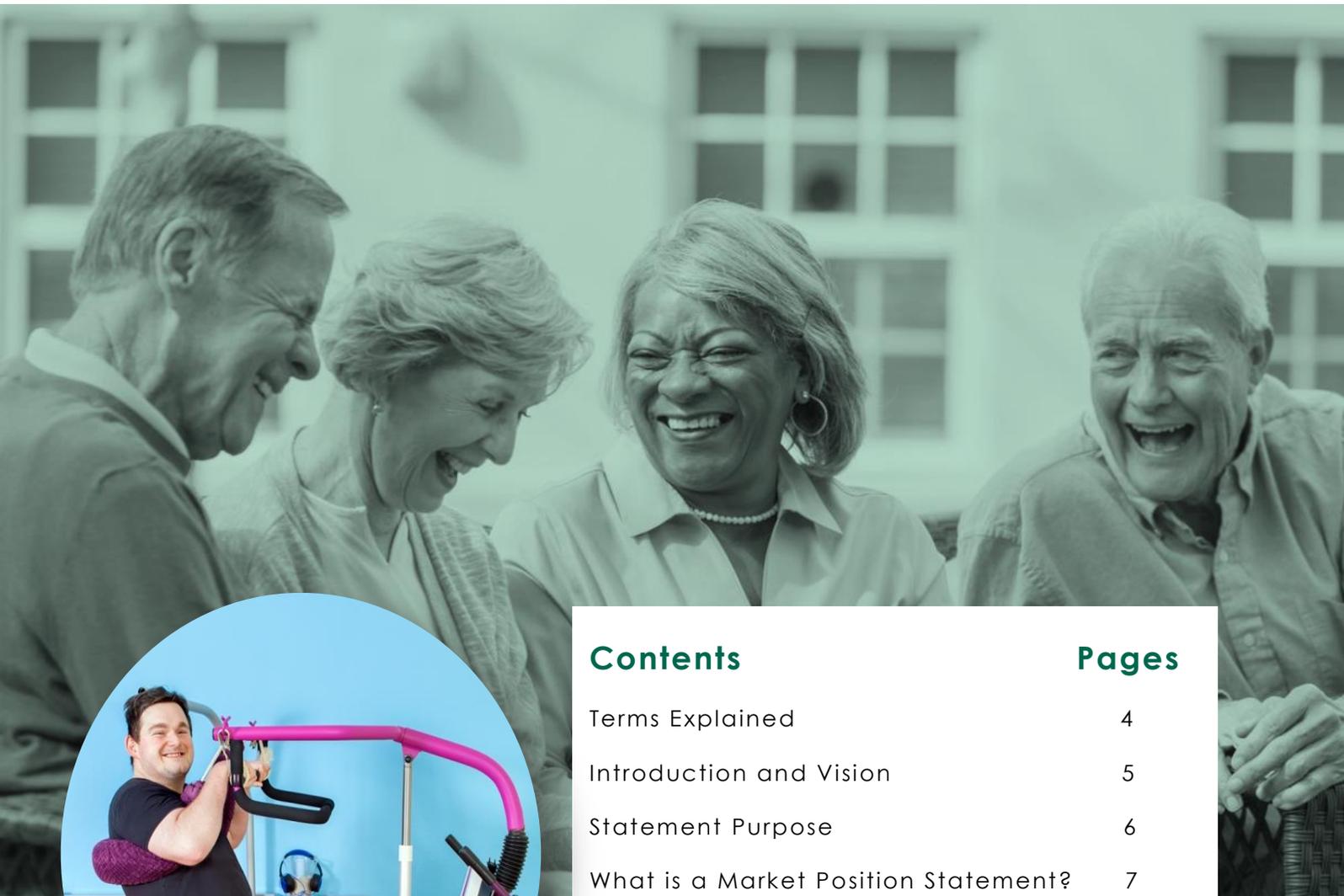


# Adult Social Care

## Market Position Statement

The way to excellent care and support in Cheshire East  
2017 to 2020





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# Terms Explained

We have tried to make this document as jargon free and easy to read as possible. So we have not shortened any words and will also explain any terms that we use in boxes like this:

## People

When we use the word **People** in this document, we are talking about people who need care and support who access services.

## Residents

When we talk about **Residents**, we are talking about everyone who lives in Cheshire East.

## Commissioning

When we talk about **Commissioning** we are talking about how the Council decides to use resources in meeting people's needs for care and support.

When responding to the health needs of Cheshire East residents

## Adult Social Care

When we talk about **Adult Social Care** we are talking about care and practice support people may need in ensuring they can remain independent longer.

## Safeguarding People

When we talk about **Safeguarding People**, we are talking about the Council Policy to ensure people can live safely, free from harm and abuse.

## Public Health

When we talk about **Public Health**, we are talking about the Councils responsibility to ensure that the health needs of Cheshire East

## Clinical Commissioning Group

When we talk about **Clinical Commissioning Group (CCG)** we are talking about the commissioners who work for the National Health Service and who are responsible for clinical commissioning.

## Market Position Statement

When we talk about **Market Position Statement** we are talking about this document that ensures providers of care understanding the work we are undertaking in meeting any known gaps in service.

## Introduction & Vision



Cheshire East Council wishes to stimulate a diverse market of care, offering people a real choice of provision. This may come from existing providers, from those who do not currently work in the Council's area or from new start-ups. In order to achieve this aim, the Council recognises the need to know how best to influence, help and support the local care market and achieve better outcomes and values.

We want to make a positive difference in the lives of people and carers. People **Live Well, for Longer** sets out our commissioning three year commissioning plan that describes the changes and improvements we plan to make to direct care and support services over 2017 to 2020.

Our vision for responsive and modern care and support in Cheshire East promotes

people's independence, choice and wellbeing.

We will through **People Live Well for Longer** - enables people to live well, prevents ill health and postpones the need for care and support.

The Care Act 2014 placed new duties on local authorities to facilitate and shape the local market for adult social care in ensuring integrated care is delivered closer to home.

Self-enabling support will ensure people through a range of support services including connecting people to wider community settings to be able to self-care. Self-care is focused on people being able to retain choice and independence in their lives that means that people can live a life and not a service – which is a care quality commission key standard for all care services to adopt.

We recognise that the health and care needs of Cheshire East people are changing and becoming more diverse. People have higher expectations regarding an independent life in their local community, and want more control over their lives with good quality support built around their individual needs.

Like many local authorities, we face financial pressures and the need to make sure services provide the best value, so people can get the most from the available resources is critical when developing our transformation plans. We need a more diverse range of good quality care and support services to meet people's highly individual needs and ensure real choice is affordable and accessible.

Nichola Glover – Edge

Director of Commissioning, People

# Market Position Statement

## Purpose

Welcome to Cheshire East Councils draft Market Position Statement (MPS) which will be subject to further development with a wide range of stakeholders and market of providers over the coming months. The development will reflect both strategic ambitions and local market conditions. We hope that this will be a helpful tool for stakeholders, new organisations and providers of commissioned services within our local market.

Working with our partners our shared aims include:

- ✓ Managing long term conditions better, especially amongst older people and people with more complex health and care needs.
- ✓ To support people to live independently for as long as possible and to reduce demand for health and social care, improving individual's health and wellbeing, through People Live Well for Longer.
- ✓ Reducing demand for high cost care such as acute admissions and long term residential and nursing care.
- ✓ Delivering care locally and enabling people to live independently for longer by connecting better with their local communities.

We are working together to support the development of person-centred, outcome-focused health and social care services for adults across the region with our clinical commissioning group (CCG) partners, underpinned by Eastern CCG Caring Together and South Connecting Care local plans.

Ultimately, we want to enable people accessing services to respond positively to the Care Act 2014 5 key principles as set out below:



This Market Position Statement enables current providers of care, voluntary and community organisations including new businesses entering Cheshire East to understand the following:

- 1) Where are we now regarding the current market?
- 2) What is the population of needs that will influence the commissioning of services now and in the future?
- 3) What are the known gaps?
- 4) How we intend to get there, by working with our partners?

The voluntary and community, faith sector will have a significant important role in enabling prevention to really support people to remain at home longer.

# What is the Market Position Statement (MPS)?

To achieve our vision set out in our Commissioning Three Year Plan – **People Live Well for Longer**, we recognise the importance of stimulating a diverse market for care and support offering people a real choice in provision. This may come from existing providers, from those who do not currently work in the area or from new business start-ups; it may also come from small community enterprises.

The market position statement aims to:

- ✓ Focus action to embed and accelerate prevention of ill health.
- ✓ Recognise the contribution that our communities and places have on our health, wellbeing and in making safeguarding personal.
- ✓ Recognise that Cheshire East is rich in assets and harness these assets to aid our change in direction.
- ✓ Enable people to have access to high-quality information and lifestyles interventions that prevent their health and care needs becoming serious.
- ✓ Inform decision-making at the right time and place to reduce and delay the need for care, recognising the need for people living with a health condition and their carers to have appropriate recovery services and the right information.

We need to think carefully about how best we can influence, help and support the local care market to achieve better outcomes and value, and we see our Market Position Statement (MPS) as an important part of that process, initiating a new dialogue with care providers, including the voluntary, community and faith sector in our area, where:

- ✓ Services can be developed that people need and which are increasingly sensitive to people making their own decisions about how their needs and desired outcomes are to be met.
- ✓ Market information can be pooled and shared with our partners.
- ✓ We are transparent about the way we intend to strategically commission and influence services in the future and extend choice to care consumers.
- ✓ A shift to a relationship of trusted partners and of collaboration with decision making closer to people.

This document is intended as a tool to help providers make important business decisions and shape their services in meeting peoples changing needs in Cheshire East.

The market position statement draws on detail from Cheshire East Joint Strategic Needs Assessment (JSNA) and Local Account Information to present a 'picture' of:

- ✓ What the area looks like now in terms of demography and service provision;
- ✓ What the future demand for care and support may look like and types of services needed to respond to this;
- ✓ Our intentions towards the market as a facilitator of adult care and preventative change;
- ✓ How we can work with organisations to respond positively to the key messages in our Market Position Statement.

## The Care Act 2014

The Care Act 2014, places significant emphasis upon the role of the Market Position Statement. In particular The Care Act places new duties upon Local Authorities to facilitate and shape their market for adult care and support as a whole so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves or in other ways. "The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support provision, continuously improving quality and choice and delivering better, innovative and cost effective outcomes that promote the wellbeing of people..." and there shall be a focus upon outcomes." Local authorities must ensure that the promotion of the well-being of individuals who need care and support and the wellbeing of carers, and the outcomes they require are central to all care and support functions in relation to individuals, emphasising the importance of enabling people to stay independent for as long as possible..."

The Care Act brings enhanced emphasis upon outcomes based services. This means changing the way that services are bought-from units of provision, meeting specified need to what is required to ensure that specified measurable outcomes for people are met. Outcomes should be the principal measure for the quality assurance of services.

Quality is also a key duty within the Care Act, specifically; Local Authorities must facilitate markets that offer a diverse range of high quality and appropriate services. In doing so they must have regard to ensuring the continuous improvement of those services and encouraging a workforce which effectively underpins the market.

Local authorities should also commission services having regard to the cost effectiveness and value for money that the services offer for public funds. This duty sits alongside the need for commissioners to understand the business environment of providers offering services and seek to work with providers facing challenges and understand their risks.

It is clear that co-production, continuous dialogue between commissioners, stakeholders and providers, will support improved understanding by all partners and the development of local steps which are key to the further development of this Market Position Statement.

Cheshire East Council, working with our partners intends to reshape services over the next three years so that:

- ✓ access to quality information and support is available for everyone who needs it, to help them find the best services to meet their needs;
- ✓ stronger emphasis is placed on supporting people to find their own solutions, whether they require long or short term support and in identifying the outcomes they wish to achieve:
- ✓ funding becomes clearer;
- ✓ and duplication of effort is reduced for the people of our community.

When we say **co-production** we are talking about how we support people to make changes with use.

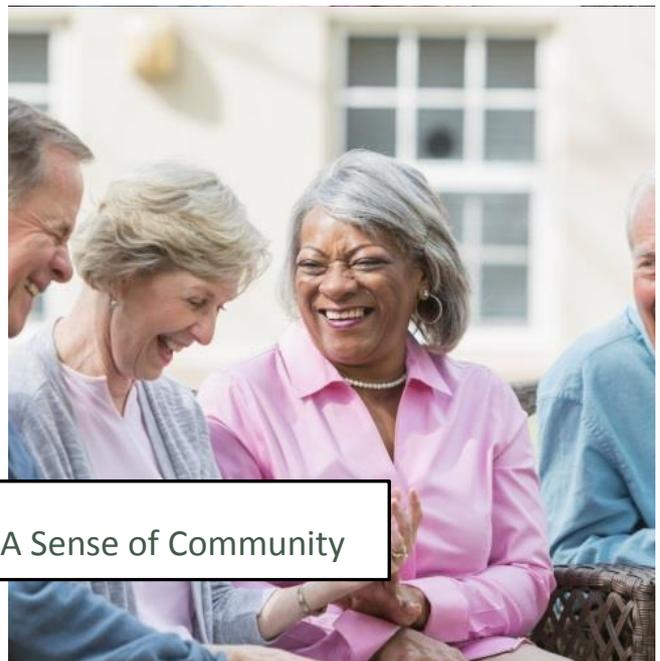
It means working together to make a difference.

# Corporate Plan – Our Outcomes

personal in embed in everything we do.

Outcome 1 – Our local communities are strong and supportive.

- ✓ Individuals and families are self – reliant, taking personal responsibility for their quality of life
- ✓ Communities are cohesive, with a strong sense of neighbourliness.
- ✓ There is genuine civic pride and mutual respect.
- ✓ Joint commissioning has a significant role in working with communities voluntary and faith partners in ensuring people do feel safe and part of the community where they live.



A Sense of Community

Outcome 2 – Cheshire East has a strong and resilient economy

- ✓ Care and health work will be sustainably rewarded with recognition, investment, business support and guidance to ensure that good quality care really does pay in Cheshire East.
- ✓ The one in five people who work in care and health feel valued, acting as ambassadors encouraging others to choose care careers.
- ✓ There is a stable and innovative care economy.
- ✓ Care providers are rewarded for delivering person centered outcomes.
- ✓ Joint Commissioning play an important role in ensuring quality of care is retained and making safeguarding



## Being Safe

Outcome 3 – People have the life skills and education they need in order to thrive.

- ✓ Whilst the focus on the outcome is in supporting children and younger people, we see great importance in adults throughout their life having the opportunity to learn and to continue to develop their life skills through access to supported employment opportunities.
- ✓ Joint Commissioning has a role to play in ensuring people with disability are supported into employment and that employers are aware of “making safeguarding personal” regarding training an upskilling staff.

- ✓ Joint commissioning has a significant role to play in ensuring the market can respond to people's changing needs and expectations.

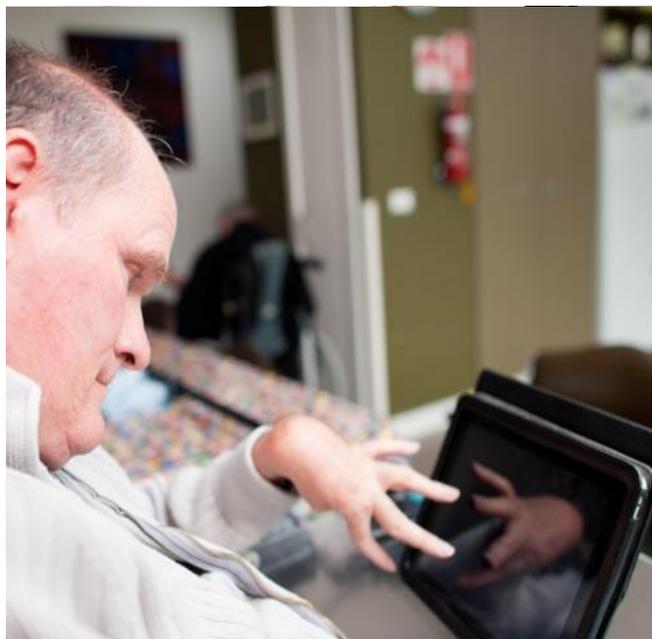
## Being Connected



## Being Healthy

Outcome 5 – People Live Well for Longer

- ✓ Local people have healthy lifestyles and access to good cultural, leisure and recreational facilities. Care services focus on prevention, early interventions and physical health and mental wellbeing.
- ✓ Ensuring people have good access to services that offers choice, quality and is affordable



## Where are we now, current market of Services?

### Care Homes (Residential and Nursing)

We currently work with a wide range of care home providers, mostly private sector organisations, covering Cheshire East.

- There are 95 care homes (48 residential and 47 nursing homes) which represents 3838 beds (1242 residential beds and 2596 nursing beds)
- The Council commissions on average 33% of the available care home beds within the Council footprint.
- There is an average of 5% vacancies across care homes within the Council footprint. Annual cost for care home placements (including respite/short stay) for 2015/16 was £46,517,556.
- The primary need group is older people and frail and about 20% people under 65 with more complex care needs.
- The current purchasing arrangement is a 100% post purchase bases.

### Domiciliary Care

We currently work with a wide range of Domiciliary Care providers, mostly private sector organisations, covering Cheshire East with some smaller third sectors providers.

- The Council commission with 61 Domiciliary Care agencies (42 within Cheshire East Council area and 19 outside of the area)
- This represents 1279 people in receipt of a domiciliary care service, each week.

- At an annual cost of £9,942,605.

### Domiciliary Care in Supported Living with a local landlord

- We contract with 29 providers (8 within the Council area and 21 outside of the area)
- This represents 258 residents (152 within the Council area 106 outside the area)
- At an annual cost for personal support of £13,535,807.
- The main needs group being people under 65 presenting with more complex care needs – such as learning disabilities/ Autism and Mental health.

### Carer Respite (Residential)

- We currently commission 16 beds (14 pre bookable and 2 emergency. Beds are spread across 11 homes throughout the Council area.
- This represents 234 residents having access to the pre booked respite beds since December 2015, equating to over 2,400 nights stay.

### Rapid Response

We commission services from two domiciliary care agencies, covering a block purchase of 300 care hours each week working with South and Eastern CCGs, funded through the Better Care Fund.

- This represents 386 people (259 South CCG and 127 Eastern CCG) who have been supported to return home from hospital in a timely manner and/or prevented from being admitted to hospital in the first instance.

- All people access this service – however most people are older people and frail.

## Extra Care Housing PFI

We commission five extra care schemes, - 3 in Cheshire East which has (256 apartments) and 2 in Cheshire West which has (177 apartments), at an annual cost for PFI of £4,800,000.

We also commissioning non – PFI Extra Care, 2 schemes where the Council contracts for the care in 136 apartments.

Whilst some people are working age under 65 with various disabilities – most people are older people and frail.

## Community, Voluntary and Faith Help Sector

We work with a number of third sector providers from community interest companies, user led organisations, social enterprises and small charities.

- We commission 11 early help / prevention community contracts at a cost of £400,476.50.
- 1 information and advice contract £188,011.
- 1 advocacy contract service £187,000.
- 1 brokerage contract £139,250.
- 1 specialist assessments contract £15,000.
- 8 carers contracts £299,714.
- 1 Healthwatch contract and 1 NHS Independent Complaints Advocacy contract.
- At annual cost of £1,397,451.50

## The Public Health

We commission a range of Public Health commissioned services including: Sexual Health, Substance Misuse (integrated alcohol and substance misuse), Healthy Child and One You Cheshire East.

We commission an Integrated Sexual Health Service which provides community contraception, genito-urinary medicine and sexual health promotion. The contract value is currently £2,695,137 and is delivered by East Cheshire Trust. Elements of sexual health services are also delivered through GPs and pharmacies.

We commission an Integrated Alcohol and Drugs Service an all-age (adults and young people) service focusing on recovery from drug and alcohol misuse. The contract value is currently £3,129,680 and is delivered by Cheshire and Wirral Partnership and subcontracted providers.

The Healthy Child Programme encompasses Health Visiting (including Family Nurse Partnership), School Nursing (including National Child Measurement Programme) and Breastfeeding Support Services. The contract value is currently £5,992,667 and is delivered by Wirral Community Trust.

One You Cheshire East covers smoking cessation, NHS Health Checks, weight management and lifestyle advice. The contract value is currently £7,761,332 and is delivered by a number of providers.

We continue to work positively with a vast range of providers/partners who have the skills and knowledge to enable people to be supported to remain more independent in their own home.

By 2020, with greater focus on supporting independence and choice, our Commissioning Three Year Plan will have delivered a wider range of preventative alternative services resulting in a significant reduced demand for traditional care and a fundamental drive to embed making safeguarding personal at every step in the commissioning process.

## Robust Commissioning Cycle

We will ensure we work under the Care Act 2014, commissioning Cycle.

Commissioning only really works well, when the right people and partners who have an invested interest in adult social care, safe care and health can “through the right opportunities” influence change at every stage in the cycle.

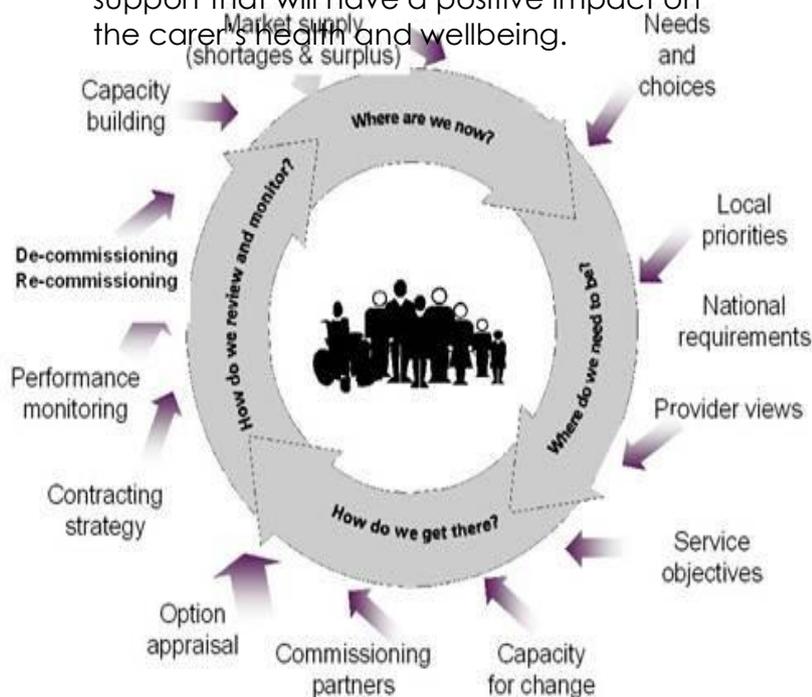
Commissioning ensures people who access services and partners through co-production and business opportunities, make a difference and have their say.

In commissioning all services we aim to move away from traditional care services to achieve a range of provision that maintains people in their own home for as long as possible by:

- ✓ Encouraging healthy lifestyles, promoting self-help and wellbeing;
- ✓ Providing easy access to up-to-date, comprehensive information on services;
- ✓ Supporting carers to balance their caring role and maintain a satisfactory lifestyle;
- ✓ Increasing the use of Direct Payments and Personal Budgets;
- ✓ Ensuring safeguarding arrangements provide appropriate protection and manage risk, whilst supporting people to exercise choices, making safeguarding personal.

Care at home needs to be linked more closely into supporting people to access a wide range of other preventative opportunities in their communities and through improved access to the voluntary community and faith sector.

We recognise the importance of stimulating a range of community services alternatives and support services to formal carers, including respite, carers' breaks and other support that will have a positive impact on the carer's health and wellbeing.



The above diagram shows the commissioning cycle that enables Cheshire East Council commissioners and our partners to remain focused on the needs of people accessing services and responding to future demand at every step of the commissioning process.

At every stage we will work in positive partnership with relevant partners across health and social care relevant to the commissioning plan which can include wider partners such as housing, education for example.

## Commissioning Principles

We will ensure that Cheshire East Council's corporate priorities are at the forefront of local adult social care and health delivery plans, driving change forward and the guiding principles which establish the way we commission services now and looking forward:

- ✓ **Working in Partnership**  
We will work alongside other public, private and voluntary sector to deliver integrated services wherever possible.
- ✓ **Quality Assurance**  
We will promote quality services and promise to monitor and manage services we buy to ensure that they are effective and delivering what is needed.
- ✓ **Value for Money**  
We will use our commissioning processes to maximise value for money and the benefits for our local residents making the best use of resources.
- ✓ **Local Residents**  
We will listen to the views of local residents. We will consult and engage throughout the commissioning process to make sure that services are what residents want.

- ✓ **Outcomes that Matter**  
We will commission services focussed on outcomes for communities and individuals with an emphasis on prevention and early intervention.
- ✓ **Social Values**  
In all our commissioning, we will be aware of social value ensuring maximum benefit is derived from resources.
- ✓ **Making Safeguarding Personal**  
'Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.'" Care Act (2014).

We will ensure that the people who seek our help to feel safe and obtain care and support are offered this in a way which optimises their independence, choice and control over the key decisions in their lives, and is in their best interests.

Prevention will be an essential element of the way that we safeguard potentially at risk adults. To achieve this we use local information to continuously develop ways to minimise the risk of adults experiencing harm.

We will work to ensure that there is a broader awareness and understanding by the public and key stakeholders of the potential for abuse, recognition of key concerns, and an understanding of the ways to get help. This work will be overseen by the establishment of a new Cheshire East Safeguarding Executive Board.



We will work with providers of care in hospital and care homes where there may be a requirement to restrict the liberty of an individual for a period, to ensure that the appropriate statutory requirements are met. These arrangements are regularly reviewed and withdrawn when/if no longer necessary. At all times we will ensure that we put in place the least restrictive available option which is in the best interests of the individual.

We all need to play our part in looking after our own health and being good neighbours to people who are struggling.

We will work with our community, voluntary and faith partners to build on the strengths of communities and to keep people healthy and active for as long as possible.

This means we will invest in new technologies, rehabilitation and supportive Extra Care housing to keep people out of high cost services for longer. We envisage an approach whereby no long-term service is agreed until we have exhausted the use of recovery, assistive technologies and adaptations and equipment and where the only long term placements in residential care are made for people with high levels of frailty and/or enhanced dementia.

Enabling people who do need high level, residential or nursing-level service or other complex services, we will develop sufficient high quality provision where the environment and care meets their needs closer to home. We will also work closely with the National Health Services (NHS) to identify needs earlier and provide proactive enabling care and support to keep people as well as possible.

These complementary approaches will help even the frailest of our residents as we will assess from the point of view of what a person can do, not what they can't do, and how our communities can help them.

**Priorities for early help / prevention**  
By identifying the risk factors to poor health in Cheshire East early on we aim to provide general low level support that will help people stay healthy and avoid problems escalating, even reducing people dependency in needing care, in the first place.

In order to avoid unnecessary hospital admissions and put people in control of their health and wellbeing our aim is that people with long-term conditions will have a care plan that takes account of deterioration and emergency care. Care plans will include signposting to both local NHS, voluntary or community organisations for support. We will provide more accessible information about self-care and look to the use of social marketing to encourage, support and educate people to maintain their wellbeing.

**Prevention** is focused on self enabling people at the earliest stage and opportunity the person's life before they need any levels of care.

Commissioning has established our priorities across the following commissioning pathway, which reflects the journey that people may take when accessing adult social care:

- Early Help/Prevention  
(includes universal support)
- Unplanned / Planned Care, Prevention
- Longer Term Care, Prevention

It takes a longer-term view in how to support people to self-enable, regardless of their set out individual circumstances and regardless of where people are within the commissioning pathway.

Connecting people wherever they are will remain a key strategic priority in enabling people to be active citizens of their local communities and that they can rely on the right level of support and response from the local community, where they live.

# Commissioning Prevention

The need to invest in preventative services to delay people's need for social care and health services and to promote the wellbeing of our community is widely recognised.

## Prevention

“Actions which prevent problems and ease future demand on services by intervening early, thereby delivering better outcomes and value for money.”

A shared preventative approach across organisations in the public, voluntary, community and private sector to deliver services to a changing and ageing population is being developed working with a wide range of partners, a requirement if health and social care services are to be sustainable.

Public policy is increasingly focusing on the role of the state and the appropriate balance between public provision and self help. It encompasses the ideas of localism and the view that communities, not just individuals and their families should play a greater role in meeting local need. The rapid change arising from personalisation and greater choice and control for people eligible for state-funded social care, supported by the rapid growth of Personal Budgets and in people taking up cash Direct Payments, is refocusing the role of the council.

Our commissioning prevention Connecting Communities' Policy Framework will enable us to recognise the impact of the places where we live and work, on health and wellbeing and attempts to bring together actions from across clinical commissioners and council wider plans that contribute towards the overall prevention agenda.

A major focus is to identify, at the earliest possible stage, the most vulnerable people in our communities - who are at risk of poor health and likely to require social care as well- to be supported by programmes that promote their capacity to maintain an independent lifestyle.

The process for developing this framework will include engagement and consultation with people who access services, community voluntary and faith sector (Third Sector) and carers to better understand their needs, current services and any gaps.

In responding to the increased needs of Cheshire East population supporting adult, older people who are frail and people with more complex healthcare needs, we will:

People will be empowered to take responsibility for their own health and wellbeing in a safe and supportive environment, achieve their full potential and live their lives with confidence and resilience.

## Prevention through self directed Support

Self enabling support is fundamentally about understanding people's outcomes, outcome that can enable people to remain independent for as long as possible through preventative support at the earliest stage.

Commissioning involves developing a support plans which explores how an individual can gain the lifestyle they want and organise their support accordingly. The person centred Support Plan is the stage that begins to plan the tangible and technical aspects of a person's support package and it should identify the cost of the package.

The process is designed to build on person centred planning information, with all of the people involved, including the individual and their family, carers and friends. It is framed by the Just Enough Support approach and includes an options appraisal format, which encourages the people involved to test out hypothetically a variety of support options against the information about how the person wants to live and the outcomes they hope to achieve. The process encourages creative solutions in designing support.

The process encourages the person and their supporters to understand the constraints and to design support within them. Support Planning can be a quick or lengthy process and may require a range of resources from those people involved.

The Care Act makes it clear that the role of the Local Authority should be to provide good information to help people understand their personal budget and how it can be spent. We will increasingly be a broker, rather than a direct purchaser of services, and will expect the market to be able to develop services around people's lives and wishes.

Our commissioning function has a strong focus on *quality and outcomes* and is underpinned by:

- ✓ National minimum standards, legislation and regulatory requirements.
- ✓ Local need, as identified in the Joint Strategic Needs and Assets Assessment.
- ✓ Person-centred approaches, service user/patient and family feedback, and delivery of outcomes.
- ✓ Data analysis already held by the Local Authority, such as safeguarding alerts, complaints and case management reviews.
- ✓ NICE guidance (where available)

The success of direct payments and other forms of individual budget have also helped to diversify the care market. Evidence shows that when people have control over how they get the care and support they need, their outcomes are generally better.

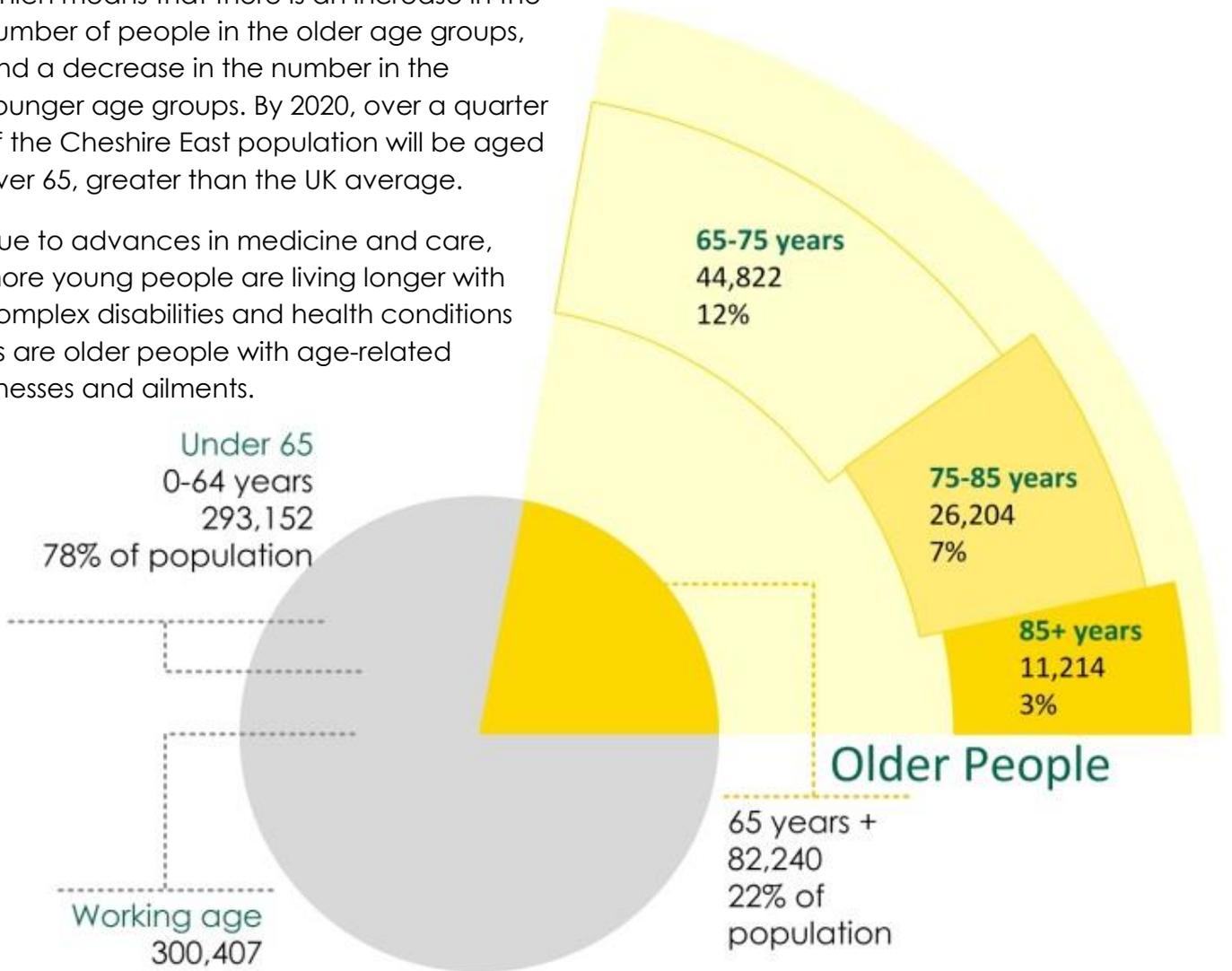
Self Directed Prevention requires a step change that underpins:

- ✓ A Proactive approach to improving people's lives, preventing crises and improving the experience of healthcare.
- ✓ A Different conversation with people involved in healthcare focused on what's important to people.
- ✓ A Shift in control over the resources available to people, carers.
- ✓ A community and peer focus to build people's knowledge and confidence, and connections.
- ✓ A wide range of community health and care, tailored to the persons individual needs and outcomes, based on strength based approaches.

# Population of Need

Cheshire East has an ageing population which means that there is an increase in the number of people in the older age groups, and a decrease in the number in the younger age groups. By 2020, over a quarter of the Cheshire East population will be aged over 65, greater than the UK average.

Due to advances in medicine and care, more young people are living longer with complex disabilities and health conditions as are older people with age-related illnesses and ailments.



Almost one in five people who live in Cheshire East is over the age of 65



Just over one in ten people who live in Cheshire East is over the age of 75

## People are living for longer



Average female life expectancy of

**83.8**  
years



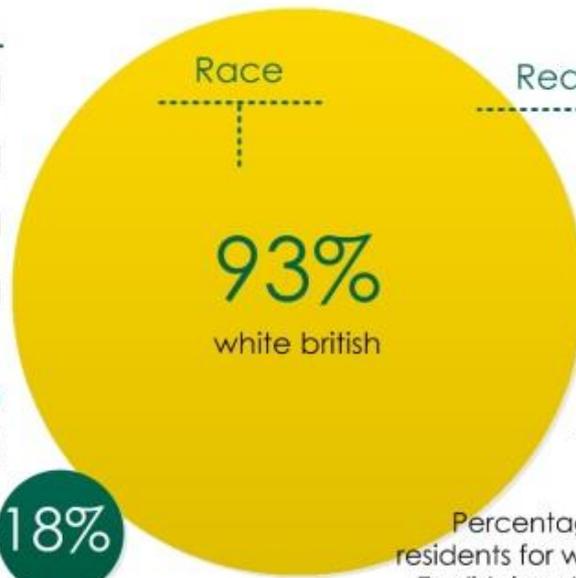
Average male life expectancy of

**80.3**  
years

## Sexual orientation



## Race



## Gender Reassignment

0.02% of residents based on national statistics

## Inclusion



Percentage of residents for whom English is not their main language | Born outside British Isles

## Sex



51%

female



49%

male

## Disability

18%

## Maternity and conception

In 2014 there were 4,535 conceptions to women in Cheshire East. This equates to a conception rate of 71.9 per 1,000 women (within age group)



3,848 Live births to women living in Cheshire East in 2015

## Marriage and civil partnership

51%

residents are married

Source: ONS publications

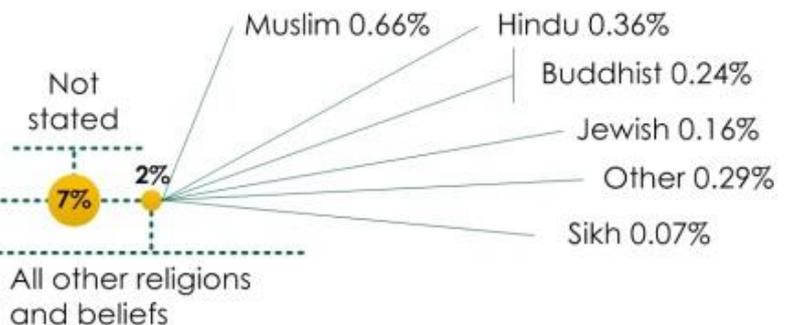
## Religion and belief

As reported in the 2011 Census, the proportion of Cheshire East residents classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% and people saying they had no religion correspondingly doubled from around 11% to 22%.

69%

Christian

None 22%



# Public Health

**Life Expectancy** - Life expectancy in Cheshire East is higher than for the region (North West) and nationally (England). For females it is 83.8 years, compared to 81.9 years in the North West and 83.2 years nationally.

**What people think about their own health** - Cheshire East Council's Citizens Panel shows us that 72% of people described their general health as "good or very good" and 6% described it as "bad or very bad".

**Smoking** - Smoking prevalence rates are the lowest in the North West. An estimated 12.5% of the adult population are current smokers, lower than the North West (18.6) and England (16.9).

**Obesity** - In Cheshire East 22% of all adults are obese, slightly lower than nationally at 24%.

**Binge drinking** - Rates of binge drinking are actually higher than the national average. Across Cheshire East as a whole, an estimated 22.3% of adults do binge drink, higher than the England average (20.1%). Rates range from 16.6% in Adlington and Prestbury to over 30% in the town centre of Macclesfield.

**Dementia** - As the prevalence of dementia increases with age, the number of older people with dementia is anticipated to increase by 28% by 2020.

**Carers** - The latest census evidenced that between 2001 and 2011 the number of people providing unpaid care increased by 0.62%.

As at 2011 the number of people providing unpaid care was 18,330 which equates to nearly 5% of the local population.

The Council has now implemented its Carers Strategy and Plan with a wide range of partners and will ensure more formal carers are assessed. We welcome the support of Cheshire East Carers Group to support the Council in the future design of services.

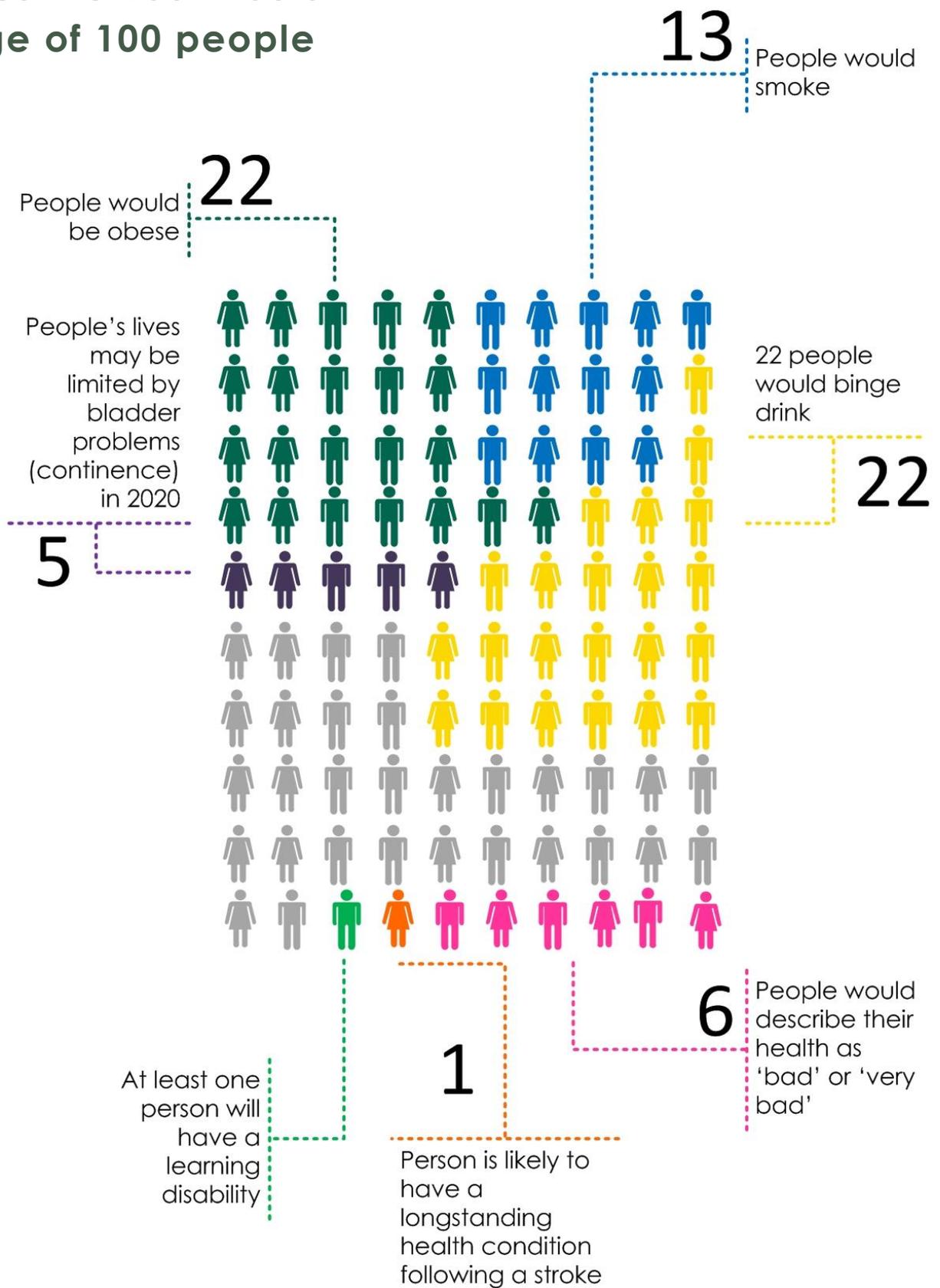
**Mental Health** – The Adult Psychiatric Survey 2014 identified that nationally, 1 in 6 of the adult population (17%) had a common mental disorder, 20% of the female population and 13% of the males. 37% of those were current users of mental health services.

**Autism** – It is estimated (November 2016) that there may be some 2500 adults (18 to 64) in Cheshire East with Autistic Spectrum Disorder. In addition there could be nearly 900 over 65 year olds with the condition.

**Learning disabilities** – The 2014 – 2015 Public Health Profile identifies 1142 people of all ages in Cheshire East with learning disabilities.

Public Health commissioning will integrate with Adult Social Care commissioning and play an important role in influencing commissioning plans.

# If Cheshire East was a village of 100 people



90

90 young people aged between 14 – 18 with a complex disability who will be transitioning to adult social care during the next three years

Average care package ranges between £25,000 and £150,000 per year



Potential impact on council budget £2,250,000 to £13,500,000 per year



The highest level of spend is on increased adult social care

The population of Cheshire East is about:

375,392

83,900

Older people living in Cheshire East (65+)

Estimates suggest that in 2012 5,234 (6%) older people were living with dementia and 33,154 (40%) with a limiting long term illness.



The population of Cheshire East is forecast to grow modestly over the next 30 years rising from 362,700 in 2009 to 384,000 in 2029, however, the age structure of the population is forecast to change significantly with a 8% reduction in young people (0-15), a 12% reduction in working age people (16-59 Female, 16-64 Male) and a 42% increase in people of retirement age (60/65+), with the number of older people (85+) increasing by around 92%.

## Demand Picture

Demand for care and support services is likely to rise but will not be matched by levels of public spending over the next 3 to 4 years.

The number of adults with more complex physical and learning disabilities moving from Children's Services to Adult Services continues to be a financial pressure.

Aspirations and expectations to lead happy and fulfilling lives are embraced and work is continuously underway with the local community and providers to create a local economy to enable expectations to be met.

Life expectancy is increasing and entry to all care services is likely to be later in life but from people with more complex support needs.

The rise in the 85 plus older people population is not just a challenge for social care but for the whole of our local council and community.

Part of the challenge of the changing demographic in Cheshire East is the growth in the number of older people living with dementia.

We currently serve Cheshire East population of residents well keeping people at home for as long as possible with a range of support available such as social inclusion, low level support, community activities and one to one support.

It is nationally recognised that the majority of older people do not wish to end their days in residential care, although we equally recognise this is often an outcome created through the exceptionally complex needs and frailty of the individuals we serve.

We expect the population in residential care to decline slowly, become frailer and be in care for a shorter period of time.

Appropriate housing is a key part of well-being for people. Cheshire East Council has a healthy and vibrant Extra Care stock, good sheltered housing and a variety of new and existing supported living environments.

We acknowledge that this needs continuous review and to ensure that older stock is updated and assistive technology remains at the forefront of developments.

The (Disabled Facilities Grants) are administered effectively throughout the Cheshire East to allow people to remain in their properties and have the necessary adaptations carried out to meet their changing needs

We acknowledge that there has been a shift in the residential care population from frailty to dementia and are keen to provide more innovative provision for residential care when necessary.

At the moment our services for carers are excellent as is reflected in feedback from the carer survey regarding satisfaction. We are successful in offering carer assessments and providing Direct Payments as a matter of course, along with a range of other services, such as emergency respite.

## Impact on services

The significant changes in growth demographic across Cheshire East will have direct implications when considering how we redesign adult social care services now and looking forward in the near future.

Our vision for responsive and modern care and support in Cheshire East promotes people's independence, choice and wellbeing. We will through *Live well for Longer* - enable people to live well, prevent ill health and postpone the need for care and support. This puts people in control of their lives so they can pursue opportunities, including education and employment, and realise their full potential.

To deliver our vision - we will build on the positive strategic joint commissioning opportunities presented, working with Chester, Cheshire West and CCG's to develop joint working that specifically benefits residents of Cheshire East, which offers all partners best value for money and improved standards of service, that are deemed fit for the future, *driving Outcome Five - People Live Well, for Longer, Lives* that enables people to ensure improved outcomes are understood and are being achieved by:

- ✓ Providing high quality care and support to people with a range of care and support needs.
- ✓ Developing services which are highly responsive to people changing needs and expectations, including increasing the take up of direct payments and wider role out of personal budgets.

- ✓ Actively promoting people's health, wellbeing, helping them to have a good quality of life and be as independent, healthy and well as possible.
- ✓ Supporting services will be more diverse so all people in Cheshire East, whatever their age, background, or level of need, will have more choice in their support, establishing new range of universal services that people can access.
- ✓ Promoting social inclusion wherever we know there is an identified concern across Cheshire East, will be promoted throughout everything we do.
- ✓ Improving support for family carers, improving the support available to carers in their own right, and making life who live in the family home.
- ✓ Ensuring fewer people will live out of the borough, and people who need and want to return will have been helped to do so.
- ✓ Moving away from traditional forms of care and support and will focus on personalised, flexible and meets people's individual needs, delivering new self – enabling contracts of service - that can support improved choice and control.
- ✓ Supporting the transition for young adults with more complex care healthcare needs to adulthood will be positive.

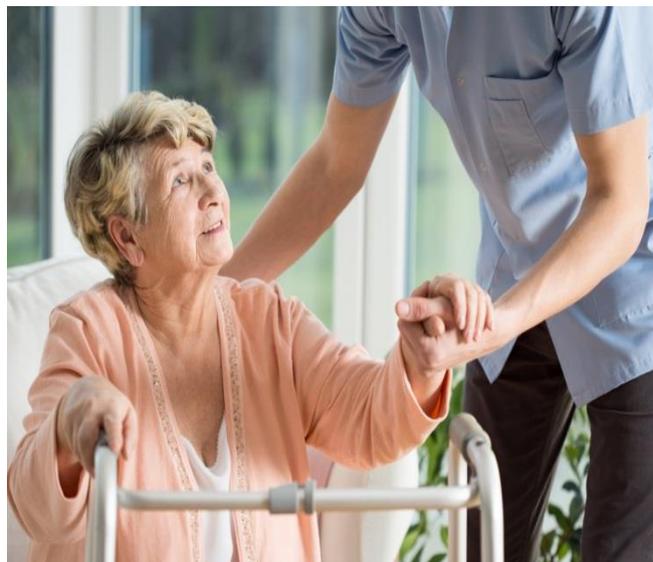
Commissioning working with our partners ensure that we assess risk to providers as part of our lead role under the Care Act.

# Long Term Health and Care

There is vast evidence which highlights the relationship between psychological wellbeing and physical health, as outlined in the cross-government strategy, 'No Health, without Mental Health' (2011).

Mental health problems are related to a quarter of all ill health and will affect half of the adult population at some point in their lifetime.

The onset of ill health and living with a long term condition has a well-known detrimental impact on psychological wellbeing. Each of these areas of influence on health and wellbeing are illustrated in sections as outlined below in the Dahlgren and Whitehead's (1992) model of the wider determinants of health.



Wellbeing key principles for all services are:

**Promote:** the health, wellbeing and independence of people and communities, improving the health of the poorest, fastest

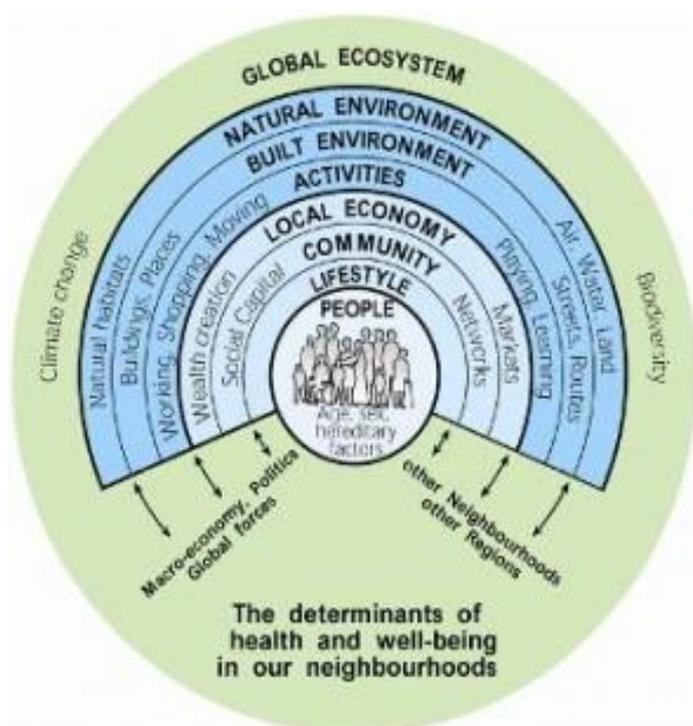
**Provide:** high quality information and support for people about the range of services available, enabling them to manage their own care

**Protect:** the population from serious health threats and help people live longer healthier lives

**Champion:** preventative and early intervention measures

**Innovate:** utilise new technologies and approaches to enable people to have more control and choice in their care

**Integrate:** encourage a joined-up approach to embedding prevention in care pathways  
**Assets and safe care:** utilise community, environmental and individual's assets to promote and maintain good health.



## Emerging Trends

### What people say

Services more than ever are focusing on self-directed support. Residents increasingly want to be in charge of their own support and care and be able to make informed choices based on easily accessible, comprehensive information and advice. People want high quality services that are affordable and offer good value.

### Reducing social isolation

Cheshire East supports vulnerable people aged over 70 in their own home across geographic ally isolated areas and we want to tackle social isolation head on through improved community networks. By connecting people to their communities, we recognise that for many this will increase self-confidence, enabling them to play an active citizen role and improve their overall physical and mental health and wellbeing.

### Increasing the number of people enabled to live at home independently

Cheshire East has above the national and local average number of people who receive reablement. Where reablement is provided, the outcomes are positive and we want to continue to develop alternatives to longer term healthcare services.

### Less people going to hospital

There is an ongoing pressure to ensure that people are better supported by health and care partners to reduce the number of unnecessary admissions to hospital. We work with both NHS Provider Trusts and Clinical Commissioning Groups in order to implement the national best practice.

### Specialist housing, extra care housing and supported living

Due to the increasing ageing population and the expectation of people to retain their independence, there is a growing need for specialist housing for older people and people with learning disabilities, physical disabilities and mental health conditions (all age groups); in addition, there is a particular need for specialist housing support / accommodation for young people transitioning from children's to adult services. We aim to support people at home or through specialist housing provision where possible and reduce the number of people moving into residential care.

### Nursing home care

There are over 2596 nursing home beds across Cheshire East and a number of new care homes are opening in the near future in Crewe; however there is a shortage of specialist provision to meet higher, more complex healthcare needs such as late stage dementia and acute mental health conditions in quality nursing care beds that are affordable.

### People with Autism

There is a need for increased services for people on the autistic spectrum, in particular for people with more challenging behaviours who need highly skilled staff to ensure they remain independent at home.

### People with multiple complex healthcare needs

There is a lack of adequate services for people who have learning disabilities as well as physical disabilities and people with learning disabilities whose needs are related to ageing.

# Equality, be inclusive

Everyone who works in care and support for Cheshire East Council will actively work to ensure social inclusion.

## Inclusion

A socially inclusive Cheshire East is somewhere people feel equal regardless of their personal circumstances. Equality doesn't mean treating everybody the same, equality means responding to individuals needs. For example, 'for disabled people inclusion must include independent living, fully inclusive education, and access to information, the environment, and all social systems.'

[International Disability and Human Rights Network](#)

We've been listening to our communities.

Through consultation we've heard that that people endorse better access to services but also needed us to acknowledge that targeted and personalised support is needed to help people take advantage of a wider range of community activities

## Equality Objectives

- Strengthen our knowledge and understanding of communities
- Listen, involve and respond to our communities effectively
- Improve the diversity and skills of our workforce to ensure equality of representation at all levels across the organisation
- Demonstrate a positive culture with strong leadership and organisational commitment to excellence in improving equality outcomes, both within the council and amongst partners
- Ensure the council's services are responsive to different needs and treat service users with dignity and respect

We will work with local people to understand and then address key issues. We will share and seek out good practice in promoting social inclusion for the benefit of all our communities.

The Council and our public sector partners will set and share high expectations of people's capabilities, their ability to develop new skills (whether they live with, or away from their families), and recognises that unnecessary dependence on services is 'disabling'. This will require major improvements in the quality of community-based services, including robust, preventative and proactive care.

This will involve innovative new approaches including the rapidly developing assistive technologies. It will include building on our strengths making sure the wider community and universal services are welcoming and accessible to local people.

The implementation of the vision for reducing unnecessary dependency and increasing people's social requires active input from Public Health. We will identify options for Public Health to play a lead role in improving people's wellbeing and social inclusion, and in tackling the inequalities people and their families face in many aspects of their lives.

## Local Partnerships

Developing relationships with local partners is essential to create good quality and safe services that offer real choice in the type of care people want and expect. We expect all services (both Council provided and those externally commissioned), to operate within a philosophy of promoting independence, and accelerating prevention, whatever the need and whatever the circumstances. At every stage throughout the adult social care pathway, people will be supported to retain / improve their independence and wellbeing.

We are committed to working together to enable people to live more independent and healthier lives by giving people greater choice and control, maximising their health and social support systems, assessing their assets and strengthening support in the community.

We expect partners supporting **People Live Well or Longer** to adopt to the following partnership principles:

- ✓ Work together through joint working arrangements, that best support the residents and people who use services.
- ✓ Promote and engage in prevention, in making a positive difference.
- ✓ Develop the right opportunities to join, understand each other's views about what works well and what does not, so we can continue to improve.
- ✓ Create the right platforms to engage with people, regardless of their needs.

Cheshire East Council works closely with three clinical commissioning groups, Eastern Cheshire Clinical Commissioning Group, South Cheshire Clinical Commissioning Group and Vale Royal Clinical Commissioning Group.

Other key partners include local NHS trusts. We work closely with Mid Cheshire Hospital Foundation Trust, East Cheshire NHS Trust and Cheshire and Wirral Partnership Trust.

The Mid Cheshire Hospitals NHS Foundation Trust operates the hospitals in Crewe (Leighton) and the Victoria Infirmary at Northwich as well as the Elmhurst intermediate care centre in Winsford.

East Cheshire NHS Trust operates hospitals in Congleton, Knutsford and Macclesfield and manages the community services in East Cheshire (formerly known as Cheshire East Community Health to 31 March 2011).

In Safeguarding Adults we work in positive partnership with Cheshire East Police force, Cheshire East Probation Service, Housing, Welfare Support services and also the Care Quality Commission in the review and monitoring of standards of care within care homes and domiciliary care services.

These statutory partners play an important role when quality monitoring services including working with local GPs, Cheshire Healthwatch, wider community support and district nursing services, in ensuring the welfare of vulnerable people is protected.

All partners play a key (operational and strategic role) in ensuring people can remain healthier for longer and independent in their own home. Working together for the greater good of people is a key strategic priority.

## Partnership Local Plans

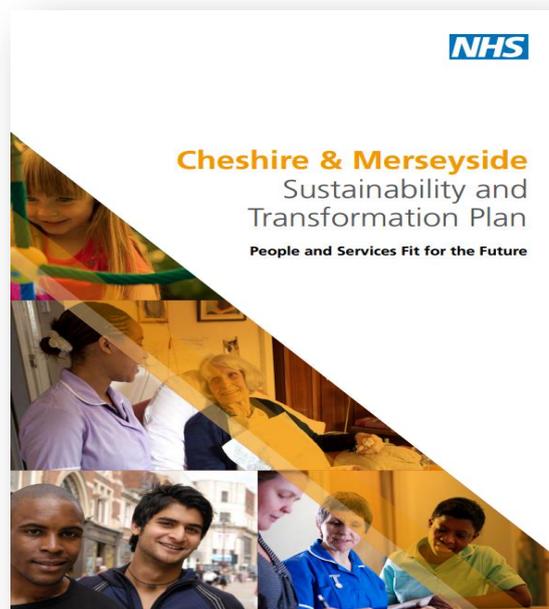
Sustainability and transformation plan  
As a key partner in delivering the Sustainable Transformation Plan for Cheshire and Merseyside we will represent Cheshire East residents and people who access adult social care services.



Connecting Care | Caring Together  
Cheshire East Council has worked with our local clinical commissioning groups, delivering two transformation programmes implementing joined up care. These are the local plans to improve integration across health and social care, based on the population of needs of people accessing general practice (GP surgeries).  
Understanding how we can prevent people entering hospital and long term care, helps social care and health to better support people in their own home through community health and social care teams.

South and Vale Royal Clinical Commissioning Groups' programme is called [Connecting Care](#).

Eastern Clinical Commissioning Group's programme is called [Caring Together](#).



### Making Safeguarding Personal Plan

Cheshire East Safeguarding Board works with a vast range of key partners, focused on Making Safeguarding Personal in everything we do.

We recognise the importance in understanding adults at risk and in ensuring they can remain safe and independent in the choices they make and in working with local independent statutory agencies such as Healthwatch, NHS Independent Complaints Advocacy, Independent Mental Health Advocacy and external brokers who can support people regarding their plan of need.

# We All Value, A Sense of Community and Wellbeing

Our Vision for a modern system of social care is built on seven principles of Community:

- *Personalisation*: individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.
- *Partnership*: care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing.
- *Plurality*: the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.
- *Protection*: there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.
- *Productivity*: greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.
- *People*: we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.



## Finance

Cheshire East Council, like many other local authorities, is facing financial challenges from inflation and increasing demand on services compounded by reductions in government funding. The current financial plan is that this funding reduces to zero by 2020.

Care services are experiencing increased demands and increasing complexity of care needs as well as rising costs for care providers (as shown above –outcome 5 is predominantly care costs). A major contributory factor within these rising prices is year on year wage rises as part of the minimum wage rates agreed by Central Government.

National picture shows that, by changing the shape of services, we can achieve more for less. This will be secured by reconfiguring provision from traditional services, such as residential care, towards models that promote progression towards independent living, and avoiding new placements outside of Cheshire East wherever possible. This requires a model of support that concentrates on enablement, opportunity, employment and accessing community supports rather than dependency on institutionalised models of long term care.

This will help to control escalating funding pressures due to demographic change, but it will not eliminate them. The government has acknowledged these financial pressures and has allocated an extra £2billion nationally over the remainder of this parliament towards addressing them. In addition, councils with social care responsibilities are allowed to raise council tax purely for Adults Social Care up to a maximum of 6% over the 3 financial years from 2017/18 to 2019/20 as long as the increase in a single year exceed 3%.

Careful considerations will across health and social care will be placed on the allocation of any additional funds – with a clear focus on preventative change and in setting out the areas most in need.

The ability to raise funding locally, has been reviewed by government and this has been taken in to account when the Government set out proposed reductions in Local Authority Grant settlements, with the thrust of increased changing financial expectations – the need to deliver services that better support early help and prevention is now fundamental, including drawing out improved partnership working, coproduction and business intelligence sharing pertaining to how provider purchase wider goods, that then impact on overall price.

The Council working with key local health partners remains firmly focused on early help and prevention and in working with providers and a wider range of community groups regarding the continued development of innovative preventative change plans that continue to support greater independence and choice for the residents of Cheshire East, who are most in need.



## Finance Outcomes

As a developing commissioning Council we decided on the 8<sup>th</sup> December 2015 that the policy would be to move from in- house delivery to commission all care services from the wider market place. This will facilitate the move to a more personalised system of care and support which facilitates the principles of choice and control for Cheshire East residents in the access and purchasing of care.

We are focused on the delivery of personalised care and drive forward prevention at every stage in the person's journey when needing to assess adult social care.

We have identified within our medium financial plan seven priority savings that all support an improved adult social care pathway, enabling people to live well for longer.

The challenges we face:

- Increase population of older people and people with advanced stages of dementia.
- Increased complexity of need at a later stage in life.
- More people under 65 with health and care complex care needs.
- Increased care needs at later stages in life.
- Reduced grant funding.
- Pressured front increased costs.
- Health profile of adults age 40 to 60 increased health needs.
- Younger people with complex care needs transferring to adult services.
- Changing market place of providers.

Priorities	2017/2018	2018/2019	2019/2020
1. Commissioning Council In House Service (Care4CE). (Revenue Saving)	-1.200	-2.700	-4.200
2. Operational Pathway Redesign. (Revenue Saving)	-0.940	-1.380	-2.380
3. Strategic Review of External Market Commissioned Services – in driving Prevention. (Revenue Saving)	-0.550	-0.550	-0.550
4. Deprivation of Liberty Safeguards. (Revenue Saving)	-0.185	-0.185	-0.185
5. Independent Living Fund - Reduction in Government Grant. (Revenue Saving)	-0.031	-0.060	-0.087
6. Home Adaptations Review. (Revenue Saving)	-0.050	-0.050	-0.050
7. Reducing Agency Spend. (Revenue Saving)	-0.100	0.000	0.000

## How we will get there – Commissioning Priorities

### 2017/2018

#### Priority 1 – New Adult Social Care Pathway

We will redesign a Adult Social Care Front Door, leading to a more enabling pathway for people in need, enabling people to have their assessed need met in a integrated way working with our CCG partners, that focuses on peoples strength and community.

#### Priority 2 – People's Outcomes

We will implement a new outcome based assessments and care plan including a new resource allocation system – helping people to understand what indicative budget they have for the support they need.

#### Priority 3 – Brokerage Support

We will implement a responsive brokerage support and finance service working with local area community coordinators, ensuring people access community support first time every time.

#### Priority 4 – Connected Community

We will develop a new community, voluntary and faith connecting support organisations working

together in partners to deliver real prevention.

#### Priority 5 – Quality Policy Framework

Working with partners and through our continuous engagement with people who access services we want to develop a set our preventative quality standards that reflect what people have said to us:

Cheshire East preventative quality standards will describe what a good service looks like for people.

People offer a framework which providers can use to show their strengths and describe their unique contribution.

The right preventative standards also set out the minimum needed to make things work well:

Standard 1: getting my support right: I get the best support possible, which helps me take control and fulfil my personal goals and dreams; I am listened to and involved in my care and treatment.

Standard 2: I have a good and positive experience of people involved in my care and support.

Standard 3: Helping me to feel safe and take responsibility: I feel safe and an equal citizen with the same rights and responsibilities as other people and get the right support to

enable me to take part in my community as much as possible.

Standard 4: Helping me to keep healthy and feel good: I choose how to be healthy. I have the information and advice I need to feel empowered and make the right choices for me.

Standard 5: Helping me to make choices: I get help to make my own decisions and about how I live my life and how I am supported. If that is not possible, decisions are made with the help of my carers and/or and advocate.

Standard 6: Involving and caring about relatives and friends who support me: The role of any family member or friend providing unpaid care and support of me is promoted, valued and recognised.

Standard 7: Information about me and my support: I receive and understand information about my care and support. I know that it is kept confidential, and used to get my support right and to do the best for me.

Standard 8: Managing and paying for my support: I choose how I am supported, and all the things are in place that can help me manage my support, in a way that suits me; I am charged a reasonable cost and only for services that I need.

## Priority 6 - (Improved) Better Care Fund Plan

We continue to work with South and Eastern CCG's in agreeing our Better Care Plan for 2017/18 building on best results from 2016/17, working within the better care funding guidance.

# 2018/2019

## Priority 7 – Care4ce

We propose to redesign the council Care4ce service, ensuring the service can response to more complex care needs, through active recovery approaches and strength based reablement.

## Priority 8 – Domiciliary Care

We will work with domiciliary care agencies and CCG's partners to develop a new joint self enabling three year framework – driving improved outcomes for people and improved rapid response.

## Priority 9 - Assistive Technology

We will develop a new Assistive Technology Pan Cheshire Framework working with CCG;'s and wider partners - that will support real choice in enabling people through the equipment to remain safe at home.

## Priority 10 – Residential and Nursing Care Homes

We will work with care home providers for adults, CCG's and wider partners and develop a new self enabling framework that will look to develop new step down offers of support, enabling people to return home after a period of enablement and implement new standards of care.

## Priority 11 Employment Support

We will develop an employment support policy framework working with

people with a wide range of disabilities and employment agencies, enabling people to return to work, improving their overall health and well-being.

## Priority 12 Housing with Support

### Housing with Support for Adults

Housing with Support focuses on improving health, housing, education and employment prospects for residents and in making safeguarding personal through measured risk taking to improved independence and improved choice. Its overall aim is to prevent homelessness and provide people with the tools and skills to move to independence, reducing reliance on statutory services.

We understand that good affordable housing that can offer a level of support is important when supporting people to regain their life skills living in their own home.

Housing with support is support that helps people improve their quality of life and wellbeing by enabling them to live as independently as possible in their community.

This support can be provided in fixed locations (accommodation such as hostels) or wherever people may live in Cheshire East, regardless of tenure. Support can be short or longer term depending on need and what type of accommodation people live in. For example, older people living in sheltered housing such as extra care housing. Housing with support is provided to prevent people from requiring a more intensive care or support. It is also provided as a means of addressing an emergency situation (e.g. domestic violence refuge and homeless hostel).

Although the previous supporting people national programme ceased in 2010, ongoing work has continued to improve

services to meet the local and emerging needs of young adults, families, older people and people with more complex care needs especially as a result of priorities in related strategies and plans, working with Cheshire East Housing and community services.

Nonetheless like many Councils, Cheshire East Council continues to performance monitor services as it is a proven tool by which to manage contracts and monitor the effectiveness of services and outcomes for people.

Cheshire East Council is committed to reducing inequalities. By commissioning and funding high quality and cost effective, needs-led services, informed by the Cheshire East joint strategic needs assessment and benchmarking against local, sub-regional and national information, and by focusing on agreed key priorities this will be achieved.

We recognise the value that different types of organisations bring to the market and wish to continue to promote this variety. To meet our outcomes as detailed in this plan, preventative services are needed that are flexible and can deliver support regardless of tenure.

Payment by results in the public sector has continued to be promoted by Government as an important element in their programme for public service reform and greater efficiencies in funding those services. A key component of this approach is the development of an outcomes focused service specification, and star recovery approaches which gives the provider greater freedom in the way that services are delivered.

The design of a payment by result outcomes framework is an approach we would want to further explore with a range of providers and new organisations, to help inform our commissioning plans working with housing.

# 2019/ 2020

## Priority 13 Mental Health

We propose to develop a Pan Cheshire Mental Health Prevention Policy framework, working with key partners, we will ensure services respond and support more active recovery, enabling people to not enter care in the future- stop the revolving door to crisis.

## Priority 14 Children and Young Peoples, Transition to Adult Services

We will with partners agree a Children/ Younger People to Adult Services Pathway- that ensures that adult services are ready and designed to support people's needs in a timely way.

## Priority 15 Review of Sexual Health

We will review and develop a sexual health service that drives prevention forward, better responds to early help and ensures the long term healthcare of people are better understood and met, on a more Pan Cheshire bases – ensuring we can developing responsive services in meeting wider population of needs.

## Priority 16 Substance Misuse

We will review and develop a substance misuse health service that drives prevention forward, better responds to early help and ensures the

long term healthcare of people are better understood and met, on a more Pan Cheshire basis – ensuring we can developing responsive services in meeting wider population of needs.

## Priority 17 Autism

We will work with health and care providers and partners to develop that our joint complex care offer is supporting people with more complex learning disabilities or Autism, now and in the future.

## Priority 18 – Day Opportunities

Day opportunities providers will be expected to deliver an increasing proportion of their services in the community. We will increasingly commission our day opportunities from the independent, not for-profit and people led sectors. We will encourage community and social enterprise and user of carer-led models. Consortia approaches may also be appropriate to deliver a broader range of activities.

The approach will seek to promote a wider range of activities and opportunities and shift towards:

- ✓ An offer based on an individual and personalised service irrespective of whether the activity is provided in a centre, at home or in the community.
- ✓ Activities and facilities based in the individual's own community.
- ✓ An increase in day opportunities provided within the person's own home.
- ✓ Promotion of healthy living and prevention programmes.

- ✓ Flexible and responsive services that appeal to all individuals and their carers – including those with direct payments or individual budgets and self-funding individuals » service models that adopt principles of enablement, recovery or rehabilitation

The Council recognises that building based services have a place in the mix of offers for people in Cheshire East but that these will be more targeted towards people with high levels of dependency and those with the latter stages of dementia where respite for live-in carer(s) is essential. Nevertheless centre-based opportunities will need to be modernised to provide a personal service that takes into account and addresses an individual's interests, choices, ethnicity and faith.

## Priority 19 – Extra Care Models of Services

We commission five extra care schemes, 3 in Cheshire East which has (256 apartments) and 2 in Cheshire West which has (177 apartments), at an annual cost for PFI of £4,800,000.

We continue to seek new investment into extra care housing and in working with a wide range of providers and investors in the design and development of new models of extra care housing.

## Priority 20 - Intermediate Care

Intermediate care aims to maximize recovery, promoting Independence. Intermediate care as a continuum of integrated community services for

assessment, treatment, rehabilitation and support for adults with long term conditions at times of transition in their health and support needs. Intermediate care reduces demand and improves outcomes supporting people through:

- ✓ Alternatives to emergency admission
- ✓ Enabling timely discharge and safe transfer of care
- ✓ Reablement and return to independence
- ✓ Reducing premature admission to long-term residential care.

Building the right capacity and capability for Intermediate Care is a key element of any unscheduled outcome based plan. Most intermediate care is provided at home. However some people, particularly those who need alternative housing or major adaptations, may benefit from bed based Intermediate Care to provide critical time and the right environment to recover confidence and independence, and avoid a premature move to long term residential care. We continue to develop with Clinical Commissioning group's opportunities to improve integration.

## Priority 21 Live Well

Live Well is the Council's "People Facing" ICT platform that will ensure people can access or purchase a wide range of services.

## Priority 22 Integrated Social Care Workforce

We will continue to build on developing more integrated working across health and social care that enables people accessing services

to receive a single service at the point of delivery.

Our community teams work in positive partnership with a wide range of health, housing and social care professionals and respond to the ever changing needs of people, ensuring people receive services that can promote improved health and wellbeing and independence.

Their approach supports improved hospital discharge, community enablement packages of care and working with responsive brokerage support.

Working proactively we continue to develop integrated care with clinical commissioning groups that better support local A&E delivery targets in ensuring we are focused on hospital avoidance.

people's transitions to adult services and autism.

We are focused on ensuring people are afforded the right of choice, enablement through improved control and work to support people as soon as possible, so we can prevent peoples needs increasing.

### Priority 23 Shared Lives

We continue to develop with the wider market of partners and providers different approaches to shared lives services.

Shared live is when a person needing to be supported in the wider community can live with a family or person who is skilled to support them in their life.



We continue to develop the social care workforce regarding a clear focused attention of specific needs, championing a supportive understanding of learning disabilities, mental health, physical disabilities, sensory impairment, dementia, younger

# What Success Looks Like

## Market Position Statement

To achieve our vision set out in our three year commissioning plan **People Live Well for Longer**, we recognise the importance of stimulating a diverse market for care and support offering people a real choice in provision. This may come from existing providers, from those who do not currently work in the area or from new business start-ups; it may also come from small community enterprises.

Our Adults Market Position Statement aims to:

- ✓ Focus action to embed and accelerate prevention of ill health.
- ✓ Recognise the contribution that our communities and places have on our health and wellbeing.
- ✓ Embeds Making Safeguarding Personal across the Market at every step in the commissioning process.
- ✓ Recognise that Cheshire East is rich in assets and harness these assets to aid our change in direction.
- ✓ Enable people to have access to high-quality information and lifestyles interventions that prevent their health and care needs becoming serious.
- ✓ Inform decision-making at the right time and place to reduce and delay the need for care, recognising the need for people living with a health condition and their carers to have appropriate recovery services and the right information.

We need to think carefully about how best we can influence, help and support the local

care market to achieve better outcomes and value, and we see our Market Position Statement (MPS) as an important part of that process, initiating a new dialogue with care providers, including the voluntary, community and faith sector in our area, where:

- ✓ Services can be developed that people need and which are increasingly sensitive to people making their own decisions about how their needs and desired outcomes are to be met.
- ✓ Market information can be pooled and shared with our partners.
- ✓ We are transparent about the way we intend to strategically commission and influence services in the future and extend choice to care consumers.
- ✓ A shift to a relationship of trusted partners and of collaboration with decision making closer to people.
- ✓ Ensuring that Making Safeguarding Personal is embedded at every stage in the persons journey.

This document is intended as a tool to help providers make important business decisions and shape their services in meeting peoples changing needs in Cheshire East.

The market position statement draws on detail from Cheshire East Joint Strategic Needs Assessment (JSNA) and Local Account Information to present a 'picture' of:

- ✓ What the area looks like now in terms of demography and service provision;
- ✓ What the future demand for care and support may look like and types of services needed to respond to this;
- ✓ Our intentions towards the market as a facilitator of adult care and preventative change;
- ✓ How we can work with organisations to respond positively to the key messages in our Market Position Statement.

# Overview of Changes

## Public Health

- ✓ Develop a new model of provision for 0-19 year olds using a locality-based approach.
- ✓ Further develop community-led approaches to health improvement in collaboration with the local third sector.
- ✓ Develop new ways of promoting self-care, and self-management of long-term conditions.
- ✓ Explore ways to create more opportunities for new providers to enter the market.
- ✓ Develop more recovery-focused substance misuse provision and reduce the number of individuals receiving long-term treatment for opiate use.

## Younger People to Adult Services

- ✓ Develop greater resilience in individuals and families.
- ✓ Develop a new model of provision for 0-19 year olds using a locality-based approach.
- ✓ Develop a greater choice of permanency options for younger people in long-term care.
- ✓ Secure additional specialist provision for younger people transitioning to adults with Autism and behavioural problems.
- ✓ Develop new approaches to providing wraparound services for younger people transitioning to adults.
- ✓ Implement the new Younger People to Adults Transitions Policy.
- ✓ Review the existing model of short-break provision.
- ✓ Autism Strategy.

## Physical and Sensory Disabilities/Disorders

- ✓ Increase the use of supportive technology within communities to promote greater independence for people.
- ✓ Improve alignment and joint working of Domiciliary Care providers with community health teams, such as district nurses and therapists.
- ✓ Develop new ways of promoting self-care, and self-management of long-term conditions.
- ✓ Develop new opportunities for people with disabilities to access mainstream services by ensuring commissioned provision have an appropriate level of reasonable adjustments.
- ✓ Develop new models of community-based rehabilitation and reablement.

## Mental Health

- ✓ Develop new models of support for more people to access and maintain their own tenancies.
- ✓ Promote access to employment and engagement in meaningful activities
- ✓ Stimulate the provision of flexible, person centred support that promotes recovery and connects people to universal services.
- ✓ Co-produce new models which place people with mental health needs at the centre of planning, delivering and quality assuring support.
- ✓ Develop new ways of promoting self-care, and self-management of long-term conditions.
- ✓ Develop a Pan Cheshire Policy Framework.

## Learning Disabilities and Autism

- ✓ Develop flexible and skilled providers who can provide support for people with challenging behaviours in supported living accommodation and this continued expansion of shared lives models of support.
- ✓ Promote access to employment and engagement in meaningful activities.
- ✓ Ensure people with learning disabilities and Autism are provided with the skills to be able to make informed choices and decisions.
- ✓ Develop new ways of promoting self-care, and self-management of long-term conditions.

## Older People

- ✓ Work with the sector to develop and secure a more sustainable provider base through development of new outcomes frameworks.
- ✓ Improve alignment and joint working of care providers with community health teams, such as district nurses and therapists.
- ✓ Encourage innovative approaches to the provision of overnight support.
- ✓ Develop flexible, community-based support to reduce admissions to residential/nursing care and hospital.
- ✓ Develop a new model of community-based rehabilitation and reablement.
- ✓ Develop a more cost effective and people -focused model of Extra Care, seeking new investors to Cheshire East.
- ✓ Develop new ways of promoting self-care, and self-management of long-term conditions.

## Carers

- ✓ Continue to Embed the Carers Strategy and Plan.
- ✓ Develop more flexible services, designed around the needs of the carer/cared for.
- ✓ Reduce the emphasis on carer-specific services and increase the proportion of carers accessing mainstream community provision.
- ✓ Provide innovative short break services that support people living at home with their families.
- ✓ Develop services that support carers to access education or employment.
- ✓ Develop new ways of promoting self-care and self-management of long-term conditions.

## Advocacy Support

- ✓ Develop a more joined-up advocacy offer for all need groups.
- ✓ Ensure independent advocacy services have the expertise to support people with complex communication needs.

## Enablers to Change

We recognise that we can't achieve success on our own, that understanding enablers to preventative change is fundamentally important to all of us.

The challenging context presented across the health and social care economy is too broad to be addressed by one partner in isolation, and the issues of finance, demographics and legislation require an integrated response across Cheshire East, our local Clinical Commissioning Groups, including third sector and wider providers of health and social care.

By working in a more integrated way with our health partners we will be able to reduce duplication whilst moving resources into more preventative services. More importantly, this process gives us an opportunity to design services around the needs of local residents, improving both the consistency and quality of care and support.

Enablers to Change are:

- ✓ **Making Safeguarding personal:** Enabling people / partners to take risks in supporting peoples life choices that improved wellbeing, control and choice.
- ✓ **Better Care Fund:** We will continue to refine and develop our Better Care Fund, a joint budget that is currently worth £25million and spent on a range of health and social care services. By pooling our resources in this way, it is hoped that we can take a more integrated approach towards the services that we commission.
- ✓ **Discharge to Assess:** We are working with health partners to implement a new assessment process for professionals to ensure that residents receive the appropriate support to leave hospital. This approach is designed to support independence

following discharge, and to minimise admissions into long-term care. This will include improving our 'step-down' care facilities, and assessing people's needs at the right stage of discharge.

- ✓ **Commissioning Staff Integration:** We believe that many services we purchase could be combined with health partners, this would create an opportunity for shared roles and jobs across organisations.
- ✓ **Promotion of Direct Payments:** We will continue to promote the use of direct payments and look to increase the number of people who have more direct control over their services. We will also continue to develop the markets, supporting social enterprises and smaller providers to deliver services. These smaller organisations play a vital role in ensuring that there is genuine choice for residents.
- ✓ **Brokerage:** One of the most important services we provide is our Brokerage Function. This service supports residents in using their Direct Payments and setting up appropriate arrangements to support their needs.
- ✓ **The NICE Guidance** supporting the Review of Care Homes and Domiciliary Care, ensuring that best practice is truly reflected in our standards of care.
- ✓ **Drawing on the support of the experts of care** such as dementia and end of life care under the national frameworks.
- ✓ **Integrated Quality Monitoring** – continue to work in positive partner with our local health partners and the Care Quality Commission, and wider statutory agencies regarding the monitoring of safe care and the prevention of harm.

## Let's Make a Step Change Together?

By investing in prevention and communities, we enable people to help themselves rather than becoming dependent at an early stage on the statutory care and health services. We will:

- ✓ Mobilise local communities through community engagement to increase social inclusion and capacity to enable people to lead a full and active life for as long as possible.
- ✓ Value our employees, and promote positive attributes and healthy aspirations through our workforce, partnerships and through our contact with the citizens of Cheshire East.
- ✓ Support community capacity with targeted, evidence based prevention services that demonstrate a positive impact upon a person's general health and well-being.

We need to ensure providers support all people with the means to promote their health and wellbeing.

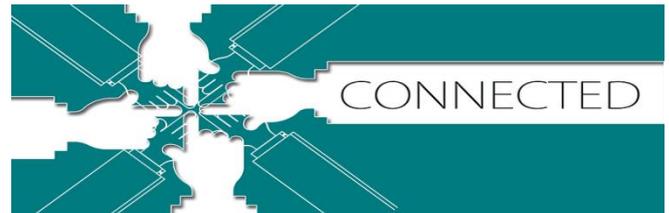
- ✓ This is aimed at people who have no particular social care needs or symptoms of illness. The focus is therefore upon maintaining independence, promoting healthy and active lifestyles, supporting safer neighbourhoods and providing universal access to good quality information.

We need organisations to work with us as business partners to understand what recovery services we need when in responding to longer term health and care needs.

- ✓ This is aimed at minimising disability or deterioration from established health conditions or complex social care

needs. The focus here is upon maximising people's functioning and independence through interventions such as rehabilitation / enablement services and joint case management of people with complex needs.

Working together means remaining connected with and in the right partnerships, in the right place and the right time moving in the direction of preventative.



We need organisations to focus resources on early interventions:

- ✓ This is aimed at identifying people at risk and to halt or slow down any deterioration, and actively seek to improve their situation.
- ✓ Interventions include health education, screening and case finding to identify individuals at risk of specific health conditions e.g. a smoker with asthma, or people at risk of falls needing low level pieces of equipment.

We need organisations to support the redesign of secondary preventions, through the innovative use of resources.

- ✓ This is aimed at identifying people at risk of losing their independence. This could be due to becoming socially isolated through a significant event in their life e.g. loss of a loved one or an unmanaged health condition e.g. diabetes.
- ✓ Preventing unplanned hospital admission by taking a preventative approach.

## This will mean:

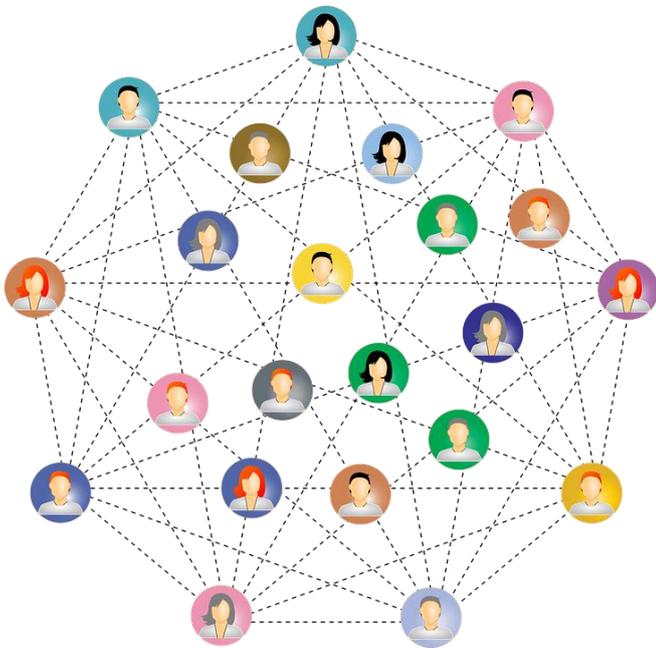
- ✓ Embedding Making **Safeguarding** Personal at every step in the person's journey.
- ✓ Focusing on the **outcomes** that people want to improve upon, the level of response required and assertive monitoring of how this affects their lives.
- ✓ Helping people to make **informed choices** about what services they would want to buy to meet their needs and from whom.
- ✓ Focussing financial resources away from traditional settings of care, to support in the wider **community**, reinforced by a wider range of accommodation options.
- ✓ Continuing the shift to more flexible arrangements that encourage **responsiveness** to the needs and choices of people based on affordability, choice, quality, and accountability in service provision.
- ✓ Focusing on the needs of people rather than defining them by service user group, purchasing highly **specialist services** where needed.
- ✓ Emphasising **co-production** with communities, with eligible people and their carers, and with providers.
- ✓ Moving away from services being provided directly by the council and in generating **greater opportunities** to develop wider people enterprises.

## This will require:

- ✓ Encouragement of a robust independent **sector infrastructure** that can reliably deliver services in a flexible way, placing people at the centre of decision making.
- ✓ A firmer **evidence base**, informed by more robust understanding and monitoring of people's outcomes and feedback from wider resident target population groups, in shaping future commissioning intentions and in knowing the gaps.
- ✓ A close business **relationship** with sector providers which continues to share market intelligence to further understand any potential gaps in provision and clarification of respective roles in responding to need.
- ✓ An increased emphasis on the provider's ability to demonstrate productivity, **cost effectiveness and value-for-money** within a culture of prevention, through personalisation.
- ✓ Commissioning to adopt evidence based frameworks that promote market **innovation and creativity** in order to encourage new service design and new business growth.
- ✓ Providers to ensure the platforms to change by **involving staff** are steady and in place.

# Be Informed?

We value your views and can't do this on our own. It's important you have your say and that we can connect the views of many into clear ideas that can better support our plans.



There are a number of ways we intend to consult people and partners.

We have commenced a number of market engagement events for care providers inviting wider partners to take part in sharing our views of what prevention means to all of us.

Further focused market engagement events will take place over June and July 2017, so the Council can support care and support providers in understanding the Council's direction regarding developing framework agreements, brokerage support and personal budgets.

A focused workshop will take place June 2017, whereby with providers and people who access service will talk out outcomes in the development of a standards quality operating framework.

We will continue to consult with our health partners through the relevant local Eastern CCG Caring Together and South CCG Connecting Care programmes groups.

In June we will further consult with Cheshire East Carers Group.

The quality monitoring team will continue to consult and engage with people who access services including family representative and local Healthwatch provider, to ensure our plans continue to reflect the changing needs of people.

We will consult with a range of people partnership boards and with Council elected members in June and July 2017.

# Useful Information

## The Care Act Fact Sheets

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

## Co-production

<https://www.thinklocalactpersonal.org.uk/browse/co-production/>

## Local Healthwatch

<http://www.healthwatchcheshireeast.co.uk/>

## End of Life Care

<http://www.nhs.uk/Planners/end-of-life-care/Pages/End-of-life-care.aspx>

## Live Well with Dementia

<https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>

## Cheshire East Budget

[http://www.cheshireeast.gov.uk/council\\_and\\_democracy/your\\_council/council\\_finance\\_and\\_governance/cheshire\\_east\\_budget/cheshire\\_east\\_budget.aspx](http://www.cheshireeast.gov.uk/council_and_democracy/your_council/council_finance_and_governance/cheshire_east_budget/cheshire_east_budget.aspx)

## Eastern CCG Caring Together

<http://www.caringtogether.info/>

## South CCG Connecting Care

<http://www.southcheshireccg.nhs.uk/publication/7406-governing-body-paper-1-4-4-05-06-14-connecting-care-strategy-2014-2019>

## One You Cheshire East

<https://www.oneyoucheshireeast.org/>

## Care Quality Commission

<http://www.cqc.org.uk/>

## Making Safeguarding Personal

<http://www.cheshireeast.gov.uk/care-and-support/adults-at-risk/making-safeguarding-personal.aspx>

## Cheshire East Health and Wellbeing Board

[http://www.cheshireeast.gov.uk/council\\_and\\_democracy/your\\_council/health\\_and\\_wellbeing\\_board/health\\_and\\_wellbeing\\_board.aspx](http://www.cheshireeast.gov.uk/council_and_democracy/your_council/health_and_wellbeing_board/health_and_wellbeing_board.aspx)

## Cheshire East Joint Strategic Needs Assessment

[http://www.cheshireeast.gov.uk/council\\_and\\_democracy/council\\_information/jsna/jsna.aspx](http://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx)

If you feel the quality of care is not to the expected standards please send your concern to:

[CE.Contracts@cheshireeast.gov.uk](mailto:CE.Contracts@cheshireeast.gov.uk)