

Health and Adult Social Care Overview and Scrutiny Committee

Agenda

Date: Thursday, 26th November, 2015
Time: 2.00 pm
Venue: Council Chamber - Town Hall, Macclesfield, SK10 1EA

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 - 8)

To approve the minutes of the meeting held on 5 November 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

For requests for further information

Contact: James Morley

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

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

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

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

6. **Adult Social Care Fee Rates**

To consider the report of the Director of Adult Social Care and Independent Living and consider comments to be submitted to Cabinet.

To advise the Director of Adult Social Care and Independent Living whether members of the Committee wish to be involved in the review of the delivery models of domiciliary care and residential care.

(Report to Follow)

7. **Implementing the Care Act 2014 - Moving to a Local and Personalised System of Care and Support** (Pages 9 - 18)

To consider a report of the Director of Adult Social Care and Independent Living and to consider any advice for Cabinet

To advise the Director of Adult Social Care and Independent Living whether members of the Committee wish to be involved in the process of co-design of the new service and delivery models of care detailed in the report

8. **Work Programme** (Pages 19 - 24)

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 November, 2015 at Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor J Saunders (Chairman)
Councillor L Wardlaw (Vice-Chairman)

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

VISITING MEMBERS

Councillors M Simon, L Smetham, R Fletcher and S Corcoran – Audit and Governance Committee
Councillor J Clowes – Portfolio Holder for Adults and Health in the Community
Councillor S Gardiner – Deputy Cabinet Member

ALSO PRESENT

Louisa Ingham – Senior Accountant
Caroline Baines – Commissioning Manager for Better Care Fund
Brenda Smith – Director of Adult Social Care and Independent Living
Fleur Blakeman – Eastern Cheshire Clinical Commissioning Group
Matthew Cunningham – Eastern Cheshire Clinical Commissioning Group
Fiona Field – South Cheshire Clinical Commissioning Group
Dr Heather Grimbaldeston – Director of Public Health
Andrew North – Corporate Manager for Audit, Risk and Business Improvement
James Morley – Scrutiny Officer

33 APOLOGIES FOR ABSENCE

There were no apologies

34 MINUTES OF PREVIOUS MEETING

RESOLVED – That the meeting of the meeting held on 10 September 2015 be approved as a correct record and be signed by the Chairman

35 DECLARATIONS OF INTEREST

There were no declarations of interests

36 DECLARATION OF PARTY WHIP

There were no declarations of any party whip

37 PUBLIC SPEAKING TIME/OPEN SESSION

Mrs Jean Bennett spoke in relation to Item 7 of the Committee's agenda. As a carer for her husband she was concerned about changes to the way respite care was to be delivered. She referred to the report attached to Item 7 and asked questions about the procurement process and how the booking system for respite care beds would operate in the future. She requested reassurance that they would continue to receive the same level of service as that at Hollins View under the new arrangements. The Portfolio Holder for Adults and Health in the Community was present at the meeting and offered to meet Mrs Bennett privately to discuss her concerns.

38 CHESHIRE EAST COUNCIL BETTER CARE FUND BRIEFING

Louisa Ingham, Senior Accountant, and Caroline Baines, Commissioning Manager for BCF, provided a briefing on the Better Care Fund (BCF). The presentation informed the Committee about the national context for the BCF and how it was being managed in Cheshire East. The presentation also provided a brief overview of the schemes that were being funded by the BCF. During the presentation the following points arose:

- The BCF was introduced by Government to encourage integration and coordination of health and adult social care services across the NHS and local authorities. Pressure on services caused by an ageing population with increasingly complex needs and reduce budgets meant new ways of working needed to be developed.
- Nationally the BCF was £3.8bn taken from existing health and social care budgets and was implemented in April 2015. Locally £23.9m from Eastern Cheshire Clinical Commissioning Group (CCG), South Cheshire CCG and the Council was put into two separate pooled budgets covering the two CCG areas.
- National conditions were set for the improvement of outcomes influenced by the BCF including a 3.5% reduction in non elective admissions to hospital, better data sharing and seven day per week services. Achievement of these conditions were linked to a performance fund which was a proportion of the BCF budget set aside for further investment if the conditions were achieved. If conditions were not achieved the fund would be directed to acute (hospital) services.
- The Health and Wellbeing Board was responsible for monitoring the performance of the BCF and had to report to NHS England on a quarterly basis. A BCF Governance Group had been set up to monitor the delivery of the BCF plan, including management of risk.
- There were 12 schemes in Cheshire East, nine of which were shared schemes led by the Council. Some of the schemes were only part funded by the BCF and were mostly funded by internal budgets at the Council or CCGs. BCF accounted for 3% of all spending by the Council and the CCGs.

Members of the Council's Audit and Governance Committee attended the meeting to take part in this item jointly with the Committee as the BCF had also been an item of interest in their work programme. Members asked questions and the following points arose:

- It was questioned whether any areas in England would be able to achieve 3.5% reduction in non elective admissions to acute services. Locally their

had been some improvements during the first quarter and Wirral had reported promising results so far. The impact on the number of non elective admissions may not have been felt until 2016/17 when schemes had been fully implemented.

- The budget for BCF had been taken out of existing CCG and Council budgets meaning that the budget to fund for acute services had been reduced. Acute services would have been under pressure to continue to deal with existing levels of demand with reduced budgets while BCF schemes were being put in place and starting to make an impact on admissions. The resilience of acute services was being monitored during this period. If the 3.5% reduction in admission wasn't achieved the £2.1m performance fund would be given to acute services to mitigate the excess demand.
- Members requested that the terms of reference for the BCF Governance Group be shared and that there activities were transparent through the Health and Wellbeing Board.
- A risk register was held for the BCF and each scheme manager was expected to monitor risks. High level risks were escalated through the Council and CCG leadership.

RESOLVED

- (a) That the presentation on the BCF be noted
- (b) That the Committee requests for the terms of reference for the BCF Governance Group be shared with councillors
- (c) That the Committee will monitor the reporting of the Better Care Fund to the Health and Wellbeing Board and may request an update on performance at a future meeting of the Committee

The Chairman adjourned the meeting for a five minute recess. The visiting members of the Audit and Governance Committee left the meeting.

39 UPDATE ON THE PROGRESS OF SECURING RESIDENTIAL RESPITE FOR CARERS IN THE INDEPENDENT SECTOR

The Portfolio Holder for Adults and Health in the Community and the Director of Adult Social Care and Independent Living provided an update on the implementation of a Cabinet decision from 30 June 2015 regarding residential carer respite in the independent sector. The decision of Cabinet was the subject of a Call-In at the Committee on 7 August 2015 and it was agreed by the Committee not to offer any advice to Cabinet but to monitor the progress of the decision.

The Committee was informed that the procurement process for acquiring the 19 beds required for respite care was nearing completion and that the new service would be phased in from 1 December 2015 with all beds being available by 1 January 2016. Quality Assurance visits were currently being concluded and contracts were due to be signed the following week with announcements about the providers which had been chosen. The Portfolio Holder commented that although she understood some carers concerns about the lack of information regarding where beds would be located to this date, it had been important to follow the procurement process diligently and information regarding the homes

where the beds would be located would be shared with carers as soon as possible. It was also mentioned that carers and their cared for would be given the opportunity to visit the homes that would be providing the respite care beds during open days to help them choose which provider they might wish to use once current services at Hollinsview and Lincoln House were ceased. It was also highlighted that two additional beds had been commissioned to be available for emergency respite care to support carers who may unexpectedly be unable to fulfil their caring role, e.g. due to illness.

Members of the Committee asked questions and the following points arose:

- Concern was expressed the carers and the cared for would struggle to adapt to the new providers. The Committee was informed that information on the providers would be given to carers and they would be supported to attend open days to help them chose their preferred provider.
- The system for booking a bed would remain similar to the current one. Members requested that the booking system for the new beds be kept as simple as possible for carers.
- The Committee was informed that 19 beds were commissioned as this would provide 7000 bed nights per year. Current provision provided 5000 beds nights per year. If more bed nights were needed because of demand then the Council would be able to commission further beds.
- Homes that had been commissioned include some residential and some nursing homes. The nursing homes were able to provide nursing services that Hollinsview and Lincoln House had been unable to provide.
- The Council was purchasing the beds on a block booked arrangement meaning they would always be available for respite. People using the beds would be financially assessed and would be charged for their use according to the charging arrangements currently in place. The prebooked beds would not require a third party top up payment. The cost of each bed was the same regardless of which provider it was with.
- The Committee was reassured that provision was being booked in Crewe and Macclesfield, as well as across the Borough, so that local people currently using Lincoln House and Hollinsview respectively would not have to go out of town to access a bed.
- Members requested assurance that people accessing Hollinsview and Lincoln House for reasons other than carer respite would still be supported. The Committee was informed that people would receive support to meet their needs and that this may be community based support however where a bed based service was needed this would still be accessed for them.
- The Committee noted that other forms of respite, such as domiciliary support, was available for those who chose it.

It was agreed by the Committee that, due to the public interest in this matter, continued monitoring of implementation and performance of services in relation to quality and access was needed, to assure residents that the desired outcomes of the Cabinet's decision in June 2015 were being delivered. It was agreed that an update on performance be considered at the Committee's April meeting.

RESOLVED

- (a) That the report and progress implementing the Cabinet decision be noted

- (b) That the Committee requests a performance update in relation to respite care services under the new arrangements to be received at the April 2016 meeting

40 EASTERN CHESHIRE CCG - IMPACT ANALYSIS OF INVESTMENT IN GENERAL PRACTICE

Fleur Blakeman from Eastern Cheshire Clinical Commissioning Group presented the CCG's report about changes to general practice (GP) services commissioning. The CCG was planning to invest additional resources into general practice to ensure there was equality of access to the same range of services regardless of which GP practice people in Eastern Cheshire were registered with. The 22 practices across Eastern Cheshire were currently at different levels of development and it was suggested that it would take until 31 December 2016 for the new service specification to be fully implemented across all practices. The CCG was also currently piloting some of the new services within the specification.

The Committee was requested to note the report and advise on whether the withdrawal of two services at the McIlvrde Practice in Poynton was substantial enough to require formal consultation under the legislation. It was suggested that the impact of the changes in service at McIlvrde Practice would be minimal in terms of the number of patients effected and the level of impact.

Members commented on some practices not currently making use of electronic communications and the internet to improve access for their patients. It was suggested that as part of the new service specification all practices would be embracing new technology.

RESOLVED

- (a) That the report be noted
- (b) That formal consultation with the Committee would not be required in respect of changes to services at the McIlvrde Practice in Poynton

41 SOUTH CHESHIRE CCG - COMMUNITY AND PRIMARY CARE SERVICES REVIEW

Fiona Field, from South Cheshire and Vale Royal Clinical Commissioning Groups, presented a report on the CCGs' upcoming review of community health care services alongside primary and secondary care services. NHS East Cheshire Trust currently delivered community healthcare services for the South Cheshire and Vale Royal areas. The current contract was due to end in April 2016 and the CCGs were seeking to redesign and re contract community services to form part of integrated services that were the focus of the Connecting Care Strategy.

The CCG was now beginning the process of wide engagement with public, patients and stakeholders to gain their views on how community healthcare services could be improved towards better integration with other health and social care services.

Members asked questions and the following points arose:

- Staff currently delivering the services would not experience any undue changes as part of the review of services and potential change of provider. An independent company, specialising in engagement, was currently liaising with staff over the current situation.
- Some services may be moved out of hospitals and closer to community. For example services may be colocated with other health and council services in community buildings or would form part of integrated teams. As long as they were appropriate as a clinical setting, any building, such as a special school or community hall, would be a potential location for some services.
- More home visits may be made possible to support patients with mobility issues.

The current engagement process was due to end on 24 December 2015 with proposals for services being developed in January 2016 and formal consultation beginning in February. Fiona stated that the Committee would be provided with the outcomes of the engagement activity in a report in January and formally consulted in February.

Vale Royal Clinical Commissioning Group covered part of Cheshire West & Chester Council and Fiona was due to attend a meeting of its Health and Wellbeing Scrutiny Sub Committee to present the same report. Consideration needed to be given to whether formal joint scrutiny arrangements would be required under the legislation for formal consultation on substantial developments or variations in services.

RESOLVED

- (a) That the report be note
- (b) That a report to the Committee in January on the outcomes of engagement activity be added to the work programme
- (c) That the Scrutiny Officer be requested to give consideration to the need to form joint scrutiny arrangements with Cheshire West and Chester Council for the formal consultation process

42 WORK PROGRAMME

The Committee gave consideration to its work programme. The Portfolio Holder for Adults and Health in the Community requested that the Committee arrange an additional meeting in November 2015 to enable the Committee to consider two items, on Council payments to our Residential, Nursing and Domiciliary care providers and on compliance with the Care Act 2014 respectively, which were due to be presented to Cabinet in December.

The Director of Public Health also suggested that an item on the future of funding for public health be brought to the Committee at the January meeting. The Committee noted that a report would be coming to the April meeting regarding the performance of respite care services and that a briefing on winter pressures would be received at the December informal meeting.

RESOLVED

- (a) That the Committee requests the Scrutiny Officer to make arrangements for an additional meeting of the Committee to take place on 26 November.
- (b) That the work programme be updated as discussed

The meeting commenced at 10.05 am and concluded at 12.25 pm

Councillor J Saunders (Chairman)

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CHESHIRE EAST COUNCIL

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 26 November 2015
Report of: Director of Adult Social Care and Independent Living
Brenda Smith
Subject/Title: Implementing the Care Act
Moving to a Local and Personalised System of Care and Support
Portfolio Holder: Cllr Janet Clowes – Care and Health in the Community

1 Report Summary

- 1.1 This Council is committed to full compliance with the Care Act and to providing a range of excellent local care and support services for the residents of Cheshire East. We are delivering on our commitment to ensure residents are supported to live well for longer and to remain as independent as possible. With this in mind we will be investing in our reablement services which support people to return to independence. The Council is fully aware of its responsibilities to its citizens and is committed to addressing both current and future needs in its planning to ensure sustainable adult care and support services.
- 1.2 The new Care Act 2014 requires the way Local Authorities provide adult social care to change working more closely with health care partners. The implementation of the new Care Act brings different pieces of historical legislation into one place and introduces new duties for Councils - including new rights for service users and carers. The new statutory principle of wellbeing underpins the Act and is the driving force behind care and support.
- 1.3 The legislation aims to build a care and support system based on people's wellbeing, needs and aspirations. Rather than being passive recipients of care, the aim is for people to take responsibility for their own wellbeing and health where they can do so but to have access to advice and information that assists them in this. Where people need additional support, it is intended that they are able to access this at as early a stage as is possible.
- 1.4 A key principle of the legislation is that people should be able to take charge of their own care and support system and be in the driving seat of identifying

their needs and how and when they will be met and in particular by whom. This is important whether the person is eligible for adult social care support from the Local Authority or they purchase their own care privately.

- 1.5 The Care Act specifically requires Local Authorities to develop greater diversity in the care market to ensure that there is a wide range of high-quality services from which residents can choose the care that best meets their needs. The intention is that the care market will be influenced and shaped by the Council and its health partners to have a vibrant and flexible range of services which can deliver personalised services, meeting increasing demand, increasing complexity of need and utilising new models of care and technology.
- 1.6 Most importantly, the personalisation policies on which much of the legislation is based intends that the customers of the care services are the most influential driver in shaping and developing services, to deliver services they want to use and which will support them to meet their needs in a way that they choose.
- 1.7 Whilst much of this is not new in national policy terms, the statutory footing on which it is now based gives us an added imperative to progress the final stages of implementation of the personalisation agenda. In order to progress this final stage of implementation it is necessary to review the current range of in house care services for adult social care provided by the Council.
- 1.8 The Council is committed to personalisation and greater choice for residents. The Care4CE service is commissioned on a block contract arrangement with a fixed budget and staffing resource. The services within Care4CE are not permitted to trade with the public by law. This means that only those individuals who are willing for their social worker to access services on their behalf can use these services. Changing this contracting arrangement will allow the flexibility required to adapt to a changing market and customer base. An enhanced range of localised services will be available to the whole population who will benefit from lifting the current restrictions of access.
- 1.9 The Council recognises the quality of care provided by Care4CE but need to ensure full compliance with the new legislative requirements. In addition to ensuring that people have access to the care and support they need we must also now ensure that people are able to exercise choice and control over the services they use. As a consequence we must review in-house provision and the policy of providing direct care provision from an in-house provider.

- 1.10 A key element of the changes is the proposal to provide care and support in a variety of ways utilising different models of provision. There is a large market for care and support provision that already responds effectively to the needs of the residents of Cheshire East. These proposals will further increase choice of provision in a range of locations across Cheshire East so that people can choose support in the location that works best for them and from a provider who can deliver to their personal requirements. This may result in new services being developed by all care providers including Care4CE staff.

2.0 Recommendations to Overview and Scrutiny Committee

2.1 That Scrutiny:

- (a) Note this report produced for consideration of Cabinet at the Cabinet meeting on 08 December 2015
- (b) Consider any advice that the Committee wishes to offer to Cabinet in respect of the recommendations being made
- (c) Advise the Director of Adult Social Care and Independent Living if any members of Scrutiny wish to be involved in the process of co design of the new service and delivery models of care detailed in this report

3 Recommendations to Cabinet

3.1 The report to cabinet is to recommend: That Cabinet:

In order to be fully compliant with the Care Act 2014;

- (a) Cabinet approve a change in Council policy to commission all care services from the broader care sector. This will facilitate the move to a personalised system of care and support which facilitates the principle of choice and control for residents in the access and purchasing of care services.
- (b) Cabinet delegate the approval of alternate arrangements to provide care services in the independent sector to the Director of Adult Social Care and Independent Living, in consultation with the Portfolio Holder for Care and Health in the Community.
- (c) Cabinet approve a transitional arrangement with both the market and Care4CE to ensure the continuity of high quality service delivery whilst alternative care and support services are secured in the market.

4.0 Reasons for Recommendations

Moving to a Local and Personalised System of Care and Support 17.11.15

4.1 The Council must be compliant with the new legislative requirements within the Care Act 2014 by:

- Ensuring the wellbeing of all its citizens is at the heart of all the activities within Adult Social Care.
- Ensuring robust advice and information services are available to support people in their self help and self management of their own care.
- Ensuring services are available which focus on prevention and early intervention.
- Ensuring that people have access to a range of services which focus on recovery and maximising independence wherever possible.
- Ensuring that people can purchase care and support from a range of providers and exercise choice over the type of service and control over how and when the service(s) will be delivered.
- Shaping and influence the care market to ensure the range of provision is available to meet local need and promote choice.
- Implementing the national eligibility criteria for access to a Council allocated personal budget with which people will be able to purchase services or ask the Council to do this on their behalf.
- Implementing the national eligibility for carers which also includes entitlement to a Council allocated Personal Budget with which people will be able to purchase services or ask the Council to do this on their behalf.
- Ensuring future models of service are co designed and co produced with the people who will use them.

4.2 The Care Act has introduced a requirement for Local Authorities to encourage a diverse range of high quality care providers. Local authorities therefore have a duty to stimulate the care provider markets so that individuals have a range of options to choose from. This proposal will assist the Council to meet this duty

4.3 The Council currently commissions a range of information and advice services across the borough to support and has a range of provision available to address the prevention and early intervention agenda. People can access the majority of these services without the need of a referral or a charge being applied.

4.4 The majority of the Adult Social Care services currently commissioned are focused on meeting eligible care needs utilising the national eligibility criteria. These services include domiciliary care services, day services, supported

tenancy schemes and residential care services. Services are provided across the public, private and voluntary care sectors. The social care services provided by the public sector are provided by the Council's in-house provider services, Care4CE.

- 4.5 This range of provision cannot be purchased by customers with an allocated Personal Budget who choose to have their budget paid to them as a Direct Payment, nor can the services be accessed by a private customer who wishes to purchase care and support without a formal social care assessment. It is critical therefore that the resources currently tied up in a relatively inaccessible service area are released to be utilised to make available a range of services which become part of the range of services which can be accessed by all residents who wish to access or purchase them.
- 4.6 As part of the Care Act Implementation process, Adult Social Care Strategic Commissioning have undertaken a review of the Council's in-house care provider service Care4CE. The review of Care4CE has taken into account the strategic case for change as outlined above, the Council's Adult Social Care commissioning strategy, anticipated increases in the demand for care services, accessibility of services and the challenging fiscal environment. In addition, the review has given full consideration to the future expected demands and service requirements of the local residents together with the current service utilisation and cost.
- 4.7 The review of Care4CE has concluded that reablement services (Physical, Mental Health and Dementia Reablement services) have a vital role in providing a comprehensive assessment of an individual's needs and restoring independent functioning. Continued investment in these services provides an effective means of supporting people to maintain their independence for as long as possible before considering long term support needs. This is both in the individual's interests and essential for the effective commissioning of long term support. These services will transfer to be a key component part of the new integrated community teams development.
- 4.8 Reablement services are seen as a critical component of the new integrated health and social care community teams whereby the assessment and interventions from the health and social care professionals can be further enhanced by the inclusion of the reablement teams specialist input. The service will be a dynamic and reactive element of the holistic assessment of need and will provide intensive support focused on recovery and regaining independence as quickly as possible.
- 4.9 The review of in-house services included a review of the care market as a whole and the commissioning priorities to meet local need. It was concluded that the remainder of the service areas provided by Care4CE need to be redesigned and commissioned from the independent sector. In keeping with the personalisation principles, the redesign of these services and the options

available to the Council, its partners and the public in terms of how these are commissioned and made available need to be further explored. The Care Act upholds the principle of people who use services as individuals or carers should co design and co produce the services they want to use.

- 4.10 It is planned that the Council commences a programme of transition together with service users and carers, to determine the future range of provision and how these services are to be commissioned. The key principles which will be applied in this process is that the programme will achieve a range a services which are accessible to all residents who wish to purchase them, provide a flexible and responsive service to customers, ensure customers can exercise choice and control over how they are delivered on an individual level. It is also essential that the new range of service provision provides value for money.
- 4.11 It is planned that the Council commence a process of co design and co production of all future care models and further to scope all potential delivery models as part of this process. The service options to be made available must be in keeping with the principles of the care Act and in particular the principles of personalisation whilst at the same time ensuring they offer value for money. This work will include commissioners from other directorates within the Council and with our health commissioning colleagues.
- 4.12 For the many residents in Cheshire East who purchase their own care independently of Adult Social Care services, this proposal will create a broader range of service options for them to access.
- 4.13 There are many excellent examples nationally where people who use services and those who care for them have been at the heart of designing new models of service which focus on a personalised and flexible service tailored to their needs.

5.0 Policy Implications

- 5.1 This proposal is in keeping with the requirements of the Care Act 2014.

6.0 Financial Implications

- 6.1 The cost of care within the Council budget is increasing as a result of demographic changes. The increasing number of people who are living longer with multiple health conditions and frailty results in increased costs as the need for care increases. There are a significant number of young people moving into adult social care services with complex health needs and disability that wish and should be supported to live full and active lives. The

costs of care and support services for this group of people are also steadily increasing. This is within a context of considerable fiscal pressure.

- 6.2 The ongoing process of review of Council commissioned services in terms of quality, delivery on outcomes, satisfaction levels for the customer and value for money have been routine for many years in the independent sector. All services including in-house provision need to be subjected to the same process of review including value for money.
- 6.3 Service users deemed to have eligible care needs and allocated a Personal Budget from the Local Authority have the right to take the Personal Budget as a Direct Payment. In cases where the person chooses a Direct Payment to buy services to meet their needs from the independent sector and where a service provided by Care4CE could have met their needs, there is a clear risk of effectively duplication of allocation of resources.

7 Implications for Rural Communities

- 7.1 The proposal will create greater choice of type and location of support for those in rural communities to have a personalised response to their circumstances and needs.
- 7.2 Service users and carers living in rural communities will be engaged to design the services that will meet their specific needs.

8.0 Legal Implications

- 8.1 Where consultation is required the general principles that must be followed when consulting are well established:

The consultation must be at a time when proposals are still at a formative stage;

The proposer must give sufficient reasons for any proposal to enable intelligent consideration and response.

Those consulted should be aware of the criteria that will be applied when considering proposals and which factors will be considered decisive or of substantial importance at the end of the Consultation process;

Adequate time must be given for consideration and response;

The product of consultation must be conscientiously taken into account in finalising any statutory proposals.

8.2 Cabinet will need to satisfy itself that the consultation has been properly conducted in line with the principles above. In addition, Cabinet must ensure that it has clarity with the outcomes of that consultation and therefore, as decision maker, is able to take the results fully into account when making its decision on the proposals contained in this report.

8.3 In making its decision, Cabinet will have to have due regard to the Public Sector Equality Duty as set out at S149 of the Equality Act 2010, which states:

“(1) A public authority must, in the exercise of its functions, have due regard to the need to -

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it... “

8.4 To assist Cabinet in respect of the Public Sector Equality Duty, an Equality Impact Assessment will be carried out in respect of the proposals within this report.

8.5 The Council will need to comply with its requirements under Employment law to ensure that appropriate consultation with staff taken place.

9 Risk Management

9.1 The proposals if accepted will need to be in keeping with the delivery of the Medium Term Financial Strategy (MTFS).

9.2 Ensuring adequate services in the independent sector market to meet current and future needs of local residents is critical. Carefully planned work to secure quality care and support in the independent sector and a measured period of transition should mitigate this risk, both for the Council and residents. The Cheshire East Council Quality Assurance Team will ensure that residents can access quality care. This team provides the Council with additional assurance that residents' needs can be appropriately met.

- 9.3 A move to commissioning care and support services for customers who currently have services from Care4CE would take place in a managed way and with the service users and their carers actively engaged in this process. This will take account of individual needs and preferences. The existing services would not be withdrawn until appropriate services had been arranged in the independent sector.
- 9.4 The Council is aware of its responsibilities in relation to the Equality Act 2010. Our priority is to ensure that no groups are disadvantaged by changes in policy or new ways of delivering care. We are proud of what we do to ensure we uphold the rights of our citizens.

10 **Background and Options**

- 10.1 Supporting material to inform the Cabinet decision will include the Equality Impact Assessment and the Review of Care4CE Provider Services.
- 10.2 Co design and co production of alternate service models and provision will be developed through a variety of methods including design focus groups with service users, carers and providers of care being actively involved, individual engagement sessions to gather views, reviews of innovative practice and developments nationally and internationally. Use of advocacy services will be included to support people who may need additional assistance to express their views and wishes.
- 10.3 The options to provide care and support services in the independent sector will be assessed against criteria agreed by the Portfolio Holder and the Director of Adult Social Care and Independent Living.
- 10.4 The proposal will not change the offer of care and support to those people in Cheshire East who need it. Sourcing local services is integral to the proposal and will be part of the proposed changes. A move to commissioning care and support services for customers who currently have services from Care4CE would take place in a managed way. This will take account of individual needs and preferences. The existing services would not be withdrawn until appropriate services had been commissioned in the independent sector.
- 10.5 In Local Authorities across the North West, an average of 90% of social care is provided in the external market.

- 10.6 The quality of any of the care and support services commissioned from the independent sector will be monitored by the Council's Adult Social Care Quality Assurance Team.
- 10.7 The request for a change in policy in the commissioning activity for adult social care services is driven by the changes in legislation within the Care Act 2014.
- 10.8 The development of choice for users meets the personalisation agenda requirements. It is anticipated this will mean that the current type of care and support services currently available might not be the preferred option for some users in the future.

11 Access to Information

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

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CHESHIRE EAST COUNCIL

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

Date of Meeting: 26 November 2015
Report of: Democratic Services
Subject/Title: Work Programme update

1.0 Report Summary

- 1.1 To review items in the 2015/16 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
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Health and Adult Social Care Overview and Scrutiny Committee – 18 November 2015

Essential items

Item	Description/purpose of report/comments	Lead Officer/organisation/Portfolio Holder	Suggested by	Current position	Key Dates/Deadlines
Implementation of the Care Act 2014	To consider a report on further decisions required regarding compliance with the Care Act 2014	Brenda Smith Sarah Smith	Brenda Smith	Committee agreed to hold additional meeting	26 November 2015 meeting 18 Nov agenda
Adult Social Care Provider Fees	To consider a report on fees to be paid to providers of adult social care services following recommendations by consultants	Brenda Smith Dominic Oakeshott	Brenda Smith	Committee agreed to hold additional meeting	26 November 2015 meeting 18 Nov agenda
Public Health Funding	To receive a briefing on the future of funding for Public Health and consider the potential impact on services and health outcomes	Heather Grimbaldeston	Heather Grimbaldeston	Committee agreed to receive report	14 January 2016 6 Jan agenda
Ambulance Services	Committee wishes to hold a workshop with NWS and partners to consider improving ambulance services in CE	NWS CCGs Janet Clowes	Committee	Agreed at Sept work programme workshop to set up	January/February 2016
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 access and reducing health inequalities- also to include pharmacies, recruitment of GPs and nurse specialists.	GPs/NHS England CCGs Healthwatch	Chairman	Healthwatch Cheshire East is currently conducting a piece of research into GP access. This will inform the Cttee's direction	On hold
Pharmacies	Potentially to be considered alongside GP Access	HG, CCGs, NHSE	Committee		On hold
East Cheshire NHS	To examine the CQC's report and	East Cheshire	Scrutiny Officer	CQC's report is	TBA

Health and Adult Social Care Overview and Scrutiny Committee – 18 November 2015

Trust CQC Report	reasons for rating of “requires improvement” with the Trust and to hear what action has been taken	NHS Trust		available. Need to contact ECT to arrange item	
Developing the Roles of Social and Private Landlords in Health and Wellbeing	To facilitate a discussion with partners about developing the role of social and private landlords in improving/maintain health and wellbeing and reducing health inequalities. Workshop was held on 8 Jan 2015. Summary report was written and sent to attendees. Possible follow up workshop involving more private landlords	Council CCGs RSLs James Morley/	Committee	Consideration has been given to the role of the committee in relation to housing at Corporate Scrutiny. Potential future work involving JRA and CommunitiesCtees	TBA
Maternity Services at local hospital trusts – Kirkup Report	Following the Kirkup Report into incidents in maternity services in Morecambe all trusts were recommended to review their maternity services and committee is recommended to discuss with local trusts	East Cheshire Trust and MCHFT	Heather Grimbaldeston	Committee agreed to consider an item at a formal meeting	TBA
Director of Public Health Annual Report 2013 and 2014 review	To look at whether the recommendations of the DoPH in previous reports have been implemented and improvements made	All Cheshire East commissioner and providers	Chairman	Committee to approve date of meeting and contact stakeholders	Possible March 2016

Monitoring Items

Item	Description/purpose of report/comments	Lead Officer/organisation/Portfolio Holder	Suggested by	Current position	Key Dates/Deadlines
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Health and Adult Social Care Overview and Scrutiny Committee – 18 November 2015

Joint Strategy for Carers	Presentation of the draft Joint Carers Strategy 2016-2018 and the planned 3 year action plan to support carers in Cheshire East	Rob Walker CEC Jacki Wilkes Eastern Cheshire CCG	Committee	Strategy and response to Carers Task Group Report requested.	January 2016
Future of Carer Respite	Further to the Call In Meeting – to review the progress of the decision to secure alternative carer respite support via a formal tender process, initially in November 2015, and subsequent at periodic intervals to review the effectiveness of this decision specifically on the quality and number of beds available, starting 6 months after the introduction of the new arrangements.	Brenda Smith	Committee	Report updating the committee on the current position regarding the implementation of the Cabinet decision to be received in Nov 2015. First report on performance to be received at April meeting	April 2016
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	Committee	Delay due to current changes in HWB ToRs	On hold
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	Committee	Committee required to agree how it wishes to approach this area of work.	December 2015
Co-commissioning	To seek assurance that appropriate procedures are put in place for the commissioning of primary care services by NHS England and the CCGs	CCGs/NHS England	Committee	Committee to receive a briefing on the current position at informal meeting	December 2015

Health and Adult Social Care Overview and Scrutiny Committee – 18 November 2015

Better Care Fund	To monitor the achievement of health and social care integration and improved health outcomes through BCF schemes	Lou Ingham/ Caroline Barnes	Committee	Committee to receive a briefing at meeting	November 2015
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	Report has been submitted to Cabinet. Response to the report required at future meeting.	TBA
Adult Social Care Local Safeguarding Board	The Committee wishes to receive a presentation from the Board at an informal meeting as part of it's scrutiny role to monitor the adult safeguarding	Katie Jones	Committee	Committee have agreed to consider at an informal meeting	February 2016 possible TBC

Possible Future/ desirable items

- Screening – Cancer and other health screening – informal meeting
- Annual Report on Residential Care Commissioning – info to be emailed rather than cttee meeting
- Future of Care4CE
- Public Health Service
- Healthwatch (Lynn Glendenning)

Dates of Future Committee Meetings

14 January 2016, 3 March 2016

Dates of Future Informal Meetings

3 December, 4 February 2016, 7 April

Dates of Future Cabinet Meetings

8 December, 12 January 2016, 9 February, 8 March, 12 April, 10 May

Dates of Future Health and Wellbeing Board Meetings

24 November, 26 January 2016, 15 March

Dates of Future Council Meetings

17 December, 25 February 2016, 18 May