** Call-in of Cabinet Decision Dementia Commissioning Plan

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#### **1.0 Report Summary**

This report sets out the procedure for the Call-in of the decision of the Cabinet made on 1 July 2014.

#### **2.0 Recommendations**

- 2.1 That the Scrutiny Committee considers whether or not it wishes to offer advice to the decision maker in response to the Call In.

#### **3.0 Wards Affected**

- 3.1 All Wards

#### **4.0 Local Ward Members**

- 4.1 All Members for the above Wards.

#### **5.0 Policy Implications**

- 5.1 Contained within the attached report.

#### **6.0 Financial Implications**

- 6.1 Contained within the attached report.

#### **7.0 Legal Implications**

- 7.1 Contained within the attached report.

#### **8.0 Risk Assessment**

- 8.1 Contained within the attached report.

#### **9.0 Background and Options**

- 9.1 In accordance with Scrutiny Procedure Rule 12.3 (as amended by Council on 14 May 2014), any 6 or more Councillors can call in a

decision. In this case, 6 Members have called in the above decision for the reasons identified in Appendix 1.

- 9.2 In accordance with Scrutiny Procedure Rule 12.8 the Committee has two options in respect of any further action. The Committee may decide to offer no advice, in which case the decision may be implemented. Alternatively, the Committee may decide to offer advice, in which case, the matter must be referred to the decision maker, in this case the Cabinet, in order for a decision to be made upon it. In accordance with Scrutiny Procedure Rule 12.10, the decision maker is not bound to accept any advice offered to him and will have sole discretion on any further action to be taken. Such action may include:
- (1) Confirming with or without amendment the original decision; or
  - (2) Deferring the matter pending further consideration; or
  - (3) Making a different decision.
- 9.3 Where the Scrutiny Committee decides to offer advice, this must be clearly documented in the minutes
- 9.4 If the Scrutiny Committee decides not to offer any advice, then the decision of the Cabinet can be implemented immediately.
- 9.5 Full details of the Call-In Procedure can be found at Scrutiny Procedure Rule 12
- 9.6 The Cabinet Member for Care and Adults in the Community and relevant officers will attend the meeting to explain the background and reasons for the decision and to answer any questions the Committee may have.
- 9.7 The following records the decision of the Cabinet of 1 July 2014:
- “RESOLVED - That Cabinet endorses and supports the Dementia Commissioning Plan as set out in the report and (Appendix 1) thereto.”
- 9.8 The Report of the Director of Adult Social Care and Independent Living considered by the Cabinet is attached at Appendix 2.
- 9.9 A response to the issues raised in the Call-In Notice is attached at Appendix 3.
- 10.0 **Appendices**
- Appendix 1 – Call In Notice  
Appendix 2 – Report of the Director of Adult Social Care and Independent Living

Appendix 3 – Response to the issues raised in the Call-in Notice

**11.0 Access to Information**

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

Name: James Morley

Designation: Scrutiny Officer

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Email: [james.morley@cheshireeast.gov.uk](mailto:james.morley@cheshireeast.gov.uk)

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# Appendix 1

## Call In Request Form

**Decision taken by:** Cabinet/

\* Please indicate

**Date of Decision...**1 July 2014.

**Title of agenda item/report** Dementia Commissioning Plan item 10 agenda pages 87 to 98

### Reason for Call In\*\*

That there has been no consultation with the community, carers and users of the service.  
That the process for the commissioning of the service on the CHSEST System was put out on to the system the 26<sup>th</sup> June 2014 before the Cabinate decision on the 1<sup>st</sup> July 2014.

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### Call In Signatories (to be signed by 6 Members)

Signed Councillor Dorothy Flude Irene Faseyi

Signed Councillor Laura Jeuda Janet Jackson

Signed Councillor Steven Hogben Sam Corcoran

Date of call in Notice 9/7/2014.....

**\*\*The Call-in rules as set out in the constitution stipulate that any 6 or more Members of the Council may submit a call-in notice in writing within 5 days of the decision being taken and recorded. In giving reasons for the call in, Members should consider the following criteria:**

- (1) Decision is taken outside the policy/budgetary framework
- (2) Inadequate consultation relating to the decision
- (3) Relevant information not considered
- (4) Viable alternatives not considered
- (5) Justification for the decision open to challenge on the basis of the evidence considered

**Head of legal Services and Monitoring Officer Signature .....**

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## Appendix 2

**CHESHIRE EAST COUNCIL****Cabinet**


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<b>Date of Meeting:</b>	1 <sup>st</sup> July 2014
<b>Report of:</b>	Director of Adult Social Care and Independent Living, Brenda Smith
<b>Subject/Title:</b>	Dementia Commissioning Plan
<b>Portfolio Holder:</b>	Cllr Janet Clowes, Care and Health in the Community

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**1.0 Report Summary**

- 1.1 The Council is putting residents first and taking strong action as dementia matters in Cheshire East Council. This is a change of direction in response to the Council's growing commitment to an illness that affects and will affect many residents in Cheshire East, now and increasingly in the future.
- 1.2 The Council intends to lead the way in engaging with and providing support to both people living with dementia and their families and carers; this is a growing area of need. The impact of dementia on the person living with dementia and their family is substantial and distressing. This can be reduced or ameliorated if good information and support is provided early. Support from both informal/community and formal sources are crucial to improving outcomes. The Council is taking a strong leadership role in the 'moral charge' required to respond to this potentially devastating illness. This report outlines the Council's response.
- 1.3 This report to Cabinet provides a fuller description of the commissioning plans for dementia. Some of the key priorities in that plan that the Council is committed to are:
  - i) Early diagnosis
  - ii) Early support and reablement
  - iii) Crisis support
- 1.4 Existing best practice locally will continue to be developed to build on existing positive support and new innovative approaches are being created and tested. This will be an ambitious agenda for the Council over the next 12 months. It will include mobilising all agencies, businesses and communities to play their part in supporting those living with dementia and their families and carers. The Council will innovate to ensure that better outcomes can be achieved by achieving more results for fewer resources in all commissioning.
- 1.5 There are many aspects to address to develop leading edge support for those with dementia and their carers; these are described below in outline. The

## Appendix 2

Council's Commissioning Plan for Dementia is provided with further detail at Appendix 1. There is more work to be done in some aspects of the plan to determine all the detailed actions required but many things are already in place or in progress. The Dementia Commissioning Plan is a strategic commissioning plan that covers the whole system, including communities. This encompasses key Adult Social care commissioning plans but also outlines whole system leadership, as that is what is required for this challenge.

Plans are already in place with CCG partners to ensure that:

- Individuals with symptoms are diagnosed in a timely and accurate way
- Individuals, their carers/families have information and support to enable them to help them make choices appropriate to their needs
- Individuals, their carers/families are supported and provided with information and about local travel schemes to enable them to access services
- All public facing health and social care staff will receive appropriate dementia training to support individuals, carers/families
- Individuals have access to treatment and support to enable them to have a sustained and improved quality of life

These are additional actions now in our commissioning plan:

- Ensure the Council as a whole is the leading example to all in its commitment to dementia support.

The Council has developed a number of innovative responses to dementia; one example is the dementia friendly library at Nantwich. To build on these positives the Council is developing the next stage action plan for all service areas to ensure all Council functions support Dementia aims. The Council has pledged to join the Alzheimer's Society campaign for 'Dementia Friends' as part of this.

- Encourage as many organisations and businesses as possible across Cheshire East to become 'Dementia Friends'.

A Council run launch event on 13 June 2014 at Tatton Park, sponsored by the Leader of the Council, brought together over 100 organisations, such as banks and supermarkets, to make pledges to become Dementia Friends. These pledges will be followed up in September 2015 to hold organisations to account for the pledges they make. The Council is providing some short term funding support for a co-ordinator role to help these organisations to make their pledges a reality.

- Continue to build on the strong independent sector market for care homes and domiciliary support that responds effectively to the needs of people living with dementia.

This market is critical to providing choice across all areas of Cheshire East and as the need for this support grows it is essential that the market is managed/expanded to meet that need.



## Appendix 2

Residential respite for people, to support their carers will be provided in the independent sector. This will increase choice and control for carers. The care will be flexible and in a range of locations across Cheshire East so that carers can choose any where they prefer.

The quality of any of the commissioned services will be monitored by the Council's new care quality monitoring system in strategic commissioning which will cover all care provision in the independent sector.

- Develop a new pilot "Dementia Reablement Service".

This builds on the existing best practice in the Mental Health Reablement Service and the Older People Reablement Service. It will provide specialist intervention to seek to improve the outcomes of those living with dementia and their families and carers.

- Pilot an increased role for dementia advisers

These advisers work with individuals in the community to enable effective self-help to maintain life in the community.

- Provide stimulation to the voluntary sector and local communities to build inclusive community activities for those living with dementia and their families and carers.

Adult Social care have recently commissioned a number of dementia support services to the voluntary sector. These were launched at an event on 23 June 2014 to promote awareness.

- Continue to work with all other areas, such as Public Health, Leisure and Libraries to ensure they further develop their approaches to meet the dementia challenge.
- Build strong multi-agency approaches including Police, Housing, transport operators and others to ensure signs of dementia are recognised and responded to appropriately.

This will result in more early notification of the potential for support, ensure access to care and safeguard those living with dementia in communities.

There is more action to be planned to ensure all resources are making an effective contribution to this agenda.

### **2.0 Recommendation**

- 2.1 That Cabinet endorse and support the Dementia Commissioning Plan.

## Appendix 2

### **3.0 Reasons for Recommendation**

- 3.1 Dementia is a national issue of major and growing significance. There are 800,000 people living with dementia in the UK and this is set to rise to one million by 2021. Cheshire East has an estimated 5402 residents aged 65+ living with dementia and it is predicted that this will reach 6710 by 2020. Supporting those individuals currently with dementia in Cheshire East are 4500 carers.

There has not been a comprehensive whole system commissioning plan for dementia in Cheshire East, although there has been a lot of good practice locally. The scale and impact of dementia on the lives of the people of Cheshire East now and in the future requires a strong new vision and actions which this Dementia Commissioning Plan provides. It will ensure that all resources, including businesses, communities and the public sector, are garnered to best effect to improve the lives of those living with dementia and their families and carers.

This commissioning plan increases the focus on early help and support. This support is key to improving outcomes and also to help slow the progress of the effects of dementia. This support will also have an impact on reducing the future cost implications of dementia.

Dementia is a key priority area in the Cheshire East Health and Well-Being Strategy; this commissioning plan will support the delivery of improvements against that priority.

### **4.0 Wards Affected**

- 4,1 All Wards

### **5.0 Local Ward Members**

- 5.1 All members

### **6.0 Policy Implications**

- 6.1 The decisions in this report support The Strategic Direction of Travel for Adult Social Care Services – Promoting Open Choice as agreed at Cabinet of 4 February 2014. They contribute to the delivery of the Cheshire East Council Three Year Plan outcomes:

Outcome 1: Our Local Communities are Strong and Supportive

Outcome 2: Cheshire East has a Growing and Resilient Economy

Outcome 5: Local People Live Well and for Longer

## Appendix 2

### **7.0 Financial Implications**

7.1 None

### **8.0 Legal Implications**

8.1 None

### **9.0 Risk Management**

9.1 No identified risks.

### **10.0 Access to Information**

Name: Ann Riley  
Designation: Corporate Commissioning Manager  
Tel No: 01270 371406  
Email: [ann.riley@cheshireeast.gov.uk](mailto:ann.riley@cheshireeast.gov.uk)

(Appendix 1) – Dementia Commissioning Plan

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**CHESHIRE EAST COUNCIL****Dementia Commissioning Plan 2014-2015**

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**1. Introduction**

This is Cheshire East Council's commissioning plan for dementia. It is a working document that will be updated annually to reflect progress and provide for continuous improvement of all our support. The priorities identified are based on our current understanding of customer needs and gaps but this understanding is work in progress; hence annual updates will refine this.

Its aims are to:

- Map the current picture of needs, available support and gaps in support
- Consider customer insights and feedback and ensure they are driving improvement in support
- Enable the identification of priority areas of joint commissioning with health, public health, children's services, housing and others
- Use this analysis to clarify and prioritise the commissioning plan to improve support and address gaps

**2. Scope**

Support to people living with dementia and their family and carers across the whole system. This plan seeks to ensure that all levels of support from communities, businesses, council services, other public sector and specialist support from health and social care are designed to provide a coherent whole system response to this challenge.

**3. Key Strategic Outcomes**

- Enable people to live well and for longer – (Council Outcome 5)
- Enable people to live at home and as independently as possible – this is what people say they want
- Enable people to fully contribute to and be supported in strong and supportive communities – (Council Outcome 1)
- Enable people to access information, advice, early help and prevention so that they can avoid dependency

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- Enable carers of people to live well and be supported to fulfil their caring roles

### 4. **Specific Commissioning Intentions**

Whilst all current support seeks to achieve the strategic outcomes above the analysis in this strategy indicates where commissioning plans are needed to improve on achieving these. Those areas are in summary:

- Provide support that informs, advises and encourages self-help and self-management to maintain healthy independence.

For example: information and advice. Having a range of information easily available helps people to stay independent, customers tell us this needs to improve.

- Stimulate and enable a range of early help and prevention activity and informal support that prevents the need for more specialist social care support and improves outcomes.

For example: Community group support to provide stimulating recreational activities using volunteers.

- Greatly increase the choices of support available for social care need so that it can be tailored to particular needs and individual's preferences – personalising support.

For example: By developing a wide and diverse range of choices in support across geographical locations individuals can choose their preferences. This is particularly important for the rural communities in Cheshire East to ensure that people can continue to live well where they prefer.

- All people should access the same opportunities to enjoy social/recreational activities in the community as others; strong and supportive communities enable this.

For example: a wide range of community activities that people can enjoy as individuals, for daytime and social activity. This improves outcomes by helping people to choose how they prefer to meet their needs, not fit to a service that excludes them from the community. This area requires joint working with the Council's communities, housing and leisure functions and with the voluntary, community and business sectors. Customers tell us that some day activities offered now are not appropriate for them and that more opportunities in the community need to be available.

- Further develop support that helps people to gain or regain the capacity to live well independently.

## Appendix 2

For example: specialist reablement support for people living with dementia.

- Redesign assessment and care management processes and systems to ensure customers receive a timely, effective, outcome- focused service.
- Develop the range and coherence of the health, social care and community support for people living with dementia and their family/carers.

For example: Better information for carers about what to expect at diagnosis so that both the carer and the person living with Dementia can accept their diagnosis and plan for their future. When good information is not provided early this leads to greater anxiety and opportunities to mitigate the consequences for both the person living with dementia and family/carers are lost.

- Increase the range of respite care choices available to ensure that family/carers can have periodic respite from their caring roles that meets their particular needs and preferences.

For example: choices for respite for carers that are non-residential. The pre-dominant type of respite currently is residential and is focused on a small number of locations. A much wider choice can be provided by developing this market so that carers can select their preference. Other choices are needed to include non-residential options so that the cared for person does not need to be moved from their home environment.

### 5. Service Mapping and Need

Dementia is a national issue of major and growing significance. There are 800,000 people living with dementia in the UK and this is set to rise to one million by 2021. Cheshire East has an estimated 5402 residents aged 65+ living with dementia, and it is predicted that this will reach 6710 by 2020. Supporting those individuals currently with dementia in Cheshire East are 4500 carers.

The predicted increase in dementia is already emerging but as yet is not fully understood locally as diagnosis levels appear lower than comparators. The local Dementia Commissioning Plan Strategy is being further developed and with customers central to that work. This then needs to be used to continue to influence commissioning priorities. There are already some key things that customers want us to do better and these are informing this commissioning strategy.

The commissioning intentions driving this area are:

## Appendix 2

- Further develop support that helps people to gain or regain the capacity to live well independently.
- Develop the range and coherence of the health, social care and community support for people living with dementia and their family/carers.

### 6. What we will do in 2014/15:

Implement a commissioning delivery plan for 14/15 – as below

Monitor the impact of support and continue to develop intelligence to inform future plans

#### **The Dementia Commissioning Delivery Plan 2014/15**

This first year plan will continue to be developed during the year and the outcomes of this year's activity and building intelligence on need will influence the future year delivery plans.

The key elements in the Dementia Commissioning Plan are to:

- a) Ensure the Council as a whole is the leading example to all in its commitment to dementia support

The Council has developed a number of innovative responses to dementia; one example is the dementia friendly library at Nantwich. To build on these positives the Council is developing the next stage action plan for all service areas to ensure all Council functions support Dementia aims. The Council has pledged to join the Alzheimer's Society campaign for 'Dementia Friends' as part of this.

- b) Encourage as many organisations and businesses as possible across Cheshire East to become 'Dementia Friends'.

- c) A Council run launch event on 13 June 2014 at Tatton Park, sponsored by the Leader of the Council, brought together over 100 organisations, such as banks and supermarkets, to make pledges to become Dementia Friends. These pledges will be followed up in September 2015 to hold organisations to account for the pledges they made. The Council is providing some short term funding support for a coordinator role to help these organisations to make their pledges a reality.



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- d) Continue to build on the strong independent sector market for care homes and domiciliary support that responds effectively to the needs of people living with dementia.

This market is critical to providing choice across all areas of Cheshire East and as the need for this support grows it is essential that the market is managed/expanded to meet that need.

- e) Develop a new pilot “Dementia Reablement Service”.

This builds on the existing best practice in the Mental Health Reablement Service and the Older People Reablement Service. It will provide specialist intervention to seek to improve the outcomes of those living with dementia and their families and carers.

- f) Work with CCG partners to ensure that:

- Individuals with symptoms are diagnosed in a timely and accurate way.
- Individuals, their carers/families have information and support to enable them to help them make choices appropriate to their needs.
- Individuals, their carers/families are supported and provided with information about local travel schemes to enable them to access services.
- All public facing health and social care staff will receive appropriate dementia training to support individuals, carers/families.
- Individuals have access to treatment and support to enable them to have a sustained and improved quality of life.

- g) Pilot an increased role for dementia advisers.

These advisers work with individuals in the community to enable effective self-help to maintain life in the community.

- h) Provide stimulation to the voluntary sector and local community activities for those living with dementia and their families and carers.

## Appendix 2

Adult Social Care have recently commissioned a number of dementia support services in the voluntary sector. These were launched at an event on 23 June 2014 to promote awareness.

- i) Increase the range of respite care choices available to ensure that families/carers can have periodic respite from their caring roles that meets their particular needs and preferences.
- j) Redesign assessment and care management processes and systems to ensure family/carers receive a timely, effective, outcome-focused service.
- k) Continue to work with all other areas, such as Communities, Public Health, Leisure and Libraries to ensure they further develop their approaches to meet the dementia challenge.

There is more action to be planned for future years to ensure all resources are making an effective contribution to this agenda.

## Appendix 3

### **Call In of the Cabinet Decision taken 1<sup>st</sup> July 2014**

#### **Title of agenda item/report: Dementia Commissioning Plan item 10 agenda pages 87 to 98**

##### **Reason for Call In**

*That there has been no consultation with the community, carers and users of the service.*

##### **Response**

No consultation is required in relation to this report. The report seeks support for the strategic direction of travel for Dementia support. This report does not contain any request for a decision to cease any existing provision, thus no consultation is required. As the strategy is implemented there may be a requirement to consult with users and carers on certain aspects. As and when these are identified we will carry out an appropriate consultation. The results of any consultation would need to be taken into account as part of any implementation decisions.

##### **Reason for Call In**

*That the process for the commissioning of the service on the CHEST system was put out on to the system the 26<sup>th</sup> June 2014 before the Cabinet decision on the 1<sup>st</sup> July 2014.*

##### **Response**

It appears that there is a misunderstanding of what was put on the CHEST in June 2014. The publication of a Request for Quotes placed on the CHEST in June 2014 was in relation to the Mountview decision taken on 24<sup>th</sup> June 2013, it was not in any way related to this report to cabinet of 1<sup>st</sup> July 2014.

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## CHESHIRE EAST COUNCIL

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

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<b>Date of meeting:</b>	7 <sup>th</sup> August 2014
<b>Report of:</b>	Head of Governance and Democratic Services
<b>Title:</b>	Call-in of Key Decision (Ref CE 14/15-3) Mountview Services Review – Block Purchasing Respite Provision in the Independent Sector

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#### **1.0 Report Summary**

This report sets out the procedure for the Call-in of the decision of the Cabinet made on 1 July 2014.

#### **2.0 Recommendations**

- 2.1 That the Scrutiny Committee considers whether or not it wishes to offer advice to the decision maker in response to the Call In.

#### **3.0 Wards Affected**

- 3.1 All Wards

#### **4.0 Local Ward Members**

- 4.1 All Members for the above Wards.

#### **5.0 Policy Implications**

- 5.1 Contained within the attached report.

#### **6.0 Financial Implications**

- 6.1 Contained within the attached report.

#### **7.0 Legal Implications**

- 7.1 Contained within the attached report.

#### **8.0 Risk Assessment**

- 8.1 Contained within the attached report.

#### **9.0 Background and Options**

- 9.1 In accordance with Scrutiny Procedure Rule 12.3 (as amended by Council on 14 May 2014), any 6 or more Councillors can call in a decision. In this case, 6 Members have called in the above decision for the reasons identified in Appendix 1.
- 9.2 In accordance with Scrutiny Procedure Rule 12.8 the Committee has two options in respect of any further action. The Committee may decide to offer no advice, in which case the decision may be implemented. Alternatively, the Committee may decide to offer advice, in which case, the matter must be referred to the decision maker, in this case the Cabinet, in order for a decision to be made upon it. In accordance with Scrutiny Procedure Rule 12.10, the decision maker is not bound to accept any advice offered to him and will have sole discretion on any further action to be taken. Such action may include:
- (1) Confirming with or without amendment the original decision; or
  - (2) Deferring the matter pending further consideration; or
  - (3) Making a different decision.
- 9.3 Where the Scrutiny Committee decides to offer advice, this must be clearly documented in the minutes
- 9.4 If the Scrutiny Committee decides not to offer any advice, then the decision of the Cabinet can be implemented immediately.
- 9.5 Full details of the Call-In Procedure can be found at Scrutiny Procedure Rule 12
- 9.6 The Cabinet Member for Care and Adults in the Community and relevant officers will attend the meeting to explain the background and reasons for the decision and to answer any questions the Committee may have.
- 9.7 The following records the decision of the Cabinet of 1 July 2014:
- “RESOLVED**
- That
- 1. Cabinet notes the block purchase of three residential respite care beds in the independent sector in the Congleton Area representing 1,095 respite bed nights per annum to be reviewed in 12 months’ time; and
  - 2. officers be authorised to take all necessary steps to implement the decision taken by Cabinet on 24<sup>th</sup> June 2013 to commission residential respite care in the independent sector.”

9.8 The Report of the Director of Adult Social Care and Independent Living considered by the Cabinet is attached at Appendix 2. There is an error in the report at 2.2 where it refers to a Cabinet decision on 24<sup>th</sup> June 2014 which was actually made on 24<sup>th</sup> July 2013 which was corrected by the minutes of the meeting, shown above.

9.9 A response to the issues raised in the Call-In Notice is attached at Appendix 3.

#### 10.0 **Appendices**

Appendix 1 – Call In Notice

Appendix 2 – Report of the Director of Adult Social Care and Independent Living

Appendix 3 – Response to the issues raised in the Call-in Notice

#### 11.0 **Access to Information**

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

Name: James Morley

Designation: Scrutiny Officer

Tel No: 01270 6 86468

Email: james.morley@cheshireeast.gov.uk

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## Appendix 1

**Call In Request Form****Decision taken by:** Cabinet

\* Please indicate

**Date of Decision...**1 July 2014.**Title of agenda item/report** Mountview Services Review item 11 agenda pages 99 to 102**Reason for Call In\*\***

inadequate consultation relating to the decision

There was a consultation carried out and the results of the consultation were that Mountview should be kept open for dementia care and respite care. The current decision ignores the consultation results.

If it is claimed that the alternative provision provided is adequate and addresses concerns raised in the consultation then that should be the subject of further consultation.

relevant information not considered

a care home in Congleton has recently closed (I believe that this was as a result of Care Quality Commission activity). This will impact on the availability of care beds in Congleton and therefore this should be taken into account before deciding to cease respite care at Mountview.

At full Council Cllr Clowes said in response to a question about Mountview "We will take our lead from the coroner and the CQC"

Council was told that we would take our lead from the coroner and the CQC. Therefore no decision on the closure of Mountview for respite care should be taken until the coroner and/or CQC have reported.

The report from the coroner and CQC must be relevant information (as confirmed by Cllr Clowes at full council).

Therefore by making the decision before the coroner has reported Cabinet is ignoring relevant information.

justification for the decision open to challenge on the basis of the evidence considered.

It is widely acknowledged that dementia care provision will have to increase as the number of dementia sufferers increases. Therefore the decision to cease respite care at Mountview before alternative provision in the area has expanded is perverse.

**Call In Signatories (to be signed by 6 Members)**

Signed Councillor Dorothy Flude Irene Faseyi

Signed Councillor Laura Jeuda Janet Jackson

Signed Councillor Steven Hogben Sam Corcoran

Date of call in Notice 9/7/2014.....

**\*\*The Call-in rules as set out in the constitution stipulate that any 6 or more Members of the Council may submit a call-in notice in writing within 5 days of the decision being taken and recorded. In giving reasons for the call in, Members should consider the following criteria:**

- (1) Decision is taken outside the policy/budgetary framework
- (2) Inadequate consultation relating to the decision
- (3) Relevant information not considered
- (4) Viable alternatives not considered
- (5) Justification for the decision open to challenge on the basis of the evidence considered

**Head of legal Services and Monitoring Officer Signature .....**

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## Appendix 2

# CHESHIRE EAST COUNCIL

## Cabinet

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**Date of Meeting:** 1<sup>st</sup> July 2014  
**Report of:** Director of Adult Social Care and Independent Living, Brenda Smith  
**Subject/Title:** Mountview Services Review – Block Purchasing Respite Provision in the Independent Sector (Ref CE 14/15-3)  
**Portfolio Holders:** Cllr Janet Clowes, Care and Health in the Community

---

### 1.0 Report Summary

- 1.1 The Council is putting residents first and taking strong action as dementia matters in Cheshire East Council. This is a change of direction in response to the Council's growing commitment to an illness that affects and will affect many residents in Cheshire East, now and increasingly in the future.
- 1.2 A further report to Cabinet provides a fuller description of the commissioning plans for dementia. Some of the key priorities in that plan that the Council is committed to are:
- i) Early diagnosis
  - ii) Early support and reablement
  - iii) Crisis support
- 1.3 The Council is taking positive action to increase the range of respite provision to increase the choice and control for carers. The commissioning intentions are to:
- (a) widen the range of choice to include non-residential support; and
  - (b) provide a range of residential respite in the independent sector to meet individual preferences and needs.
- 1.4 Mountview resource centre in Congleton will remain open providing day care for local residents as now.
- 1.5 Quality provision has now been secured in the independent sector to ensure that the needs of carers in the Congleton area continue to be met effectively. This will ensure that carers can book planned residential respite.

## Appendix 2

- 1.6 The Commissioning of residential respite will provide a more flexible response and greater choice. The commissioned support will be monitored by the Council's new care quality monitoring system which will cover all care provision in the independent sector.
- 1.7 The independent sector capacity to provide respite was assessed as part of the original cabinet report, that options appraisal report concluded that the range, quality and availability of potential respite care was sufficient and strong and in excess of demand. This strong market has now been tested and a number of beds all within 5 miles of Congleton centre have been offered by the market, 3 of which it is proposed are accepted. The decision required now is to confirm this purchase of 3 beds to be dedicated to planned/booked respite care for 12 months as a pilot. Modelling has demonstrated that 2 beds would be likely to be sufficient for planned/pre- booked respite; a third bed will be purchased to ensure ample provision initially. This period of 12 months will allow further monitoring of the need for this care and allow the Council to change the scale of provision as necessary for future years.
- 1.8 In addition the Council provides unplanned respite for carers. This is currently purchased from the independent sector as required giving carers flexibility and choice to meet their particular preferences. This together with the planned respite support gives carers a range of choice and control options.
- 1.9 The recommendations within this report support the delivery of the Cheshire East Council Three Year Plan:

Outcome 1: Our Local Communities are Strong and Supportive  
Outcome 2: Cheshire East has a Growing and Resilient Economy  
Outcome 5: Local People Live Well and for Longer

### **2.0 Recommendations**

- 2.1 That Cabinet note the block-purchase of 3 residential respite care beds in the independent sector in the Congleton area for 12 months.
- 2.2 That officers be authorised to take all necessary steps to implement the decision taken by Cabinet on 24<sup>th</sup> June 2014 to commission residential respite care in the independent sector.

### **3.0 Reasons for Recommendations**

- 3.1 The strategic direction of travel for Adult Social Care as authorised at Cabinet of 4 February 2014 sets out the intention to increase choice and control to

## Appendix 2

ensure personalisation of individual care and support. These proposed block-purchased beds in the independent sector will provide choice and control for carers. Respite care for carers is a critical support to the carer's role and needs to be a flexible offer. These beds will ensure that carers can book respite care in advance, when required, so that for example they can make holiday arrangements.

- 3.2 In addition to these 'block -purchased' beds for advanced planning there is also an existing arrangement for carers to purchase unplanned respite care in the independent sector in any home of their choice providing the home will accept the Council fee level. These two means of securing residential respite care ensure that there is choice for carers.

### **4.0 Wards Affected**

- 4.1 Principally Congleton wards: Congleton East and Congleton West.

### **5.0 Local Ward Members**

- 5.1 Councillor David Brown  
Councillor Peter Mason  
Councillor Andrew Thwaite  
Councillor Gordon Baxendale  
Councillor Roland Domleo  
Councillor David Topping

### **6.0 Policy Implications**

- 6.1 The decisions in this report support The Strategic Direction of Travel for Adult Social Care Services – Promoting Open Choice report as agreed at Cabinet of 4 February 2014. They contribute to the delivery of the Cheshire East Council Three Year Plan outcomes:

Outcome 1: Our Local Communities are Strong and Supportive

Outcome 2: Cheshire East has a Growing and Resilient Economy

Outcome 5: Local People Live Well and for Longer

- 6.2 This decisions in this report are supported by The Dementia Commissioning Plan commissioning intentions, provided in a further report to cabinet in July 2014.

## Appendix 2

### **7.0 Financial Implications**

The commissioning of residential respite in the independent sector provides more flexibility of choice. The financial costs of these changes are fully budgeted for in the Council's Medium Term Financial Strategy.

### **8.0 Legal Implications**

8.1 As original Mountview report 24 June 2013, which have been complied with.

### **9.0 Risk Management**

9.1 This block-purchase of beds will ensure statutory responsibilities are met and carers needs are supported in line with legislation.

### **10 Access to Information**

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

Name: Ann Riley  
Designation: Corporate Commissioning Manager  
Tel No: 01270 371406  
Email: [ann.riley@cheshireeast.gov.uk](mailto:ann.riley@cheshireeast.gov.uk)

## Appendix 3

### **Call In of the Cabinet Decision taken 1<sup>st</sup> July 2014**

#### **Title of agenda item/report: Mountview Services Review item 11 agenda pages 99 to 102**

##### **Reason for Call In**

*“inadequate consultation relating to the decision*

*There was a consultation carried out and the results of the consultation were that Mountview should be kept open for dementia care and respite care. The current decision ignores the consultation results.*

*If it is claimed that the alternative provision provided is adequate and addresses concerns raised in the consultation then that should be the subject of further consultation.*

*relevant information not considered*

*a care home in Congleton has recently closed (I believe that this was as a result of Care Quality Commission activity). This will impact on the availability of care beds in Congleton and therefore this should be taken into account before deciding to cease respite care at Mountview.*

*At full Council Cllr Clowes said in response to a question about Mountview “We will take our lead from the coroner and the CQC”*

*Council was told that we would take our lead from the coroner and the CQC. Therefore no decision on the closure of Mountview for respite care should be taken until the coroner and/or CQC have reported.*

*The report from the coroner and CQC must be relevant information (as confirmed by Cllr Clowes at full council). Therefore by making the decision before the coroner has reported Cabinet is ignoring relevant information.*

*justification for the decision open to challenge on the basis of the evidence considered.*

*It is widely acknowledged that dementia care provision will have to increase as the number of dementia sufferers increases. Therefore the decision to cease respite care at Mountview before alternative provision in the area has expanded is perverse.”*

##### **Response to the Call In**

The decision to cease the provision of residential respite care from Mountview was taken on 24<sup>th</sup> June 2013, this decision cannot be subject to call in.

## Appendix 3

The decision was that residential respite services at Mountview would continue for a defined period until such time that alternative support was secured.

That decision in June 2013 is the authority for the subsequent actions outlined in the cabinet report of 1<sup>st</sup> July 2014.

The decision taken on 24<sup>th</sup> June 2013 was:

“RESOLVED

That

- (1) with regard to respite services for older people, those with dementia and those with a learning disability, Cabinet approves the adoption of Option 1B in section 10.1 of the report – that ‘Mountview services continue for a defined period, whilst other facilities are secured locally in the Congleton area’;
- (2) the defined period cover a transitional arrangement while alternative care and support services (respite) for adults are explored in the market through a competitively tendered and block purchasing approach with independent sector care homes;
- (3) **a further report be considered by Cabinet, when a contract has been secured for the provision of respite care from the private market;** and
- (4) day care provision continue at Mountview, to be reviewed at a future date as the needs/choices of users change.”

The decision taken on 1<sup>st</sup> July 2014 which is the subject of this call in was:

“RESOLVED

That

1. Cabinet notes the block purchase of three residential respite care beds in the independent sector in the Congleton Area representing 1,095 respite bed nights per annum to be reviewed in 12 months’ time; and
2. officers be authorised to take all necessary steps to implement the decision taken by Cabinet on 24<sup>th</sup> June 2013 to commission residential respite care in the independent sector.”

This report provides a response to the reasons for call in stated above that relate to that decision on 1<sup>st</sup> July 2014 as follows.

Officers had been required by cabinet to bring a report to 1<sup>st</sup> July 2014 cabinet that confirmed that practical issues were addressed, as in the minutes above of the decision taken on 24<sup>th</sup> June 2013, to allow the decision to cease residential respite services at Mountview to now be implemented.

That decision at 24<sup>th</sup> June 2013 (as above in bold) required that a further report be considered by cabinet “when a contract has been secured for the provision of respite care from the private market”. This is the action that was taken by officers through a Request for Quote on the CHEST and resulted in 1095 bed nights per annum of residential respite being secured from the private market as required by cabinet in that 24<sup>th</sup> June 2013 decision.



## Appendix 3

The purpose of the cabinet report of 1<sup>st</sup> July 2014 was to confirm to cabinet that the requirements of the 24<sup>th</sup> June 2013 decisions had been met and request a decision to now implement all the further practical steps that would be needed to effect the ceasing of residential respite services at Mountview (see the decision at 2.2 in the minutes of 1<sup>st</sup> July 2014).

(see Appendix 1 for the key steps)

### **Response to Specific Points in the Call In Request Form**

*Call In form point 1:*

*“inadequate consultation relating to the decision*

*There was a consultation carried out and the results of the consultation were that Mountview should be kept open for dementia care and respite care. The current decision ignores the consultation results.*

*If it is claimed that the alternative provision provided is adequate and addresses concerns raised in the consultation then that should be the subject of further consultation.*

#### **Response:**

**The decision on services provided at Mountview was taken on 24th June 2013 and cannot be subject to call in.**

*Call In form point 2:*

*relevant information not considered”:*

*“a care home in Congleton has recently closed (I believe that this was as a result of Care Quality Commission activity). This will impact on the availability of care beds in Congleton and therefore this should be taken into account before deciding to cease respite care at Mountview.”*

#### **Response:**

**The decision on services provided at Mountview was taken on 24th June 2013 and cannot be subject to call in. The report of 1<sup>st</sup> July confirms that 3 beds have been secured.**

*Call In form point 3:*

*“At full Council Cllr Clowes said in response to a question about Mountview “We will take our lead from the coroner and the CQC”*

*Council was told that we would take our lead from the coroner and the CQC. Therefore no decision on the closure of Mountview for respite care should be taken until the coroner and/or CQC have reported.*

## Appendix 3

*The report from the coroner and CQC must be relevant information (as confirmed by Cllr Clowes at full council). Therefore by making the decision before the coroner has reported Cabinet is ignoring relevant information.*

### **Response:**

**The decision on Mountview was taken on 24th June 2013 and cannot be subject to call in.**

**The findings of CQC or the coroner have no bearing on the decisions taken at the cabinet of 1<sup>st</sup> July 2014. Their only relevance is to the management decision to suspend admissions to Mountview.**

*Call In form point 4:*

“justification for the decision open to challenge on the basis of the evidence considered.

It is widely acknowledged that dementia care provision will have to increase as the number of dementia sufferers increases. Therefore the decision to cease respite care at Mountview before alternative provision in the area has expanded is perverse.”

### **Response**

**The decision on Mountview was taken on 24th June 2013 and cannot be subject to call in.**

**The further paper to cabinet on 1<sup>st</sup> July 2014, The Dementia Commissioning Plan, brings forward a proposed strategy to fully address the anticipated future increase in dementia.**

## Appendix 3

### **Appendix 1**

The practical steps to implement the decision of cabinet of 24<sup>th</sup> June 2013 include:

- 1) Placing all staff in the residential service at Mountview at risk of redundancy.
- 2) Conducting a staff consultation, as required when there is a risk of redundancy, to ensure that all staff have an opportunity to understand and comment on the new arrangements.
- 3) Identifying alternative potential posts for staff placed at risk
- 4) Supporting staff placed at risk with a range of advice and information and personal support.
- 5) Releasing any suitable posts currently being covered by agency/temporary staff to be available for staff placed at risk
- 6) Preparing briefings for users and carers and social work teams to ensure they understand the range of new service options and can access appropriate respite care, including booked residential respite in the block purchased beds.
- 7) Making arrangements to ensure the block purchased beds are fully utilised and that utilisation is monitored for 12 months.
- 8) Considering options for alternative uses of the space at Mountview.
- 9) Reorganising the management arrangements at Mountview and within Care4ce to enable an efficient day care provision at Mountview to continue.

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