

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 their 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 McIlvride 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 McIlvride 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 McIlvride 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)