

REPORT TO: Health Policy and Performance Board
DATE: 10 March 2015
REPORTING OFFICER: Strategic Director – Communities
PORTFOLIO: Health & Wellbeing
SUBJECT: Care at Home Scrutiny Review 2014/15
WARD(S) All Wards

1.0 PURPOSE OF THE REPORT

1.1 To present to PPB the report and recommendations of the Care at Home Scrutiny Review 2014/15

2.0 RECOMMENDATION: That the Board note the contents of the report attached at appendix 1

3.0 SUPPORTING INFORMATION

3.1 The report outlines the key findings and makes a number of recommendations for consideration by Health PPB.

3.2 The group sought evidence from a number of sources that enable people to remain living well within the community and provide care at home. Contributors included: Sure Start to Later Life, Community Nursing, HBC Quality Assurance Team, Lifeline/Community Warden Service, Enablement Team and Extra Care Housing.

The recommendations from the group were:

3.3 **Research the evidenced base for *predictive and assistive* technology tools that could be used as part of the prevention and early intervention agenda, and the cost/benefits to potential investment.**

3.4 Scoping of available, or developing, predictive and assistive technologies to:

- Utilise assistive technology to address loneliness
- Identify where these existing assistive technologies can be utilised within Halton and work with partners to achieve this.
- Support the Dementia Technology Charter by providing user friendly resources/information for people trying to access assistive technology

3.5 Outcomes that could be achieved through investment technology must be clear and evidence based. Outcomes should be as much about quality of life and added value, than just 'cost efficiency'.

Investment in predictive and/or assistive technology must be underpinned with investment in well trained quick responders and staff who are customer focused and appropriately skilled.

- 3.6 **Adult Social Care to be consulted on/contribute to any developments in the provision of telehealth to help people maintain independence.**
- 3.7 Adult Social Care Telecare/assistive technology services should be consulted with in the development of *telehealth* technology in Halton, in light of the Integrated Technology Strategy, and the desire to have truly integrated systems. Any potential for integrated telecare/health systems should consider the funding implications and cost to the user in light of personal/health budgets.
- 3.8 **The Sure Start to Later Life Service (SLL) should continue to have an important role in delivering personalised wellbeing outcomes.**
- 3.9 There continues to be a need to provide a range of preventative interventions later in life , ensuring that older people are targeted with active ageing opportunities. This should include the use of technology and maintaining links between health and social care to develop innovative ways to engage older people.
- 3.10 Members should be kept informed of progress against the actions contained in the Halton Loneliness Strategy.
- 3.11 **Attended care and support provision within extra care housing schemes**
- 3.12 Expectations about the role of staff in supporting tenants may vary between providers of extra care and so their role needs to be made explicit in the contract between the provider and the prospective tenant. This is especially relevant in schemes where there is currently no 'on site' provider during core hours.
- 3.13 As Naughton Fields continue to move towards the 30/40/30 ratio of care needs the model for care provision at that site should be monitored to ensure that the spot purchase approach continues to meet the needs of residents.
- 3.14 **Community Nursing Services**
- 3.15 In reviewing the service specification, Halton HHS CCG should consider the current and anticipated levels of activity and increasing demands to ensure that the appropriate level of funding is invested. Liaison with other professionals as part of the review may help identify gaps in the service and opportunities to promote integration between health and social care to further improve outcomes of people accessing the service.

3.16 **Quality Assurance**

3.17 The Council's Quality Assurance Team will have an increased role in market oversight, supporting quality improvements and preventing provider failure as a result of the Care Act.

3.18 There is, and should be, a continuous cycle of work with providers to improve quality and deliver person centred outcomes.

3.19 Health PPB should be updated on the implications of the Care Act on the Quality Assurance Team (market oversight) in Autumn 2015

3.20 The Care at Home Scrutiny report and recommendations will go for information purposes to NHS Halton CCG, Bridgewater Community Health Care NHS Foundation Trust, Halton Housing Trust, Liverpool Housing Trust, Domiciliary and Residential provider's forum.

4.0 **POLICY IMPLICATIONS**

4.1 The policy implications of pursuing any course of action arising out of the recommendations will be highlighted, as appropriate, through the usual reporting channels.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The financial/resource implications of pursuing any course of action arising out of the recommendations will be highlighted, as appropriate, through the usual reporting channels.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

No implications

6.2 **Employment, Learning & Skills in Halton**

No implications

6.3 **A Healthy Halton**

The recommendations contained in this report relate directly to the health and wellbeing of individuals who access care and support within the community. Provision of high quality care, closer to home, supports independence and positive outcome for individuals.

6.4 **A Safer Halton**

No implications

6.5 **Halton's Urban Renewal**

No implications

7.0 **RISK ANALYSIS**

7.1 None identified at this time

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified at this stage.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF
THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.