

## Flip Chart summaries from Cheshire East Activity at C&M PEF

### 1. How to successfully merge CAH and ECH

#### Barriers:

- Eligibility – mild to moderate
  - A model of dependence is ingrained (especially in LD support models)
  - Housing restrictions (Homes England)
  - Differences in standards/ facilities from different housing providers
  - Integration with health can be an issue
  - Problem with CHC (continuing health care) – Funding. The person drawing on care and support doesn't care where the funding comes from.
  - Information e.g. tenure – expectations/ confusion
  - Understanding change – change of culture. Identity.
  - Recruitment – contracts of Employment?? TUPE?
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- How to incentivise?
  - Work to change mindset that ECH is only for over 55s
  - How to engage landlords – it would be good for providers to have confidence in them
  - Benefits of shift – working across ECH and CAH
  - Reassurance for user re quality of Provider staff
  - Offer re training the workforce – consider better ways to do this – train the trainer?
  - Link to Provider offer??
  - Guaranteed hours – i.e. Home Office, CoS evidence required
  - Confidence in professionals having good knowledge of options available – awareness raising.

### 2.

- Choice and person-centred care need to remain central to any changes. E.g. it sounds like a great idea to use ECH for local people to access specialist bathing facilities and a place to go for a meal and to be with others. However, this won't be attractive to everyone so they may need support to decide and to say no.
- Sounds like a good option to reduce the need for residential care and could prevent deterioration and hospital admission.
- Opportunity for greater flexibility of offer
- Could enhance career opportunities and skills development
- Opportunity to take a considered approach to delegated health care activity, additional training opportunities, progression and more flexible workforce (link to CWP)
- Need to consider and consult with current residents and staff in ECH and support change
- Consider compatibility, management of risk, and potential resistance
- Could be an alternative to the supported living model if people can use ECH
- Need more conversations about career opportunities (CWP)

- Recognise that not everyone can or wants to progress so make sure this is recognised and those people get what they need from their role too.
- The proposals offer greater opportunity for a range of skills to be developed.