## Contents

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title:</th>
<th>Key Content / Sub Title:</th>
<th>Page No.</th>
</tr>
</thead>
</table>
| 1.0     | Introduction and context|  - Introduction  
          - What is the market position statement  
          - Strategic alignment  
          - Key messages in Adult Social care in Cheshire West and Chester  
          - Current context  
          - Provider engagement                                                                 | 3-6      |
| 2.0     | Our priorities and service transformation |  - Transforming partnership working and integration  
          - Transforming commissioning and contract management  
          - Commissioning principles  
          - Our priorities  
          - Impact of legislative and national policy changes                                      | 7-15     |
| 3.0     | Funding and demographics|  - Council funding across Adult Social Care and the demand for services  
          - Self-funders  
          - Demographics and key statistics                                                        | 16-26    |
| 4.0     | The social care market and workforce |  - The Adult Social Care market in Cheshire West and Chester  
          - The Adult Social Care workforce in Cheshire West and Chester                           | 27-32    |
| 5.0     | Early intervention and prevention including services that promote access and cohesion |  - Commissioning prevention  
          - Integrated early intervention and prevention model  
          - Community legal information and advice services  
          - Advocacy  
          - Assistive technology  
          - Carers services  
          - Physical and sensory disability services (including access services)  
          - Community legal information and advice services  
          - Advocacy  
          - Assistive technology  
          - Carers services  
          - Physical and sensory disability services (including access services)                 | 33-43    |
| 6.0     | Public Health services |  - Public Health and wellbeing services (e.g. substance misuse, sexual health etc.)     | 44-47    |
| 7.0     | Community based support and accommodation based services |  - Residential and nursing care services  
          - Care at home services (domiciliary care)  
          - Dementia services  
          - Extra care services  
          - End of life care  
          - Direct payments and self-directed support  
          - Shared lives services  
          - Adult Mental Health services  
          - Learning Disability services (Adults)  
          - Services for people with needs identified on the Autistic Spectrum (Adults)  
          - Arrangement of care/brokerage services                                                | 48-73    |
|         | Appendices: How we do business with care providers, procurement, contracts and quality monitoring |  - Contracts and quality  
          - How is quality measured?  
          - Process of reviewing providers  
          - Multi-agency risk and safeguarding database  
          - Governance  
          - Health and social care disruption/failure policy  
          - Provider quality in Cheshire West and Chester  
          - Procurement  
          - Safeguarding  
          - Provider forums  
          - Analysis of customer feedback  
          - Useful information                                                                   | 74-84    |
Chapter 1 – Introduction and context

Introduction

This is the first refresh of our Market Position Statement (MPS) for Adult Social Care in Cheshire West and Chester. The Market Position Statement is developed in the main for existing and potential providers of Adult Social Care services and delivers information that will assist providers in making business and investment decisions. The Local Authority needs to ensure that our customers can get the care and support that they require from a local market that is able to meet their changing needs.

The refreshed Market Position Statement updates the previous document published in 2015 and also includes the changes that the government has made, which will affect the way that all Councils deliver Adult Social Care. The Care Act (2014) which refers to the term ‘market shaping’ now places new duties on Local Authorities to facilitate and shape the Adult Social Care market. The Local Authority will continue to commission ‘traditional services’ such as residential and nursing care, whilst at the same time there will be an ongoing focus on the areas of support that people need to maintain their independence and well-being. This will require both the Council and providers to think differently and provide services in more innovative and creative ways, with an emphasis on continuing to provide safe, effective and good quality services.

What is the Market Position Statement?

The Market Position Statement is a document to support market stimulation. It is aimed at all providers, whether they are from the statutory, private or voluntary sectors; a social enterprise or other non-profitable organisation.

The document aims to describe the current and potential future demand and supply. It outlines the models of care that Cheshire West and Chester Council wishes to encourage. It helps commissioners to develop effective approaches to address local needs and identifies the services and interventions that the Council would be interested in commissioning. Our strategic direction is to move towards personalised services and to invest in innovative and creative services that can evidence personalisation, good outcomes as well as being effective and affordable. The document will also advise on the current challenges that Cheshire West and Chester faces with regard to service provision.

With the advent of integrated personal commissioning, personal budgets/personal health budgets and self-directed care, stimulating market development to provide Cheshire West and Chester residents with a choice of quality services is paramount. Many of the services commissioned by Adult Social Care are delivered by independent organisations. It is important that providers know a) where we are b) where we aim to be, so that they can use such information in their business planning to enable them to respond to the specific needs of the local population.

Strategic Alignment

The Adult Social Care Market Position Statement is fully joined-up with the existing plans and priorities of the Council.

This includes the following:

- **Council Plan 2016-2020**: This plan sets out the ten priority outcomes for the Council, and was informed by the views of local people, the needs of our communities, the resources that we have available and our local political priorities.
Outcome Plans: For each of the ten priorities within the Council Plan an individual outcome plan has been developed setting out the actions, milestones and performance measures associated with each outcome.

Health and Wellbeing Strategy: This strategy outlines the priorities that are shared between the Council and other key partners, including local strategic health partners (e.g. Clinical Commissioning Groups), Fire and Police services, as well as voluntary/third sector organisations.

Commissioning Intentions: Seamless Care Closer to Home communicates to the public, partners and providers how we will use our resources to commission social care services.

Health and Social Care Transformation Strategy (2017-2020): This strategy sets out the approach to ensuring a clear, coherent and sustainable approach to the transformation and commissioning of health and social care services across the next three years.

Medium Term Financial Plan: This plan sets out the resources that are available to the council and how they will be used over coming years.

Key messages for Adult Social Care in Cheshire West and Chester

- As the number of Older People increases due to increased life expectancy, the potential demand for Adult Social Care services for this service user group is likely to grow in the future.
- The overall number of people with Dementia is likely to increase.
- People with Learning Disabilities are living for longer, which means that there will be a growth in the number of people from this client group that may develop other co-existing conditions related to older age such as Dementia for example.
- Over the last three years, there has been a continued increase in the demand for Mental Health services commissioned by Adult Social Care. We require effective solutions to support a reduction in the deterioration of people’s Mental Health, which also promotes recovery and supports people to stay well in the community.
- In order to successfully manage demand, universal and preventative services will have to play a greater role. This includes Public Health services, as well as services delivered by the voluntary/third sector for example.
- We need to build stronger communities in order to target our limited resources at the most vulnerable members of society.
- Partnership working between Social Care, Health and Housing commissioners will continue to be strengthened.
- In addition to this Market Position Statement, the Council (in conjunction with other key stakeholders) aim to develop more detailed “client group specific” commissioning plans (e.g. Learning Disability, Autism, and Adult Mental Health) which will provide the social care sector with information about need and demand, a fuller market analysis, and will clearly set out our short, medium and long term commissioning intentions. This will allow providers to be better informed when planning services.
➢ Cheshire West and Chester will ensure a fair cost of care and will engage with the respective markets to ensure that fee structures are appropriate to support high quality and an appropriately remunerated workforce. This will in turn ensure fair and equitable access for all residents of the borough.

➢ All providers across all sectors are strongly advised to make contact with the commissioning people (adults) service, in order to verify the position should you be interested in pursuing any of the potential opportunities outlined within this document.

➢ We also strongly advise that any provider wishing to develop any other services, schemes or initiatives not outlined within this Market Position Statement, to contact the Council before resources are committed (e.g. financial) or developments begun. Providers that develop services without having discussions with the Local Authority do so at their own risk. By developing or building services, does not necessarily guarantee that the Local Authority will use these facilities/services or fund care at levels that do not align with our fee structures.

Current context

This version of the Market Position Statement has been developed at a time of continued uncertainty around the future funding of health and social care. In 2015 the Government announced a delay in the implementation of phase two of the Care Act to 2020 (which will focus on “paying for care”) and the introduction of the National Living Wage from April 2016.

It should therefore be noted that the Market Position Statement will evolve and change from time to time, in order to reflect both national and local policies and the funding situation.

Provider engagement

In May 2017, providers were sent a questionnaire asking for their feedback around the Market Position Statement. This was sent out to all our contracted providers across Adult Social Care including the voluntary, community and charitable sector(s). Twenty-six (26) providers responded.

a. Providers were asked about some of the changes that they would like to see either within or as a result of this statement. Some of the key themes included (non-exhaustive):

   i. Clearer information about our commissioning intentions and key gaps in provision.
   ii. More detailed information about the state of the Adult Social Care sector as a whole within Cheshire West and Chester.
   iii. Further information about potential business opportunities that may be available across Adult Social Care.
   iv. Providers would like us to engage with them more in a variety of ways including specialist events and forums as well as email/online bulletins, with forums being the most popular choice.

b. The main challenges that providers told us that they were experiencing included

   i. Fulfilling the requirements of the National Living Wage and the impact this has on them as businesses in terms of the rising cost of overheads. Particularly in relation to sleep-in shifts.
ii. Recruitment and retention of staff.

c. In response to the issues identified:

- We have reviewed our care rates across the supported living sector in preparation for the 2018/2019 financial year, which includes our sleep-in rates. The proposed rates were communicated to the market in December 2017. Rates have already been reviewed across the residential and nursing care sectors respectively.

- We are reviewing our Direct Payment policy including the Direct Payment care rates.

- We are re-introducing provider forums for social care providers.

- We are committed to communicating with and working collaboratively with providers in a positive way.

- We have addressed the issues raised about the Market Position Statement, in terms of the Council outlining our future commissioning intentions more clearly. This will be evident within this document.

The feedback has been used to develop the statement and will help to shape our approach moving forward.

The views of service users and Carers are also included within the Market Position Statement. Although a specific engagement exercise has not taken place with service users and Carers, we have used information from the many consultation and engagement exercises that have taken place over the last 12-18 month period about specific service areas. Examples include the consultations regarding Carers services as well as Early Intervention and Prevention services.

We welcome any further comments about this Market Position Statement and in particular its value to you as a provider of services. We are interested in obtaining your views about how we can continue to provide good quality services that deliver the best possible outcomes for individuals within the context of an extremely challenging financial climate.
Chapter 2 – Our priorities and service transformation

Transforming partnership working and integration

Our Aims: Cheshire and West and Chester have held a long-term ambition to develop an integrated health and social care economy. By working closely with our National Health Service (NHS) partners we believe that we will be able to reduce duplication of assessment, services and improve how referrals take place across organisations. This helps to develop a more seamless model of services, improving the experience for residents, and reducing costs to organisations.

However, it does not make sense to integrate all services, and we will work alongside partners to prioritise the areas of joint work that will bring most benefit to local people. This will include reviewing the services that all organisations commission for shared groups of residents, but also reviewing our working practices at an operational level.

Our Achievements: We are fortunate that we already have strong working relationships with our local partners, and in recent years we have made significant progress regarding integration:

- Integrated health and social care teams: Many staff have been working alongside NHS colleagues for a number of years. In West Cheshire we have established nine-integrated teams containing a mix of professionals working across number of systems. We have also developed four cluster teams structured around GP practices in Northwich and Winsford.

- Shared care record: Through the Prime Minister’s Challenge Fund we have developed a single digital record, covering test results, medications, allergies and social or mental health information. This means that residents do not have to repeat their medical or social care history, and also supports health and social care professionals to have access to the right information.

- Learning Disabilities Partnership Board: On a bi-monthly basis a forum of service users, patients, parents, carers, councillors and staff come together to support improvements and developments regarding Learning Disability services. This group has supported recommendations for improvements across a number of areas.

- Integrated strategies: We have worked with partners to develop joint strategies and approaches to priority issues that cut across our organisations, including our falls strategy and Dementia strategy.

- Better Care Fund: We have plans in place with our key NHS partners to use the Better Care Fund and improved Better Care fund as a means of pooling resources to achieve common objectives.

- Reducing isolation: As a Council we have been able to work alongside a range of local voluntary and community sector organisations, as well as strategic partners in order to help address the issue of social isolation.

- Single discharge team: We have established a joint team at Leighton hospital containing staff from both Cheshire West and Chester East. This team works to a single shared process to facilitate timely and safe discharges from hospital.
➢ **Stakeholder network:** For over nine years the Local Authority has supported a local stakeholder network across Adult Social Care and Health. This network has meetings every quarter to receive information and explore topical issues. The network particularly welcomes attendance from providers and indeed anyone interested, including Carers and those who use health and social care services within the borough.

Our Ambition:

1. **Sustainability and transformation partnership:** The Cheshire West and Chester Health and Wellbeing Board recognise the wider contributions that our services make to healthcare across the North West of England. Therefore, we are committed to playing an active role with the health and social care integration agenda across the Cheshire and Merseyside geography. This will recognise the important contribution that social care must make to a sustainable health economy; this action will be ongoing until March 2020.

2. **The West Cheshire offer:** This programme will work over a number of phases to support the changes that the Council needs to make as an organisation. The first phase of this programme will review our main access points into services, including the provision of information to residents through the internet and at the Council’s front of house teams, along with the assessment and review processes and the arrangement of care. The second phase of this programme will engage with staff regarding the potential improvements that we could make regarding hospital social work teams, reablement, occupational therapy and visual impairment services.

3. **Further integrated working:** We will continue to work with partners in the West of the borough, including the Countess of Chester Hospital, Cheshire and Wirral Partnership Trust and West Cheshire Clinical Commissioning Group to develop further integrated arrangements. This will include pooling budgets and resources (where appropriate). This work started in 2017 and will continue until 2020. We will also work with partners in the Vale Royal area around further integrated arrangements.

4. **Strategy Development:** In recent years partners have developed a number of strategies relating to common challenges and issues. We will implement the priorities and actions from our falls strategy by March 2018, our Dementia strategy by 2020 and our physical activity and growth strategy by March 2020. We will make sure that our Public Health team are well positioned to deliver the health and wellbeing strategy that has been developed across local partners.

**Transforming commissioning and contract management**

**Our Aims:** Local Authority commissioners spend approximately £40 million a year on services designed to support residents, and it is essential that these are informed by a common understanding of need, provide value for money, and regularly monitored. We also commission a range of public health interventions that can make a valuable contribution to addressing inequalities in the borough, and narrowing the gap in terms of life expectancy for men and women (respectively) between our most privileged and disadvantaged areas.

**Our Achievements:** As a commissioning led authority, we have a strong history of commissioning and contract managing services to support the needs of our residents in a strategic manner, this has included:
Unison Ethical Care Charter: We know that the quality of care that residents receive is only as good as the workforce that delivers it. Therefore, we are proud to have signed-up to the terms of the Unison Ethical Care Charter to ensure that high-standards are in-place for our local care workforce.

Public Health Reforms: In 2013 the Local Authority became responsible for the delivery of Public Health services across the borough. We are currently recommissioning many of these services.

Market sustainability: We have worked closely with local partners to ensure that we take a fair and responsible approach to the issue of price setting across the residential and nursing care sector. Whilst it is important to ensure that our contracts deliver value for money, we also know that we need to work with appropriately funded providers to deliver good quality services and protect our residents from the risk of market failure.

In January 2018, the Association of Directors of Adult Social Services (ADASS) produced a North West Market Sustainability and Oversight Review - on “the Markets for Residential and Nursing Care Homes and Domiciliary Care for Older People and for Adults with a Learning Disability”. Further work will be undertaken to examine the Cheshire West and Chester position in relation to the context of this report, including the recommendations which are applicable to all Local Authorities across the North West.

Quality assurance team: Our quality assurance team gathers information from across our providers to inform contract reviews, with every provider being visited periodically by one of our contracts officers (but much more frequently where service improvements are required). This process brings together information regarding individual risks with our providers, and supports the development of action plans for improvement.

Individual placement support: Cheshire West and Chester has recently been awarded funding by the Department for Work and Pensions to pilot a local approach to delivering individual placement support. The Council has committed to match funding this initiative. This programme will use £192,000 to support residents with a Learning Disability and secondary Mental Health conditions into employment through holistic support, working with 90 residents over an 18 month period.

Commissioning prevention through extra care housing: Extra care housing promotes independent living for local residents (over 55) by enabling residents to have independent living within a communal development. Across the borough there are currently 690 extra care apartments, and we are working with the market to enhance this number.

Promoting prevention through telecare: We have invested in services with a demonstrable evidence base including telecare equipment. Analysis of other areas has illustrated that telecare can support reductions in long-term admissions; reductions in community care needs, and can provide important support and reassurance to Carers.

Our Ambitions:

1. Dynamic purchasing function for care: We will look to utilise new technology and new ways of working to enable a dynamic approach to purchasing and arranging care in the borough. This system will develop a closer connection between providers and service users to enable them to respond to changes in need and demand in real-time.
2. **Quality forums:** We know that there are significant benefits that can be made through local care providers working in partnership. Therefore, we are looking to develop and implement quality forums for our key markets. These forums will meet on a quarterly basis, and will be chaired by a Chief Executive of a local provider.

3. **Arrangement of care (brokerage):** The Council will re-commission an independent service to arrange care and support for all residents over the age of 18, who either self-fund their care, or who are in receipt of a direct payment that manage their own care. The service will ensure that people are able to make an informed choice about their care.

4. **Learning Disabilities, Autism and Mental Health reviews:** The Council will review, revise and reshape a number of services for residents with Learning Disabilities, Autism and Mental Health conditions as appropriate over the next three years. This Council aims to work with key stakeholders to develop dedicated commissioning strategies relating to Learning Disability, Autism and Mental Health services across 2018 & 2019. The strategies will set out our priorities, and how we will optimise the resources that we spend on these services annually.

5. **Social finance:** There is potential for the Council to utilise new models of finance over coming years to support service improvements and transformation. This will include exploring the appropriateness of social finance to support outcome based commissioning. We have recently developed a social impact bond for children’s services, and are now exploring the potential development of a similar model to support the extension and reconfiguration of our Shared Lives service locally.

6. **Care at home:** In 2018, we hope to implement outcome based care plans that will support more tailored approaches from our providers of domiciliary care. We will also explore the potential to develop a joint approach to our future care home contract, including the scope for partnership working with neighbouring authorities and local Clinical Commissioning Groups.

7. **Voluntary and community sector services (Inc. Early Intervention and Prevention):** We have taken a new approach to commissioning voluntary and community sector organisations, building improved relationships between residents and the services provided in the local area. We currently spend approximately £3.1 million a year on these services, and have invested more in these services (including through the use of the Better Care Fund and Adult Social Care Precept Fund) to extend the scope and coverage across the borough. This new model involves a single front door to access voluntary and community sector services for social isolation, approaches to welfare, Learning Disability support, advocacy, falls, support for Carers and many more valued local services.

8. **Mental health operational services:** We are planning to conduct a full review of our community Mental Health teams across 2018 & 2019.

**Commissioning principles**

We will ensure that Cheshire West and Chester 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, independent and voluntary/third sector organisations to deliver integrated services wherever possible.

Quality assurance
We will monitor and manage services that we buy to ensure that they are of good quality, effective and delivering what is needed. We expect users of services to be cared for with compassion, dignity and respect.

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 need.

Outcomes that matter
We will commission services focussed on delivering good outcomes for communities and individuals.

Social value
In all our commissioning, we will champion social value in order to benefit the people of the borough.

Safeguarding
We will keep safeguarding at the heart of everything we do. This includes in our commissioning, contracting and procurement processes. We will ensure our legal commitments are met, particularly in relation to the Care Act 2014 and the Mental Capacity Act 2005 for example.

Promoting independence, choice and control
We will ensure that the people who need our help feel safe and are offered care and support in a way which optimises their independence, choice and control over the key decisions in their lives.

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

Care closer to home
For people that require high level residential, nursing or other complex services, we will develop sufficient and good 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 support to keep people as well as possible for as long as possible.

Our priorities
The Council’s key strategic priorities including those within Adult Social Care are taken from the health and wellbeing strategy 2015-2020 and include:
Starting well
Living well
Mental Health and well being
Ageing well

Each of the commissioning intentions/business opportunities outlined within this document, will link to one or more of these essential outcomes.

In addition, whether services are provided by the Council or commissioned externally, we use the acronym THRIVE which underpins our core philosophies and our expectations of all providers that we work with:

**Teamwork** – We expect providers to work in partnership with us to deliver the best care for vulnerable adults.

**Honesty** – It is essential that we work with providers who ensure that the principles of honesty and integrity are at the forefront of everything they do.

**Respect** – We expect all providers to treat vulnerable adults with respect, dignity and compassion, as well as their Carers, friends and loved ones.

**Innovation** – We aspire to have a provider market that is innovative and solution focused particularly within a difficult financial context.

**Value for money** – The Council aims to have a diverse and thriving Adult Social Care market that can demonstrate best value for local people.

**Empowerment** – We want providers to foster an enabling culture and empower people to be as independent as possible.

**Local Partnerships:** The challenges of finance, demand and demographics cannot be solved by any single organisation alone. Therefore, Cheshire West and Chester Council are committed to working in partnership with local organisations through our health and wellbeing board.

The Health and Wellbeing Board is a statutory body with responsibility for overseeing a joined up approach amongst the key partner agencies that have a responsibility for ensuring the health and wellbeing of the borough. The Board meets on a monthly basis and comprises of key partners, which includes (non-exhaustive list of members);

- Cheshire Constabulary;
- Cheshire West and Chester Healthwatch;
- Cheshire and Wirral NHS Partnership Trust;
- Countess of Chester NHS Foundation Trust;
- Mid Cheshire NHS Foundation Trust;
- NHS (National Health Service) West Cheshire Clinical Commissioning Group;
- NHS Vale Royal Clinical Commissioning Group;

The membership of the Board has recently been extended by the co-option of a representative from the housing sector, Fire and Rescue service and the voluntary and community sector.
Impact of legislative and national policy changes

The Care Act 2014

The Care Act is the biggest legal change for Adult Social Care in over 60 years. All subsequent laws and amendments have been incorporated into the new Act to establish a legal framework within a single modern law. Previous legislation was complex and was put in place through various Acts and Amendments since 1948. The Care Act 2014 replaces the component parts into a comprehensive legislative framework. The most significant changes in “Phase 1” include the introduction of:

- A national eligibility framework when assessing need
- Identifying “well-being” as an important component in the assessment process for service users and Carers
- Rights for Carers including the right to a statutory assessment of need
- Consolidating the statutory status of adult safeguarding

The Act includes national guidance about the provision of information, advice and advocacy services to maintain good health, well-being and independence for as long as possible. Cheshire West and Chester Council will continue to work with partners to prevent, reduce and/or delay poor health outcomes for the population of the borough.

Phase two of the Act focusing on “paying for care/cap on care costs” has been postponed by Central Government until 2020.

Market shaping

Market shaping is a term that is given greater prominence under the Care Act. The Care Act places new duties on local authorities to facilitate and shape their market for Adult Social Care, whether arranged or funded by the Local Authority or by the individual.

It is for the Local Authority to influence the pace of change for their market, leading to a sustainable and diverse range of care and support providers. The aim would be to continuously improve quality and choice, and to deliver innovative and cost effective outcomes that promote the wellbeing of people who need care and support.

In January 2018, the Association of Directors of Adult Social Services (ADASS) produced a North West Market Sustainability and Oversight Review – “On the Markets for Residential and Nursing Care Homes and Domiciliary Care for Older People and for Adults with a Learning Disability”.

The report addresses a number of key areas such as:

- Financial risks
- Workforce challenges
- Market sustainability risks
- Market shaping challenges

The report makes a number of recommendations in respect of some of the transformational requirements that Local Authorities will need to make over the next five years, in order to ensure sustainability and to maintain good quality services for local populations.

Further work will be undertaken to examine the Cheshire West and Chester position in relation to the context of this report.

The report can be found via the following Source: https://www.adass.org.uk/home
The Better Care Fund

The Better Care Fund (BCF) is a government led initiative to help promote greater integration between health and social care for Older People and vulnerable adults. Cheshire West and Chester Council and Clinical Commissioning Groups (CCG’s) from West Cheshire and Vale Royal are working in partnership to ensure that all elements of the BCF Plan are embedded with a focus on ensuring that national conditions are met.

The latest BCF plan will span across 2017 – 2019. In 2017/2018 there is a pooled budget of £105 million pounds. Plans will continue to focus on key areas such as (non – exhaustive):

- Closer integration between health and social care – including potential opportunities for integrated commissioning
- A commitment to seven day working
- A reduction in delayed transfers of care

**NHS Continuing Health Care (CHC)**

NHS Continuing Healthcare (CHC) means a package of care arranged and funded solely by the National Health Service (NHS) for a person aged 18 or over to meet physical or Mental Health needs which have arisen as a result of illness and or disability. The general position is that the NHS meets healthcare needs and local authorities meet social care needs. CHC is an exception to the general position, as it involves the NHS providing both health and social care to an individual.

At the national level, CHC has become an improvement priority, to establish a more consistent approach to assessing CHC through standardisation and adopting good practice. At the local level, the five CCGs (South Cheshire, East Cheshire, Vale Royal, West Cheshire and Wirral) through the continuing healthcare and complex healthcare team are engaging with their partner local authorities to improve practice. In response to this, the Council has recently established a CHC team, consisting of one practice manager and three social workers who will work alongside the CHC/complex healthcare team to complement the work of health colleagues and to ensure that patients assessed for CHC receive a full multi-disciplinary assessment. The team will also contribute to achieving the two key targets of: completing 80 per cent of all assessments (including the decision in respect of CHC) within 28 days of receipt of the checklist and, conducting no more than 15 per cent of all assessments in an acute setting, with 85 per cent being completed in the community.

The progress in respect of these targets will be monitored by the Council and NHS Clinical Commissioning Groups including the types of outcomes people are receiving as a result.

**Healthwatch**

As a statutory service, Healthwatch is an independent consumer champion representing the public in terms of health and social care services. We commission a joint Healthwatch contract with Cheshire East Council. The service also includes the Independent NHS Complaints and Advocacy Service (ICAS).

The service gives the whole community – adults, young people and children - a powerful voice to comment on the health and social care services they receive both locally and nationally. Whether it is improving these services today or helping to shape them for the future, Healthwatch is all about local voices being able to influence the delivery and design of local services, not just for people who use them now, but for anyone who might need them in the future. Healthwatch also has a key role in relation to the “enter and view” scheme, where it can visit a number of Adult Social Care and Health services, such as care homes, day centres and NHS facilities to check on standards and follow up concerns.
Direction and potential opportunities:

The current contract commenced in April 2017 and is for three years with the potential to extend for a further two years. We currently have adequate capacity in regard to this service.
Chapter 3 - Funding and Demographics

Council funding across Adult Social Care and the general demand for services

Cheshire West and Chester council is forecasted to provide services to 10,095 people aged 18+ from 1 April 2017 – 31 March 2018. 3,322 people between the ages 18 – 64 and for a further 6,773 who were aged 65 and over. This represents a forecasted -4.1 per cent reduction compared to the position in March 2017. The main reduction is represented in clients aged 65+. However there is a sustained increase in clients aged 18-64 that require services year on year. This has been demonstrable over the last three financial years since 2014/2015.

<table>
<thead>
<tr>
<th>Number of people who received Adult Social Care services</th>
<th>14/15</th>
<th>15/16</th>
<th>16/17</th>
<th>17/18 forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>8,786</td>
<td>9,637</td>
<td>10,527</td>
<td>10,095</td>
</tr>
<tr>
<td>18-64</td>
<td>2,551</td>
<td>2,885</td>
<td>3,191</td>
<td>3,322</td>
</tr>
<tr>
<td>65+</td>
<td>6,235</td>
<td>6,752</td>
<td>7,336</td>
<td>6,773</td>
</tr>
<tr>
<td>Overall percentage increase/decrease compared to previous financial year (approx.)</td>
<td>9.7 per cent increase</td>
<td>9.2 per cent increase</td>
<td>-4.1 per cent reduction</td>
<td></td>
</tr>
</tbody>
</table>

Source: Cheshire West and Chester Council, Insight and Intelligence Service

Resources and Savings: The Council has a positive track record of sound financial management and since 2009 has generated savings of £178m, enabling the reinvestment of £68m into priority services for its most vulnerable residents and passporting savings of £110m to Council Tax payers.

The national financial picture for Local Government remains challenging, with the Council facing a funding gap of £33.3m over the coming three years (2018-21). We have taken a number of steps to ensure that the financial challenges facing the Council do not impact upon the quality of services received by local residents. In recognition of the significant pressures facing Adults Social Care, the Council has decided to take up the Governments offer to apply an additional 2 per cent on Council tax levels each year over the period 2017-20. This additional investment will be used to support critical services and invest in our approach to prevention.

The tables below show how much has been spent through the commissioning of care (including services delivered by the Council’s in-house providers) in the two previous financial year’s and how much we plan to spend during the period 2017/2018 by main client groups and service areas.

Source: Cheshire West and Chester Council, Finance Services (Peoples Department), 2018
<table>
<thead>
<tr>
<th>Financial year</th>
<th>Local Authority gross expenditure for Adult Social Care and early intervention services in (approx.)</th>
<th>Percentage increase compared to the previous year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/2016</td>
<td>£91.9 million</td>
<td></td>
</tr>
<tr>
<td>2016/2017</td>
<td>£95.9 million</td>
<td>4.4 per cent</td>
</tr>
<tr>
<td>2017/2018 (forecasted spend)</td>
<td>104.1 million</td>
<td>8.4 per cent</td>
</tr>
</tbody>
</table>

Breakdown of gross commissioned expenditure across Adult Social Care and commissioning 2017/2018 (Inc. spend on in-house Council run services).

Source: Cheshire West and Chester Council, Finance Services (Peoples Department), 2018

<table>
<thead>
<tr>
<th>Breakdown of forecasted spend (2017/2018)</th>
<th>Learning Disability Inc. provision for people with Autism</th>
<th>Older People</th>
<th>Mental Health</th>
<th>Other Inc. physical and sensory disability</th>
<th>Early Intervention and Prevention/Vol sector funding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>£ in millions – Total (approximation)</td>
<td>£42.0</td>
<td>£50.8</td>
<td>£4.4</td>
<td>£3.8</td>
<td>£3.1</td>
<td>£104.1</td>
</tr>
</tbody>
</table>

The Council will be required to continually assess how services are provided and eligible needs are met, in light of increased demographic pressures and the impact this has on social service provision.

Nationally, Councils are grappling with increasing demand for Adult Social Care (ASC) services, and increasing complexity of individual needs, in the context of limited resources. Cheshire West and Chester is no exception.

The West Cheshire Offer programme seeks to redesign the Adult Social Care system and positively impact staff behaviour and working practices to promote:

- Independence and self-care
- Early intervention, prevention and use of technology/alternative solutions
- Support and recovery at home/in the community
- Personalisation
- Efficient and effective services
- Support for long term conditions
- Crisis avoidance

People who self-fund

Context

Cheshire West and Chester has a median household income of £30,400; 14 per cent higher than the UK national median of £26,300 (source ONS “Household disposable income and inequality in
the UK: financial year ending 2016”). Despite this the borough has some of the most deprived wards in England.

Understanding the Self-funding market

Understanding the true figures of the self-funding market is problematic. Many self-funding residents accessing care are never known to the council, or those that have been known to the council and determined as self-funding may not interface with council again for a significant period. These factors mean that accurately forecasting self-funders in borough is an area that requires more investigation and analysis.

Current Self-funding market

Our Provider Brokerage service holds details on those self-funding residents who access their services to purchase care. This care is mostly in the domiciliary “care at home” and personal assistant market. We also estimate that a significant proportion of care home beds within the borough are purchased by self-funders.

These numbers when applied to the adult population of Cheshire West and Chester, suggest a self-funding rate of 727 residents per 100k adults. This equates to an average of approximately 2,424 self-funders across the borough.

This figure is based on a number of crude assumptions and requires further research and analysis.

Source: Cheshire West and Chester Council, Contracts and Quality Monitoring Team (Peoples Department), 2017

What services do self-funders purchase?

- There are 32 domiciliary care providers in the borough that are not part of our current Care at Home contract. While a proportion of care delivered by these providers will be purchased via direct payments, a significant amount of care will be purchased via self-funders.
- We estimate that 30 per cent of care home beds in borough are purchased via self-funders. This includes people who are an ordinary resident of Cheshire West and people from other boroughs and counties.
- Day services.
- Telecare.

Source: Cheshire West and Chester Council, Contracts and Quality Monitoring Team (Peoples Department), 2017

Demographics and key statistics

The Cheshire West and Chester footprint is covered by two Clinical Commissioning Groups (CCGs), West Cheshire CCG covering approximately 69 per cent of the population, and Vale Royal CCG in the east of the borough, covering 31 per cent. The two CCGs together form part of wider health geography, feeding into the Cheshire and Wirral Local Delivery System (LDS) and the Cheshire and Mersey Sustainability and Transformation Plan (STP).
**Population estimates 2016**

In 2016, Cheshire West and Chester had an estimated resident population of 335,700 people.

### Infographic showing population estimates for 2016 for Cheshire West and Chester broken down by age band/group. Source: Insight & Intelligence Team, CWAC, Provided 2017.

### Table showing population estimates for 2016 for Cheshire West and Chester broken down by age band. Source: Insight & Intelligence Team, CWAC, Provided 2017.

<table>
<thead>
<tr>
<th>Population estimates 2016 – In 2016, Cheshire West and Chester had an estimated resident population of 335,700 people</th>
<th>Number of people/breakdown of age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People (Age 65 plus) - 70,300 people</td>
<td>61,300 (Age 65 – 84) 9,100 (Age 85 plus)</td>
</tr>
<tr>
<td>Working age (Age 16 – 64) – 206,100 people</td>
<td>113,000 (Age 16-64) 93,200 (Age 45-64)</td>
</tr>
<tr>
<td>Children (Age 0-15) – 59,200 people</td>
<td>18,900 (Age 0-4) 22,600 (Age 5-10) 17,700 (Age 11-15)</td>
</tr>
<tr>
<td>Black and Minority Ethnic residents</td>
<td>17,600 people</td>
</tr>
</tbody>
</table>
Population forecasts – June 2017

In 2015 Cheshire West and Chester was home to around 334,000 people. Over the next 20 years...

- There will be a 10 per cent increase in the total population. The population will increase to almost 367,000 people by 2035.
- Population aged 65 plus will increase from 70,000 in 2015 to 101,000 in 2035. Numbers aged 85 or older will increase from 9,000 to 20,000.
- 22,000 new homes planned
- There will be a 4 per cent increase in labour supply. This will increase by almost 7,000 people in the next 20 years.
- Increases in state pension age will result in even more workers aged 65 plus.
- There will be a 4% increase in children.
Most of the increase will be over the next 10 years.
Greatest increase in children within the Ellesmere Port locality.

Table showing population forecast for Cheshire West and Chester over the next 20 years. Source: Insight & Intelligence Team, CWAC, Provided 2017.

More detailed population forecasts

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15</td>
<td>58,600</td>
<td>61,600</td>
<td>63,400</td>
<td>63,300</td>
<td>63,200</td>
</tr>
<tr>
<td>16-44</td>
<td>113,900</td>
<td>112,900</td>
<td>116,500</td>
<td>117,100</td>
<td>117,900</td>
</tr>
<tr>
<td>45-64</td>
<td>92,600</td>
<td>94,600</td>
<td>92,400</td>
<td>88,000</td>
<td>84,900</td>
</tr>
<tr>
<td>65+</td>
<td>68,900</td>
<td>75,400</td>
<td>83,100</td>
<td>92,700</td>
<td>100,700</td>
</tr>
<tr>
<td>Total</td>
<td>333,900</td>
<td>344,400</td>
<td>355,300</td>
<td>361,100</td>
<td>366,700</td>
</tr>
</tbody>
</table>

More detailed population forecasts for Cheshire West and Chester over the next 20 years. Source: Insight & Intelligence Team, CWAC, Provided January 2018.

The graphic above and table below illustrate what the composition of Cheshire West and Chester would be like if it was a village of 100 people based on the information we have gathered from various data sets. Source: Cheshire West and Chester Insight and Intelligence team, Provided 2017
If Cheshire West and Chester was a village of 100 people

<table>
<thead>
<tr>
<th>Population</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children aged 0 to 15</td>
<td>18</td>
</tr>
<tr>
<td>Working age 16 to 64</td>
<td>62</td>
</tr>
<tr>
<td>Older people aged 65+</td>
<td>21</td>
</tr>
<tr>
<td>Minority ethnic group</td>
<td>5</td>
</tr>
<tr>
<td>Births in a year</td>
<td>1</td>
</tr>
<tr>
<td>Deaths in a year</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wider determinants of health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults satisfied with the local area</td>
<td>70</td>
</tr>
<tr>
<td>Unemployed adults</td>
<td>1</td>
</tr>
<tr>
<td>Children living in poverty</td>
<td>3</td>
</tr>
<tr>
<td>Adults feel they can influence decisions</td>
<td>26</td>
</tr>
<tr>
<td>Live in areas ranked in the 20 per cent most deprived in England</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health and wellbeing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Report ‘good’ or ‘very good’ health</td>
<td>82</td>
</tr>
<tr>
<td>Day to day activities are limited</td>
<td>19</td>
</tr>
<tr>
<td>Provide unpaid care</td>
<td>11</td>
</tr>
<tr>
<td>Adults have diabetes</td>
<td>5</td>
</tr>
<tr>
<td>Have hypertension</td>
<td>15</td>
</tr>
<tr>
<td>Have asthma</td>
<td>6</td>
</tr>
<tr>
<td>Adults reporting low happiness</td>
<td>9</td>
</tr>
<tr>
<td>Adults reporting high anxiety</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lifestyle</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults who use outdoor space for exercise / health reasons</td>
<td>11</td>
</tr>
<tr>
<td>Physically active adults</td>
<td>50</td>
</tr>
<tr>
<td>Adults with excess weight</td>
<td>53</td>
</tr>
<tr>
<td>Adult smokers</td>
<td>11</td>
</tr>
<tr>
<td>Increasing or high risk adult drinkers</td>
<td>20</td>
</tr>
</tbody>
</table>

Source: Cheshire West and Chester Insight and Intelligence team, Provided 2017.

**Life expectancy:**

- Life expectancy is slightly higher than the England average. Female life expectancy has not changed for the last three reporting periods while male life expectancy has improved.
- Women have a significantly higher life expectancy than men.
- Life expectancy has been improving at a faster rate in men compared with women so the gender gap has narrowed.
- Life expectancy is significantly lower in our more deprived areas. The inequality gap has increased, particularly for women.
- The internal inequality gap in life expectancy is widest for men.
- Heart disease and cancer are the key diseases that contribute to inequalities for men. Cancer, particularly lung cancer, is important for women.
- Death rates for lung cancer have increased in more deprived areas whilst reducing in less deprived areas.
Life expectancy at birth for Cheshire West and Chester residents has been improving in line with national trends. Improvement for women has stagnated in 2013-15 for both England and Cheshire West and Chester while men continue to improve. For the three year period 2013-15 estimates were slightly higher than the England average for both men and women:

- **Males 79.7 years (England 79.5 years)**
- **Females 83.2 years (England 83.1 years)**

Life expectancy for women in Cheshire West and Chester is 3.5 years higher than for men. Compared to a difference of 4.2 years in 2001-03, the gender gap has narrowed.

![Chart showing life expectancy at birth trend for Cheshire West and Chester compared to England by gender. Source: Public Health England](chart.png)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CWaC Male</strong></td>
<td>76.5</td>
<td>76.5</td>
<td>77.0</td>
<td>77.2</td>
<td>77.7</td>
<td>77.9</td>
<td>78.6</td>
<td>78.9</td>
<td>79.2</td>
<td>79.1</td>
<td>79.1</td>
<td>79.4</td>
<td>79.7</td>
</tr>
<tr>
<td><strong>England Male</strong></td>
<td>76.2</td>
<td>76.5</td>
<td>76.8</td>
<td>77.2</td>
<td>77.5</td>
<td>77.8</td>
<td>78.1</td>
<td>78.4</td>
<td>78.8</td>
<td>79.1</td>
<td>79.3</td>
<td>79.4</td>
<td>79.5</td>
</tr>
<tr>
<td><strong>CWaC Female</strong></td>
<td>80.8</td>
<td>81.0</td>
<td>81.3</td>
<td>81.6</td>
<td>81.6</td>
<td>81.8</td>
<td>82.0</td>
<td>82.2</td>
<td>82.5</td>
<td>82.7</td>
<td>83.2</td>
<td>83.2</td>
<td>83.2</td>
</tr>
<tr>
<td><strong>England Female</strong></td>
<td>80.7</td>
<td>80.9</td>
<td>81.1</td>
<td>81.5</td>
<td>81.7</td>
<td>81.9</td>
<td>82.1</td>
<td>82.3</td>
<td>82.7</td>
<td>82.9</td>
<td>83.0</td>
<td>83.1</td>
<td>83.1</td>
</tr>
</tbody>
</table>

Table showing life expectancy at birth trend for Cheshire West and Chester compared to England by gender. Source: Public Health England

**Ward populations:**

The populations and age structures vary across the wards in Cheshire West and Chester and range from 3,500 in Netherpool to 13,600 in Blacon. The ward with the highest proportion of people aged 65 or above is Parkgate, where a third of the population is in this age group. This
compares to Garden Quarter (which includes the University of Chester) where 7 per cent of the population are aged 65 or above.

Please see page 16 of the Compendium of Health and Wellbeing Statistics 2016 for further information:


Living arrangements:

At the time of the 2011 Census there were 141,442 households living in Cheshire West and Chester:

- 70.7 per cent (100,105) of households owned the accommodation they lived in.
- 2.1 per cent (2,989) of households did not have central heating.
- 2.4 per cent (3,378) of households were overcrowded (in terms of number of bedrooms per occupant).
- 29.6 per cent (41,841) of households were single person households (18,652) of these were people aged 65 and over.

For more detail and sources see:


There was an estimated 144,100 households living in Cheshire West and Chester in 2015. This number is forecast to increase by 12 per cent (17,300). By 2035, there will be around 161,400 households living in Cheshire West and Chester. (This forecast ties in with the population forecasts and level of new housing in the Cheshire West and Chester local plan).

The greatest increase will be in single person households. By 2035, there will be almost 7,000 more single people households and they will make up almost a third of all households. Much of the increase is in single people aged 85 or above and by 2035 there will be 9,100 people aged 85 or above living alone (an increase from 4,500 in 2015). (**Source: 2015 population forecasts, Local Authority Insight and Intelligence team,)

Diversity information:

The most recent information on diversity is from the 2011 Census.

At the time of the 2011 Census the population of Cheshire West and Chester was 329,608:

- 5.3 per cent (17,595) of the population in Cheshire West and Chester were from Black and Minority Ethnic groups.
- 2.1 per cent (6,805) of the population (aged 3 and over) did not speak English as their main language.
- 4.9 per cent (15,987) of the population were born outside of the UK.

As reported in the 2017-18 mid-year Council Plan performance report, 100 per cent of resident’s receiving community-based services were having self-directed support.

During the same period, locally, 89.9 per cent of adults with a Learning Disability live in their own home, or with their family.

Information, advice and guidance was provided to 897 Carer’s during 2016/2017 - an increase of over 340 from the previous year (2015/2016).

We have seen an increase in the proportion of adults in contact with secondary mental health services who are living independently, and the proportion that are in paid employment (as of March 2017).

Based on the latest information available (as of March 2017) we know that 11.7 per cent of adults in the borough are smokers, significantly less than the 19.4 per cent that smoked in 2014.

Reducing delayed transfers of care remains a key priority for the Council. Over recent months there have been significant improvements in relation to the performance surrounding delayed transfers of care (DTOC), which is positive. In February 2018, the latest available data published by NHS England refers to the delayed days for December 2017. Between November and December there has been a decrease in the delayed days both nationally and in the North West region and at a local level in Cheshire West and Chester (CWaC). During December the total number of delayed days for CWaC was 674 days which is a decrease of 515 days on the November result of 1,189. In Cheshire West the number of Adult Social Care attributable delays showed a 60.9 per cent decrease between November and December compared to a national decrease of 6.7 per cent. NHS delays have reduced by 50.8 per cent in the same period. In CWaC since June 2017 there has been a steady decline in the overall number of delayed days with an increase in November. The result for December 2017 is the lowest since July 2015 and there is an overall reduction of around 46.8 per cent. (1,268 days in December 16 and 674 days in December 17).

<table>
<thead>
<tr>
<th>Month</th>
<th>ENGLAND</th>
<th>NORTH WEST REGION</th>
<th>CHESHIRE WEST &amp; CHESTER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NHS</td>
<td>ASC</td>
<td>Both</td>
</tr>
<tr>
<td>Jan 17</td>
<td>111,522</td>
<td>69,624</td>
<td>15,908</td>
</tr>
<tr>
<td>Feb 17</td>
<td>102,663</td>
<td>67,319</td>
<td>14,873</td>
</tr>
<tr>
<td>Mar 17</td>
<td>110,251</td>
<td>73,331</td>
<td>15,675</td>
</tr>
<tr>
<td>Apr 17</td>
<td>97,510</td>
<td>67,105</td>
<td>12,522</td>
</tr>
<tr>
<td>May 17</td>
<td>99,035</td>
<td>66,200</td>
<td>13,155</td>
</tr>
<tr>
<td>Jun 17</td>
<td>97,941</td>
<td>67,853</td>
<td>12,647</td>
</tr>
<tr>
<td>Jul 17</td>
<td>101,614</td>
<td>67,969</td>
<td>12,109</td>
</tr>
<tr>
<td>Aug 17</td>
<td>100,234</td>
<td>67,089</td>
<td>12,742</td>
</tr>
<tr>
<td>Sep 17</td>
<td>95,104</td>
<td>61,142</td>
<td>12,050</td>
</tr>
</tbody>
</table>
DTOC performance will continue to be monitored by the Council and other key stakeholders.

However, there are areas that we can continue to make further improvements, such as:

- Based on the latest information available (as of March 2017), there has been an increase in the number of domestic abuse instances that are repeats (within 12 months of the first incident) rising from 18 per cent to 20 per cent.
- Too many residents are suffering from falls across the borough, often resulting in hospital admissions or costly services.
- Based on the latest information available (as of March 2017), the rate of residents admitted to hospital as a result of alcohol has increased from 566 to 587, whilst this is still below the England average of 651.

These statistics illustrate the improvements that we can make across the health and social care directorate, and plans have already been developed to support improvement in these areas.

Source: Cheshire West and Chester Council, Public Service Reform Team, March 2018
Chapter 4 – The Adult Social Care Market and Workforce

The Adult Social Care market in Cheshire West and Chester

The Council and its partners seek effective organisations to support people in their own homes for as long as possible, whilst also supporting people to develop and maintain links with friends, family and communities. In some cases people will require residential care or nursing care and these settings will be an important part of the local market. However this should not be the first option as most people wish to live in their own homes for as long as possible.

The Council will support a range of services for people who need support and care, either for adults who may have learning, physical or sensory disabilities, people with mental ill health, or long term conditions for Older People. The Care Act makes it explicit that Local Authorities must encourage a variety of different providers and different types of services to ensure that service users have genuine choice. There will be focus on personalisation of services that give choice and control for people in order to support their independence, including those who choose to have direct payments.

Cheshire West and Chester Council commissions the full spectrum of Adult Social Care and support services, from preventative and community support aimed at those with emerging social care needs, right through to more intensive models of care and support for people with complex needs.

Residents may also purchase care and support directly on what is known as a ‘self-funding’ basis.

We have broadly divided the market into the following three areas:

1) Early Intervention and Prevention services including services that promote access and cohesion

A proportion of these services are funded by the Local Authority and Clinical Commissioning Groups. Many others are self-sufficient or funded by other mechanisms.

Examples of Early Intervention and Prevention services include:

- Information, advice and advocacy services
- Services for Carers
- Peer support and befriending services
- Citizens advice services
- Drop in services
- Telecare and assistive technology

These types of services are focused at supporting people to live well and maintain an optimum level of well-being in the community. The Council aims to develop a robust early intervention and prevention offer to ensure that we have stronger, more resilient and cohesive communities, in order for us to target resources at the most vulnerable.

People can access this offer regardless of whether they are eligible for “statutory” care and support. Eligibility criteria may apply for some of the services however.

2) Public Health services

These types of services include:

- Smoking cessation
3) **Community-based support and accommodation based services**

This includes for example:

- Domiciliary Care/Care at Home
- Day Care
- Extra Care Housing
- Supported Living Schemes
- Short-term breaks also known as “Respite Care”
- Intermediate Care
- Residential and Nursing Care

**The Adult Social Care workforce in Cheshire West and Chester**

In 2016 the Adult Social Care sector in England had an estimated 20,300 organisations, 40,400 care providing locations and 1.58 million jobs.

The Adult Social Care workforce is growing. In England it has increased by 19 per cent since 2009. If the workforce grows proportionally to the projected number of people aged 65 and over, then the number of Adult Social Care jobs in the North West region will increase by 27 per cent (270,000 jobs) by 2030.

In the context of the North West region, based on the latest skills for care estimates (as of 2015/16)

- The North West had a total population of 7.1 million and an economically active population of 3.5 million people.
- The number of Adult Social Care jobs in the North West was estimated at 210,000. This had increased by an estimated 3 per cent (5,000 jobs) since 2012/13.
- The 210,000 jobs in 2015/2016 included an estimated 21,000 jobs for direct payment recipients.
- An estimated 2,200 organisations with 5,100 establishments were involved in providing or organising Adult Social Care in the North West.
- As of 2016/17 the Adult Social Care sector was estimated to contribute £41.6 billion per annum to the English economy and £5.4 billion in the North West region. Almost half of this is estimated to be the wage bill of the sector.
- The estimated turnover rate across the workforce was 28 per cent; this means around 47,000 leavers each year (whole of England).

In Cheshire West and Chester there were an estimated 9,200 jobs in Adult Social Care split between local authorities (7 per cent), independent sector providers (87 per cent) and jobs for direct payment recipients (6 per cent).

Source: Skills for Care, 2017
Staffing overview

Of the 9,200 Adult Social Care jobs in Cheshire West and Chester in 2016, 800 were in managerial roles, 450 regulated professionals, 6,900 direct care (including 5,600 care workers), and 1,050 other non-care providing roles.

The average number of sickness days taken in the last year in Cheshire West and Chester was 5.4 (5.8 in the North West and 5.2 across England). With an estimated workforce of 9,200 this would mean employers in Cheshire West and Chester lost approximately 49,700 days to sickness in 2016/17.

Around a quarter (25 per cent) of the workforce in Cheshire West and Chester were on zero-hours contracts.

Percentage of social care workforce population with zero hour's contracts.

<table>
<thead>
<tr>
<th>Population</th>
<th>percentage of workforce on zero hours contracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheshire West and Chester</td>
<td>25 per cent</td>
</tr>
<tr>
<td>North West</td>
<td>21 per cent</td>
</tr>
<tr>
<td>England</td>
<td>24 per cent</td>
</tr>
</tbody>
</table>

Source: Skills for Care, 2017

Approximately 47 per cent of the workforce worked on a part-time basis, 39 per cent were full-time and approximately 13 per cent had no fixed hours.

Workforce demographics

The majority (85 per cent) of the workforce in Cheshire West and Chester were female and the average age was 43 years old. Those aged 24 and under made up 10 per cent of the workforce and those aged over 55 represented 25 per cent. Given this age profile approximately 2,250 people will be reaching retirement age in the next 10 years.

Nationality varied by region, in England 83 per cent of the workforce were British, while in the North West this was 93 per cent. An estimated 95 per cent of the workforce in Cheshire West and Chester had a British nationality, 3 per cent were from within the European Union (EU) and 2 per cent from outside the EU, therefore there was a similar reliance on both EU and non-EU workers.

In March 2016 data from Skills for Care indicated that around 96 per cent of the workforce in Cheshire West and Chester were of White Ethnicity and 4 per cent were from Black, Asian or Minority Ethnic groups. In the North West, 91 per cent were of white ethnicity and 9 per cent were of Black and Minority Ethnic groups (BAME) and in England 80 per cent were of white ethnicity and 20 per cent were of BAME groups.

As an authority that champion’s equality and diversity, the council would welcome conversations with BAME groups, people with disabilities and independent social care providers around how we could support the sector to increase the representation of people from BAME groups, as well as people with disabilities into the social care workforce across the borough.

Recruitment and retention

The organisation Skills for Care, estimates that the staff turnover rate in Cheshire West and Chester was 27 per cent, this was similar to both the regional average of 26 per cent and the whole of England average of 28 per cent.
Not all turnover results in workers leaving the sector. Of new starters in this area over two thirds (67 per cent) were recruited from within the Adult Social Care sector; therefore although employers need to recruit to these posts, the sector generally retains its skills and experience.

Adult Social Care has an experienced ‘core’ of workers. Workers in Cheshire West and Chester had on average 8.4 years of experience in the sector and 71 per cent of the workforce had been working in the sector for at least three years.

Skills for Care estimate that in Cheshire West and Chester, 7.2 per cent of roles in Adult Social Care were vacant; this gives an average of approximately 650 vacancies at any one time. This vacancy rate was higher than the regional average, at 5.7 per cent and similar to England at 6.6 per cent.

It is vital that Adult Social Care can attract and retain staff with the right skills, values and behaviours, to raise standards for people using social care services. We are always interested in ways that the Council can support and work in partnership with the sector around this.

Skills for care have recently published a comprehensive report regarding the Adult Social Care workforce. Within this report it provides analyses around approaches to recruitment and more contemporary models such as “values based recruitment”. The report demonstrates the benefits of such approaches compared to traditional recruitment methods “e.g. basic interview”, and the efficiency gains organisations can achieve in terms of better quality staff, less absence from the workplace, and a reduction in recruitment and upskilling costs.

The report can be found at: https://www.nmds-sc-online.org.uk/Get.aspx?id=980099

A more targeted report regarding the North West Region can be found at:

https://www.nmds-sc-online.org.uk/Get.aspx?id=991521

**Fair cost of care exercise across the residential, nursing and domiciliary “care at home” sector**

During the past 3-4 years, the Council has commissioned a number of independent reviews to examine the cost of care across a number of sectors within Cheshire West and Chester. This includes the residential, nursing, domiciliary care and learning disability sectors. This work has supported the implementation of fair and equitable rates across these respective markets.

**Open Book Accounting – Analysis of Supported Living Providers**

In light of national issues pertaining to sleep-ins and the implications of the living wage, in March 2017 the Council offered open book reviews to any provider across the supported living sector that expressed concerns about financial pressures. Thirteen providers initially expressed a view about the financial pressures and eleven providers entered into further dialogue. This is a representative sample of approximately 14 per cent of our current supported living framework providers.

As part of an open book accounting process we reviewed the providers management accounts for our specific services as well as their overall profitability using their company accounts filed with Companies House. Our findings indicated that most providers are making reasonable profits overall. 91 per cent of the eleven providers that were reviewed demonstrated stability for the next three years based on profits and reserves.
Pie chart showing from a sample of 11 Supported Living Providers, and how many demonstrated stability for the next three years based on their profits and/or their level of reserves. Source: Cheshire West and Chester Council, Finance Services (Peoples Department), 2017

Profitability can vary depending upon a variety of factors including complexity of care needed, the mix between day rate and sleep in services, the number of people supported per locality etc.

It is important to emphasise that this is only a sample of the sector, and an indicative representation of a provider's financial stability at the time of the review. This could change at any point subject to a provider's individual business circumstances.

There are concerns across the Supported Living sector about increasing costs, primarily relating to the national minimum wage, sleep-in shifts, and providers wanting to maintain a reasonable level of profitability. The supported living rates (day rate and sleep-ins) have been reviewed, and the Council has subsequently proposed a number of rates to the supported living market for 8, 9 and 10 hour sleep-ins respectively.

The following rates have been proposed to the market which would take effect from 1st April 2018.

<table>
<thead>
<tr>
<th>Component of support</th>
<th>2018-2019 rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hourly rate</td>
<td>£13.60 per hour</td>
</tr>
</tbody>
</table>
| Sleep-in shifts              | £69.00 – for an 8 x hour sleep-in shift  
|                              | £77.30 – for a 9 x hour sleep-in shift |
|                              | £86.00 – for a 10 x hour sleep-in shift |

The Council will continue to review all care rates as and when required. This is to ensure that we commission care at an appropriate rate, in order to enable providers to fulfil their statutory obligations and duties around the national minimum wage and the living wage for their employees.
Supported Living providers will also still have the opportunity to access an open book accounting review on a “case by case” basis in 2018/2019. The details of how to access a review has been communicated to the market as appropriate.

**Qualifications**

Recent data published in August 2017 from Skills for Care estimates that 54 per cent of the workforce in Cheshire West and Chester hold a relevant Adult Social Care qualification (53 per cent in the North West and 50 per cent in England).

Of those workers without a relevant Adult Social Care qualification recorded, “33 per cent had five or more years of experience in their current role, 92 per cent had completed an induction and 34 per cent had engaged with the Care Certificate” (skills for care, workforce estimates, August 2017).

**Workforce Development**

The Council’s workforce development team have developed and continue to build on a wide range of practical tools, products and services to support the learning and development of the workforce, and safeguard the more vulnerable members of our communities. What they provide not only reflects the requirements of national policy, strategy and regulatory frameworks; but supports the Council’s objectives to ‘Help the Borough Thrive’ in to ensure that Older People and vulnerable adults are compassionately supported to lead fulfilled and independent lives and to support vibrant, healthy and inclusive communities. By working with organisations and sharing best practice, we help to raise quality and standards and make sure that people are at the heart of service delivery.

The service has continued to work closely with Skills for Care, the Sector Skills Council for Care and home of the National Skills Academy for Social Care. The workforce development team has contributed to Skills for Care’s development of practical tools and support, in order to help Adult Social Care organisations in England to recruit, develop and lead their workforce. This includes development of a Registered Manager’s network, led by Registered Managers and attended by managers from across the care sector including the third sector and Local Authority. The network enables managers to work with others, provide information, share best practice, increase confidence, share skills and access peer support.

During 2016-17 the service worked in partnership with the Countess of Chester Hospital to provide support and interventions to residential and nursing homes. They also provided a core programme of multi-agency learning and development focused on the requirements of national policies, strategies, regulatory frameworks and safeguarding those who use services. Programmes available to external attendees (including third sector organisations) included:

- Adult safeguarding - basic awareness
- Suicide prevention and applied suicide intervention skills training (Asist)
- Autism awareness
- Dementia awareness (#DementiaDo tier 1 training)

A comprehensive review of the Council’s delivery model is being undertaken in order to ensure that the offer going forward will reflect the priorities outlined in the refreshed outcomes and service plans. In practice this is likely to mean that the training and development service will establish a “core offer” and work above that would need to be costed and commissioned. The service will retain a breadth of specialist and generalist experience within the workforce development team but the offer will most likely be more targeted and defined.
Commissioning prevention

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

Prevention can be broadly be defined as:

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

(www.local.gov.uk)

A shared preventative approach across organisations within the public, voluntary, community and independent sector to deliver services to a changing and ageing population is being developed working with a wide range of partners.

Public policy is increasingly focusing on altering the 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, greater choice and control for people eligible for Local Authority funded social care, supported by the rapid growth of personal budgets and people taking up direct payments, is now shaping the role of the Council in commissioning services.

One of the key commitments within the Council’s corporate plan 2016 – 2020 “Helping the Borough to Thrive” is to support the community and voluntary sector to thrive in the belief that this is an important element of a strong society. The Council and its strategic partners believe that the sector has a clear role in providing services as well as helping to shape local policy.

The council currently spends over £3.1m commissioning a broad range of voluntary and community (third sector) organisations to provide early intervention and prevention services. We are expecting demand for these services to increase, due to the increasing numbers of older and vulnerable people. For example by 2022, we expect the number of people in the borough aged over 65 to increase by 44 per cent, with 80 per cent of residents over 85 years having two or more long term conditions. To meet this demand the focus of our future investment will be to reduce demand on health and social care provision and ensure that residents are able to stay independent and well for as long as possible.

Integrated early intervention and prevention model - The Council has commissioned a new integrated model for early intervention and prevention services, which became operational on 1 October 2017. The new model has three tiers with multiple services which reflect a journey from the provision of universal services and information for people with no, or low level needs through to more interventionist services, which promote independence and minimise the dependency resulting from longer term or more complex conditions.

- Tier 1 Community Wellbeing (Universal)
- Tier 2 Early Intervention and Prevention (Targeted)
- Tier 3 Reablement (Specialist)
The new model has a single telephone number and point of access which will improve access to services, referral processes and will support the delivery of the West Cheshire Offer.

This is a prime model with a lead organisation sub-contracting with other providers to deliver the services specified. The lead organisation will be responsible for managing the single point of access and developing the referral systems and ensure the performance and quality assurance of the providers is maintained according to the requirements of the service specification.

The benefits of the model include the ability for us to target our resources more efficiently and deliver better outcomes for local people. By designing a model of commissioning around early intervention and prevention, we will enable vulnerable adults and those at risk to stay independent for as long as possible and avoid or delay the need for high cost care. In addition, the new model and the availability of unique identifiable data, will give us a much clearer understanding of the demand for, and take up of services as well as the source of referrals.

The total value of the contract is £1,154,000 per annum (included within the £3.1 million spend across the voluntary and third sector) and the contract has been commissioned for a 3 year period with an option to extend for a further two years. Additional resource has been invested into the sector in 17/18 as part of the Council’s continued commitment to developing our early intervention and prevention offer. The Council has used monies from the Adult Social Care precept fund in order to support the increased investment.

**Direction and potential opportunities:**

Although we have adequate provision in terms of the commissioned Early Intervention and Prevention contract, the council always welcome discussions with Providers who can offer good quality, cost effective and innovative solutions aimed at early intervention and prevention, in order to support:

- Peoples independence, choice and control
- A reduced reliance on intensive/high cost services and acute services (e.g. hospitals).

**Community Legal Information and Advice services** - Information and advice as a universal service available to everyone, is a key component to early intervention and prevention. This is based on the principle that information and advice can empower individuals and or their Carers to understand their options and choose services and support which is right for their circumstances.

The current Community Legal Information and Advice contract is delivered by three local third sector organisations. The service provides information, advice and legal support on a range of issues including welfare benefits, debt, housing, employment, community care and consumer rights.

The current contract runs until 2019 and the service provided advice to 4,661 people in 2016/2017, ranging from basic information and face–to–face advice through to representation at tribunals or court appearances. It is our ambition to increase the level of ‘digital solutions’ involved in the delivery of community legal information and advice to increase access and support for local residents with their advice needs.

**Direction and potential opportunities**

We have adequate capacity at this present time. Please continue to monitor the CHEST procurement portal regarding any future opportunities in relation to this contract.
**Advocacy** - Independent advocacy plays an important role in making sure that people, particularly those who are the most vulnerable in society, are able to have their voices heard on issues that are important to them and have their views and wishes considered when decisions are being made about their lives. Where certain conditions are met the council has a legal duty to make sure service users have access to independent advocacy, this is called “statutory advocacy”. We currently commission two (2) third sector organisations to provide this service. The contract is jointly commissioned with Cheshire East council and runs until June 2019. During 2016/2017 the service had approximately 1858 referrals with 843 referrals in the West of Cheshire and 1015 referrals in the East of Cheshire.

The current contract includes the delivery of the following types of advocacy.

- Independent Mental Capacity Advocacy (IMCA) including Deprivation of Liberty Safeguards (DoLS)
- Paid Relevant Person Representative (RPR)
- Independent Mental Health Advocacy (IMHA)
- Care Act Advocacy
- Continuing Healthcare (CHC) Advocacy

The Law Commission is currently reviewing when the provision of independent statutory advocacy needs to be provided; the outcome of this review will inform any future contract for statutory advocacy.

**Direction and potential opportunities**

We have adequate capacity at this present time. Please continue to monitor the CHEST procurement portal regarding any future opportunities in relation to this contract.

**Assistive Technology/Telecare**

Assistive technology services are recognised as a key component in the West Cheshire offer

The Council believes that:-

- Technology plays an increasing role in promoting peoples independence. The vision is to provide an assistive technology service for the residents of Cheshire West and Chester which is accessible across both social care and health.

- As services become more integrated and technology is developed, the aim is to include telehealth.

- If deployed correctly technology can improve the quality of many people’s lives by supporting them to remain independent in their own homes whilst managing and minimising risk.

- The use of assistive technology services can potentially reduce the use of other forms of higher cost service provision, such as night care staff for example and can assist the Council to make the most effective use of public resources.

- Assistive technology is as much about the philosophy of dignity and independence as it is about equipment and services.
Self-funders should also have access to flexible and responsive services.

Current service

The Council currently commissions a main provider to deliver assistive technology and equipment services. The contract runs to February 2019, and is an activity based contract with no fixed value.

Current demand/usage

In 2017/2018 there are approximately 2,000 customers receiving a telecare service. Of this number, an estimated 800 telecare packages are commissioned by the Council, with an estimated 1200 packages being purchased by self-funders. However there are many more residents in Cheshire West and Chester that would benefit from assistive technology, so there is scope for growth in the use of this service.

For self-funders assistive technology will complement existing packages of care or replace care (where appropriate) and make better use of their private income.

Outcomes

As part of the developments within the West Cheshire offer, we aim to ensure that there is a more targeted approach to integrating assistive technology as a viable alternative as part of peoples care and support. Moving forward we aim to use assistive technology more effectively in order to benefit local people whilst also reducing the demands on local health and social care services.

By better using assistive technology we aim to:

- Reduce the number of people moving to long term residential or nursing care.
- Reduce the cost of community support packages.
- Reduce the number of people admitted into hospital due to a fall in the home.
- Reduce the number of hospital admissions and the length of stay in hospital.
- Contribute towards reducing the number of delayed transfers of care.
- Contribute towards reducing the number of avoidable emergency service call outs.
- Reduce the number of home visits made by community matrons and other health care professionals.
- Increased general independence and stability of medical conditions.
- Contribute towards preventing the number of deaths and serious injuries caused by emergencies in the home e.g. falls, fires and floods.
- Enable people to feel safe and secure in their homes.
Direction and potential opportunities:

We have adequate capacity in terms of our commissioned contract at this present time, as the current contract runs up to February 2019. However the Council always welcomes conversations with the market regarding new and innovative technology (including digital solutions) that can demonstrate value for money, good quality and safety. Providers must clearly demonstrate how potential solutions can safely promote:

- Self-management
- A potential reduction in people accessing primary, secondary/acute and social care services.

Providers are advised to continue monitoring the CHEST procurement portal in regard to the future recommissioning of the main contract.

Carers services

Support for Carers is a key priority for the Council. We recognise the key roles that Carers play in providing unpaid support to family or friends and the impact that it can have on their health and wellbeing. Reduced levels of caring by Carers would have an adverse effect on many aspects of our local communities, such as increased National Health Service (NHS) costs through preventable hospital admissions and increased social care costs.

National estimates for the number of unpaid Carers indicate that there are approximately 33,000 Carers in Cheshire West (approximately 10 per cent of the population). This is consistent with the 2011 Census, which identifies that just over 37,000 people provided one or more hour’s unpaid care per week in Cheshire West and Chester. This is approximately 11.4 per cent of the population. Just over 13,000 of Carers provided twenty or more hours per week.

At the time of the 2011 Census, Carers told us that

- 8,457 people provide more than 50 hours of unpaid care.
- 612 Carers were aged 0 to 15 and 8,917 were aged 65+
- 21,379 females (in households) compared to 15,685 males (in households) were Carers.
- 9,741 Carers were not in good health
- 10,003 Carers had a long term health problem or disability
- 19,596 Carers were in employment
- 11,024 Carers were retired
- 15,756 Carers have no person in their household with a long term health problem or disability (we can assume they do not live with the person they care for)
Carers provide a range of support activities and or services for the persons they care for. The recent Carer’s survey identified that there has been a slight variation over the last few years but in the main this has remained consistent.

Chart showing the range of support activities and services that Carers provide for the people they care for. Source: Carers Survey 2012/13, 2014/15 and 2016/17 Insight & Intelligence Team, CWaC.

<table>
<thead>
<tr>
<th>Things Carers usually do for the people they care for</th>
<th>2012/13</th>
<th>2014/15</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal care</td>
<td>63 per cent</td>
<td>69 per cent</td>
<td>65 per cent</td>
</tr>
<tr>
<td>Physical help</td>
<td>59 per cent</td>
<td>61 per cent</td>
<td>51 per cent</td>
</tr>
<tr>
<td>Helping with dealing with care services and benefits</td>
<td>86 per cent</td>
<td>86 per cent</td>
<td>75 per cent</td>
</tr>
<tr>
<td>Helping with paperwork or financial matters</td>
<td>86 per cent</td>
<td>87 per cent</td>
<td>81 per cent</td>
</tr>
<tr>
<td>Other practical help</td>
<td>93 per cent</td>
<td>94 per cent</td>
<td>93 per cent</td>
</tr>
<tr>
<td>Keeping him/her company</td>
<td>86 per cent</td>
<td>85 per cent</td>
<td>81 per cent</td>
</tr>
<tr>
<td>Taking him/her out</td>
<td>74 per cent</td>
<td>78 per cent</td>
<td>72 per cent</td>
</tr>
<tr>
<td>Giving medicines</td>
<td>72 per cent</td>
<td>79 per cent</td>
<td>64 per cent</td>
</tr>
<tr>
<td>Keeping an eye on him/her to see if he/she is alright</td>
<td>86 per cent</td>
<td>91 per cent</td>
<td>83 per cent</td>
</tr>
<tr>
<td>Giving emotional support</td>
<td>82 per cent</td>
<td>85 per cent</td>
<td>77 per cent</td>
</tr>
<tr>
<td>Other</td>
<td>21 per cent</td>
<td>29 per cent</td>
<td>12 per cent</td>
</tr>
</tbody>
</table>
Table showing the range of support activities and services that Carers provide for the people they care for. Source: Carers Survey 2012/13, 2014/15 and 2016/17 Insight & Intelligence Team, CWaC.

We are keen to ensure that all commissioned services are responsive to Carers needs and support them in their caring role whilst having a life of their own. Over the past eighteen months we have conducted a range of consultation and co-production events to ensure that we are aware of carer’s needs and to ensure that services reflect the needs of our local Carers. Through this engagement we have been able to identify the following areas of need, (influenced by Carers themselves).

- Timely and up to date information, advice, guidance and signposting services to support people in their caring role.
- An opportunity to take part in an activity or interest of their choice, with or without the cared for person.
- Increase the knowledge, skills and awareness of GPs and other primary care services to identify and support Carers better.
- A break from their caring role so that they can take part in opportunities they may have been excluded from because of their caring responsibilities.
- Increased local awareness of the support needs of Carers.

The new model for Carers support services will provide a more visible and streamlined way for Carers to find information, advice and services to support them in their caring role. The new contract will be jointly funded by the Council, Vale Royal Clinical Commissioning Group and West Cheshire Clinical Commissioning Group.

The new Carers support service will provide a single point of contact and telephone number for a range of services from general information and advice through to more specialist services. This is to ensure that the Carer’s journey to support is as seamless as possible. The services encompassed within the service specification will include:

- Carers information, advice, advocacy and support services.
- Support services that allows Carers to take a break (respite).
- Support services for Carers of people with Mental Health conditions.
- Support services for Carers of people with Learning Disabilities.
- Support services for Carers of people with Dementia.
- Services that support Carers to retain or regain employment.
- Services that support the identification of Carers in primary care.
- A Carers Individual budget scheme.
Direction and potential opportunities:

- The Council and our NHS Clinical Commissioning group partners in West Cheshire and Vale Royal are in the process of commissioning a new integrated model for Carers services within the Cheshire West and Chester area.

- The new model will comprise of one lead organisation that is responsible for sub-contracting all the services identified within the new model. The services that will be delivered within the model are outlined in the main Carers services section (above).

- The contract will be commissioned for 3 x years with an opportunity to extend by a further 2 x years. In addition to the introduction of the new model of commissioning in 2018/2019 we will also jointly contribute additional resources for Carer breaks, utilised from the Better Care Fund. Of this funding approximately £355,000 will be invested to operate a Carer break/grant scheme, which third sector providers can apply for up to £37,500 to deliver local services. The next grant scheme will open in November 2018.

- The Council will communicate with the market pertaining to how providers can bid for potential opportunities encompassed within this contract.

Physical and sensory disability services (including access services):

At the time of the 2011 Census, 18.5 per cent (60,995) of people in Cheshire West and Chester said their day-to-day activities were limited by a long term health problem or disability (including problems related to old age). Long term health problems were those which had lasted, or were expected to last, at least twelve months.

If we apply the 2011 Census prevalence to the most recent population estimates, we estimate that there are currently around 64,000 disabled people living in Cheshire West and Chester. Around 30,500 people are estimated to have health problems or a disability that limits their day-to-day activities significantly. We can expect the number of disabled people to increase in the future as the number of Older People (with the highest prevalence of disability) increases.

Visual impairment

In 2016, there were an estimated 11,600 people living with some degree of sight loss in Cheshire West and Chester. An estimated, 7,500 are living with mild sight loss, 2,600 are living with moderate sight loss and 1,600 are living with severe sight loss. **Figures have been independently rounded to the nearest 100 so may not sum to the totals.

The older you are the more likely it is that you are living with sight loss. One in five people aged 75 and over are living with sight loss; compared to one in two aged 90 and over. Older people living with sight loss are also much more likely to have additional health conditions or disabilities.

Source: Cheshire West and Chester Council, Insight and Intelligence Team (2017)
Hearing impairment

There are an estimated 63,500 people with hearing loss living in Cheshire West and Chester. We estimate that around 5,000 people in Cheshire West and Chester have severe or profound levels of deafness (hearing loss of at least 70dB in their better ear).

The vast majority of people with hearing loss are over 50 years old and the prevalence increases with age. As our population ages, hearing loss will affect a growing number of people.

Source: Cheshire West and Chester Council, Insight and Intelligence Team (2017)

Direction and potential opportunities:

In October 2017 the Council commissioned 2 x local Voluntary/Third sector services as part of the Early Intervention and Prevention model, to support people with low level vision and hearing problems. The contract is for 3 x years and runs until 31 September 2020 with a potential extension (option) of a further two years. Therefore we have adequate capacity at present.

Physical Disability

Disability can often result in the loss or limitation of opportunities to be part of society on an equal level with others due to the ‘barriers’ which exist in society. The three main barriers to participation are:

- Environment (inaccessible buildings and services)
- Attitudes (stereotyping, discrimination and prejudice)
- Organisations which operate inflexible procedures and practices

We provide accessibility advice and guidance to a wide range of organisations and we want to work with our partners to help ensure that services and facilities are accessible for all our residents and visitors.

Services

We currently commission a range of services which aim to support people to access universal/mainstream services and facilities and to lead independent and fulfilled lives.

These include:

Shopmobility

Shopmobility is a service that helps people with mobility difficulties to access town centre shops and facilities through the provision of mobility scooters, electric wheelchairs and manual wheelchairs. The service also offers a wide range of mobility aids (including walking frames and sticks) for sale or longer term loan, in addition to a repair and maintenance service.

We currently commission a borough-wide Shopmobility service in four locations: Chester, Ellesmere Port, Northwich and Winsford. Consistency of service delivery (e.g. opening times, pricing) and a ‘passport’ scheme enabling use of all four schemes under one registration are key features of the current service.
Direction and potential opportunities:
The current Shopmobility contract commenced in 2014 and has 3 x options to extend for one year. The service will be recommissioned by no later than the 2019/2020 financial year. Therefore we have adequate capacity at present.

Online Accessibility Information

The council is committed to ensuring that disabled people and Carers have access to appropriate and up to date accessibility information to help enable them to plan their journeys in advance.

We currently commission an online access guide which includes accessibility information about approximately one thousand venues across the borough.

The contract commenced in 2012 and is due to expire in 2018. In the coming months we will be looking at further opportunities to provide online accessibility information to our residents and visitors.

Direction and potential opportunities:

We would welcome conversations with the market regarding any potential opportunities for developing good quality, innovative and cost effective online accessibility information. This includes through the use of apps and other digital platforms. Please continue to monitor the CHEST procurement portal regarding any future opportunities in relation to this contract. Interested Providers are also encouraged to contact the Council for further discussion.

Changing Places

Nationally, it is estimated at 250,000 people (0.4 per cent of the population) require changing places facilities. If this UK prevalence is applied locally we estimate that around 1,500 people living in in the borough of Cheshire West and Chester could benefit from the availability of changing places.

Without changing places facilities, many people with multiple and profound disabilities (and their Carers and families) are unable to access town centres as well as leisure and cultural facilities, or they have to significantly reduce the duration of their visits.

Since 2010, a total of 7 facilities have been commissioned/ installed across the borough:

- Frodsham Street public conveniences, Chester
- Grosvenor Park Pavilion, Chester
- Sandy Lane Aqua Park, Chester
- Storyhouse Cultural Centre, Chester
- Chester bus interchange
- Northwich Memorial Court
- Ellesmere Port sports village

The average cost of installing a changing place facility is between £20,000 - £60,000 per facility. Since 2010, the Council has invested heavily in these facilities. As an Authority we hold strong values and beliefs about accessibility and inclusiveness, therefore we plan to continue to invest in
the provision of these facilities in new and existing public buildings, particularly in areas where there is currently a lack of provision.

**European Access City Award 2017**

In 2017, the city of Chester was awarded the European Access City award after stiff competition from forty-three other cities. The award recognises and celebrates a city's willingness, capability and efforts to ensure accessibility in order to:

- Guarantee equal access to fundamental rights;
- Improve the quality of life of its population and ensure that everybody - regardless of age, mobility or ability - has equal access to all the resources and pleasures cities have to offer.

Chester was the first UK city to win this Award and was praised in particular for its long term commitment to improving accessibility, and its efforts to make the city accessible for people with multiple and profound disabilities.

**Home Improvement Agency (HIA)**

The home improvement agency provides home repairs, adaptations and wellbeing services for older and vulnerable people in Cheshire West and Chester. The overall aim of the service is to enable people to be safe and secure, and to remain independent at home. Services provided include:

- Major adaptations to homes
- Disabled facilities grants
- Decent home loans
- Home safety grants
- Minor adaptations
- Handyman service
- General advice

The current contract commenced in 2014 and expires in 2019. There is an option within the contract to extend for a period of one year. Therefore we will be looking to begin the recommission of this service in 2019/2020.

**Direction and potential opportunities:**

The contract is due for re-commissioning in the 2019/2020 financial year. This process will be conducted via the CHEST Procurement portal. At this moment in time we have adequate capacity.

Please continue to monitor the CHEST procurement portal regarding any future opportunities in relation to this contract.
Chapter 6 – Public Health services

Local market and current services

From April 2013, the responsibility for all Public Health services transferred to Local Authorities from the National Health Service (NHS). Public Health and wellbeing services have a significant part to play in delivering benefits for the people of Cheshire West and Chester and improving health outcomes.

We want to help people lead healthy and fulfilled lives, and if they need support we want to provide effective services that prevent problems developing and give individuals more control over their own well-being.

This also aligns with the priorities of the health and wellbeing strategy that we have developed with key partners in the public, voluntary and business sector.

Details of the current Public Health and wellbeing services are as follows:

**Sexual health services – mandated service**

Sexual health services in Cheshire West and Chester are currently delivered by a Cheshire based NHS Provider Trust. This contract runs until April 2019.

Services provided include:

- Free on-line chlamydia screening postal kits for 16-24 year olds.
- Free condom distribution service.
- All methods of reversible contraception including implants and Intra uterine devices (coils).
- Emergency contraception and pregnancy testing.
- Testing and treatment for all sexually transmitted infections.
- GPs currently provide contraception and chlamydia testing to all residents.
- Pharmacies currently provide an emergency contraception service (including the provision of condoms).

**Substance misuse services**

The current service delivering support to those with drug and alcohol problems for all residents of any age in Cheshire West and Chester runs until April 2019.

Services provided include:

- Group workshops and 1:1 counselling
- Recovery worker and peer mentor support
- Substitute prescribing
- Parenting workshops
- Families and Carers group support
- Employment and housing support
- Dedicated young people’s support
- Needle exchange
Integrated wellbeing services

The Council commissions a local leisure service that provides wellbeing services for people through a range of offers. There are services for people who want to address a variety of healthy programmes, some individuals may be able to access a service free of charge upon referral from a GP or other health professional (subject to referral criteria). These programmes are tailored to address health concerns.

Services provided include:

- Access to leisure facilities
- GP exercise on referral scheme for adults
- Weight management service for adults
- Stop smoking service

**NHS health checks – mandated service**

GPs currently provide NHS health checks to eligible residents aged 40-74. A health check is an assessment of health risks that includes taking a medical history, an assessment of lifestyle (e.g. whether you smoke or drink, exercise) and recording measurements such as blood pressure, weight, BMI, cholesterol.

The Council is in the process of re-tendering these public health services (March 2018) and plans to award the new contracts in Autumn 2018 (indicative timescale). The Council has recently undertaken a consultation to help shape the future models of delivery for these services.

**Demand**

**Alcohol and drug use**

In Cheshire West and Chester, 29 per cent of residents drink at levels which could harm their health. Around 1 in every 20 people attending the accident and emergency department at the Countess of Chester Hospital was due to an alcohol related issue (based on historic data). Across Cheshire West and Chester there were 2,038 alcohol related admissions to hospital in 2015/16. According to the national drug treatment monitoring system, there were 465 people engaged in alcohol only treatment during the financial year 2016/17 in Cheshire West and Chester borough. During 2013-2015, there were 175 deaths in Cheshire West and Chester of people aged under 75 from liver disease.

There are estimated to be 1,619 people in Cheshire West and Chester aged 15-64 who are opiate/crack cocaine users. Locally there are 1,485 clients engaged with treatment services. There were 38 deaths from drug misuse in Cheshire West and Chester in 2013-2015, producing a rate of 3.9 deaths per 100,000; this is similar to the national average. The impact of new psychoactive substances (NPS) on our residents is difficult to estimate but this has been a growing issue over the last five years and local concerns have prompted the community safety partnership to fund a project looking as NPS use across Cheshire West and Chester. The national drugs strategy, although a little dated, does highlight the growing issue with the misuse of over the counter drugs and the use of performance enhancing drugs (steroids/growth hormones) in younger males.

Dependent drinkers and opiate/crack users are vulnerable members of our community, with substance misuse being linked to a range of issues, including, health problems, mental health and wellbeing issues, homelessness etc. Some opiate and crack users, when not in treatment, become prolific offenders, which draws a significant amount of resources from organisations, in particular, Police, Local Authorities and the NHS. Changes that destabilise treatment and/or
recovery programmes may have a significant financial impact e.g. a heroin or crack user not in treatment commits crime costing an average £26,074 per offender per year. Furthermore, it is estimated that alcohol misuse alone costs Cheshire West and Chester £129.4 million per year, over £9.9 million in social care costs alone.

Alcohol use is linked to 3 out of the 4 of the leading causes of premature death (cancer, cardiovascular disease CVD, liver disease) and accounts for around 6 per cent of disability adjusted life years nationally, therefore, has a significant impact on local authorities and partner organisations resources. If the substance misuse contract ceased, some increasing risk drinkers may self-regulate. However, dependent drinkers and opiate/crack users would likely fall out of treatment and/or recovery, leading to a financial and social cost, and an increase in the local mortality rate. There is a well-established link between alcohol consumption and high rates of alcohol related harm in more deprived areas, given this, stopping and/or significantly reducing the service would widen health inequalities across the borough.

Investment in substance misuse treatment and recovery services is cost-saving - every £1 spent on drug treatment yields a £2.70 saving, whilst, every £1 spent on alcohol treatment saves £5.

Tobacco Use

Around 30,400 adults in Cheshire West and Chester smoke (11.7 per cent). This is the lowest rate in the North West region (16.8 per cent). Compared to many areas we perform well, but smoking is still a big problem in absolute terms for death, disease and cost. There are still over 800 smoking attributable deaths a year in Cheshire West and Chester.

In year, about 4.5 per cent of smokers quit using the local stop smoking service (SSS), which is in keeping with nationally recommended targets. Smokers who use a specialist SSS such as ours are four times more likely to quit compared to ‘going it alone’. The stop smoking service is recognised as an important element of tobacco control alongside whole population strategies, particularly the use of legal powers, most recently of which the introduction of plain packaging, which have seen a steady fall in smoking amongst adults and young people.

Nevertheless, smoking remains the leading behavioural cause of premature death and chronic disease because it is a major cause of cardiovascular disease and many cancers. Smoking is also the biggest behavioural cause of inequalities in life expectancy and healthy life expectancy, and this may be increasingly the case as smoking becomes less common in the general population, but remains more prevalent in certain groups.

Weight management

Weight management services are an effective and cost-effective intervention that should be used to address overweight and obesity. This is a very important public health concern because overweight/obesity is common and strongly linked to long-term conditions such as diabetes, cancer, and cardiovascular disease, which have major impacts on health, quality of life, productivity and health and social care use (cardio-vascular disease and diabetes risks arise at lower BMI cut-offs in South Asian and Afro-Caribbean people compared to white populations).

As elsewhere in England, two thirds of adults in Cheshire West and Chester are overweight and obese and would qualify for the current service. Obesity rates are patterned along the lines of socio-economic deprivation.
Direction and potential opportunities:

- The Local Authority is in the process of re-tendering the commissioned Public Health Services (March 2018). The tender is being conducted in accordance with the Council’s procurement policy and is advertised via the CHEST procurement portal. The Council has encouraged and welcomed providers to participate in this exercise who have innovative ideas, creative solutions and a proven track record of delivery within an identified financial envelope.

- The Council encourages all prospective bidders to think about how it engages with wider health partners in order to establish strong pathways. We will also require the successful provider to work with the voluntary, community and charitable sector(s) to focus on early intervention and prevention work that reduces demand on health and social care and provides value for money. It is essential that any future bidders can demonstrate the effective use of resources and have an operating model that positively balances quality, efficiency and responsiveness.

- It is essential that providers work in partnership with local communities, in order to make Public Health everyone’s business in order to promote self-care and resilience.
Chapter 7 – Community based support and accommodation based services

Provider numbers

As of September 2017, there were 122 registered provider locations (source CQC) relating to Adult Social Care in Cheshire West and Chester. 72 of these were residential care settings and within that number 61 were nursing/residential homes for Older People.

44 locations were registered for community based Adult Social Care. Some of these providers were domiciliary care agencies for Older People, Mental Health, Learning Disability, other care categories or a combination of some or all, and therefore deliver care outside of their specific registered location.

Residential and Nursing Care services

Residential and nursing care services play a crucial role in supporting vulnerable adults in Cheshire West and Chester. However, it is the Council’s aim to support people to remain as independent as possible, which for many people includes living in their own homes with suitable care and support wherever possible.

Residential and Nursing home market:

In April 2017, following consultation with providers, Cheshire West and Chester Council, West Cheshire CCG, Vale Royal CCG and South Cheshire CCG entered into a three year fixed term contract for Residential, Residential EMI, Nursing and Nursing EMI services, which is due to expire at the end of March 2020. The contract sets out the required standards and also additional criteria applicable to contracted providers, given that placement opportunities are first offered to contracted homes in consultation with service users and families.

Ahead of the contract re-tender, the Council engaged with an independent consultant in order to conduct a review of the market. One of the key objectives of this project was to develop a new fee structure in consultation with the local market. The resulting fee structure represented a “fair cost of care” pricing for these services. The rates were implemented in 2017/2018,

Prior to 2018/2019 the rates were reviewed by the Local Authority and uplifted to reflect wage and inflationary increases, and as a result the following rates have been set for the 2018/2019 financial year:

<table>
<thead>
<tr>
<th></th>
<th>Residential</th>
<th>Residential + Elderly Mentally Infirm (EMI)</th>
<th>Nursing (exc. Funded Nursing Care component)</th>
<th>Nursing + EMI (exc. Funded Nursing Care component)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/2019 rates</td>
<td>£437.08</td>
<td>£492.10</td>
<td>£494.33</td>
<td>£515.85</td>
</tr>
<tr>
<td>2017/2018 rates</td>
<td>£419.42</td>
<td>£478.10</td>
<td>£473.65</td>
<td>£494.22</td>
</tr>
<tr>
<td>Percentage Difference</td>
<td>+4.21</td>
<td>+2.93</td>
<td>+4.37</td>
<td>+4.38</td>
</tr>
</tbody>
</table>
Demand

The table below represents the number of residential service placements that the Local Authority commissioned via the independent sector and the forecasted spend (mixture of long and short stay placements – some people may have had multiple periods of admission – e.g. respite/short breaks):

<table>
<thead>
<tr>
<th>Type of Bed</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18 (projected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential (Under 65’s)</td>
<td>155</td>
<td>142</td>
<td>141</td>
</tr>
<tr>
<td>Residential EMI (Under 65’s)</td>
<td>13</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>Residential 65+</td>
<td>613</td>
<td>612</td>
<td>543</td>
</tr>
<tr>
<td>Residential EMI 65+</td>
<td>399</td>
<td>403</td>
<td>384</td>
</tr>
<tr>
<td>Total</td>
<td>1,158</td>
<td>1,170</td>
<td>1,075</td>
</tr>
<tr>
<td>Cost of providing residential services</td>
<td>£21,478,671</td>
<td>£21,897,322</td>
<td>£21,018,099</td>
</tr>
</tbody>
</table>

The table below represents the number of nursing placements that the Local Authority commissioned via the independent sector (mixture of long and short stay placements – some people may have had multiple periods of admission – e.g. respite/short breaks):

<table>
<thead>
<tr>
<th>Type of Bed</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18 (projected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing (Under 65’s)</td>
<td>48</td>
<td>51</td>
<td>52</td>
</tr>
<tr>
<td>Nursing EMI (Under 65’s)</td>
<td>34</td>
<td>33</td>
<td>26</td>
</tr>
<tr>
<td>Nursing 65+</td>
<td>595</td>
<td>554</td>
<td>498</td>
</tr>
<tr>
<td>Nursing EMI 65+</td>
<td>328</td>
<td>343</td>
<td>328</td>
</tr>
<tr>
<td>Total</td>
<td>1005</td>
<td>981</td>
<td>904</td>
</tr>
<tr>
<td>Cost of providing nursing services</td>
<td>£13,991,431</td>
<td>£14,550,489</td>
<td>£14,825,254</td>
</tr>
</tbody>
</table>

Table 2 below outlines the total number of care home beds within the borough of Cheshire West and Chester (figures as of 1 October 2017).

<table>
<thead>
<tr>
<th>Type of Bed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>1723</td>
</tr>
<tr>
<td>Residential</td>
<td>927</td>
</tr>
<tr>
<td>Total</td>
<td>2650</td>
</tr>
</tbody>
</table>

Local intelligence tells us that approximately 60 per cent of all care home bed capacity is available for placements by the Local Authority and health services. It is assumed that the remaining 40 per cent of capacity is taken up by the self-funding market or other Local Authorities who place people within the boundaries of Cheshire West and Chester.

Care Home occupancy stands at 97 per cent from the beds available to the Council.

Source: Cheshire West and Chester Council, Contracts and Quality Monitoring Team, October 2017

Although data and intelligence tells us that the capacity and demand for residential and nursing services has been relatively stable over the past three financial years, we do need to continue to have dialogue to ensure that care homes are accessible in a timely manner and that we
support workforce development/training, facilitate access to medical services provided by the Clinical Commissioning Groups (CCG’s) and promote an environment where care homes are fully supported to achieve high quality care.

As a Council, one of our key priorities is to support people to remain independent within their own home for as long as possible, and to reduce unnecessary admissions to acute and/or nursing and residential facilities.

The Council is currently developing a care home market strategy, which is due to be launched later in 2018. This will provide the relevant sector(s) with information about need and demand, a fuller market analysis, and will clearly set out our short, medium and long term commissioning intentions. This will allow providers to be better informed when planning services.

Direction and potential opportunities:

- Once the Council’s care home market strategy has been produced, we will share this with the appropriate markets. This document will outline our direction clearly.
- We are interested in conversations with market providers that have innovative ideas and a shared vision regarding the care and support of Older People (particularly those with complex needs) to remain within their own homes for as long as possible.

Care at home (Domiciliary Care)

The Council commissions care at home services, traditionally referred to as “domiciliary care”, to support people to remain in their own home with their care and support needs being met. Tasks can include personal care, meeting nutrition and hydration needs, medication prompts, peg feeding, moving and handling. The contract was originally set up jointly with our CCG partners. However both CCGs have subsequently committed to the use of other systems as their future vehicles for the delivery of care at home.

Cheshire West and Chester Council currently commissions six contracted providers to deliver care at home services. As of August 2017, two of the six providers delivered 42 per cent and 17 per cent of care respectively.

All contracted providers hold a separate contract but deliver to the same specification. The contract runs until April 2019.

Corporate priorities continue to require that we support our growing ageing population in their own home, a demand which grows in number and in complexity of need.

<table>
<thead>
<tr>
<th>Number of domiciliary care packages:</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18 (projected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of domiciliary packages of care (under 65’s)</td>
<td>194</td>
<td>194</td>
<td>197</td>
</tr>
<tr>
<td>Number of domiciliary packages of care (65+)</td>
<td>1059</td>
<td>1069</td>
<td>1097</td>
</tr>
<tr>
<td>Total number of packages</td>
<td>1253</td>
<td>1263</td>
<td>1294</td>
</tr>
<tr>
<td>Cost of services</td>
<td>£15,620,378</td>
<td>£15,053,271</td>
<td>£19,008,472</td>
</tr>
</tbody>
</table>

The developments around the West Cheshire offer and gateway review means we require a different offer from our care at home providers. Equally this has required the Council to think differently about the tools available to meet the needs of the population in a more efficient and targeted way.

The geographical zonal design of the current contract has worked well and is in line with other North West partners, however the current design sees three zones across the borough, on the
basis that evidence provided by the UK Home Care Association suggests smaller zones to be more effective in line with NHS England pilots around smaller neighbourhood models of care. This is an area that will continue to be monitored.

We have recently been required to make interim financial offers to the care at home market to create stability and this has meant in the long term, a need to redesign to ensure ongoing market stability and to ensure value for money for the Local Authority. Due to the investment in this specific area of the market, this has contributed to the significant increase in spend across the sector.

In terms of the domiciliary care (care at home) rates, the Local Authority has reviewed its contracted rates, which has been set at £15.28 per hour for 2018/2019 (an increase of 4 per cent from 2017/18).

**Direction and potential opportunities:**

The Council will be conducting a recommissioning exercise of the care at home contract in 2018/early 2019. We will be advertising this opportunity via the CHEST procurement portal. We welcome applications from all interested providers, who can meet the requirements of the service specification and contractual requirements. Providers are encouraged to regularly monitor the CHEST procurement portal in relation to this opportunity.

---

**Dementia services**

**National position relating to Dementia**

There are over 850,000 people living with Dementia in the UK (estimated). By 2051 the prevalence of Dementia is set to increase from about 850,000 to around 2.1m people.

The latest research suggests that there has been a reduction in Dementia prevalence in England during the last two decades. Women equate to 62 per cent and males 38 per cent of those with a Dementia diagnosis. The costs of Dementia in the UK are estimated at £26.3 billion and rising; this is more than cancer, heart disease or stroke.

- The NHS picks up £4.3 billion of the costs and social care £10.3 billion.
- Of the £10.3 billion in social care costs, £4.5 billion is attributed to Local Authority social services for state funded care.
- The remaining £5.8 billion is what people with Dementia and their families pay out annually for help with everyday tasks that are provided by professional care workers.

**Local position relating to Dementia**

- Cheshire West and Chester like many other boroughs has an ageing population, and people are living longer.
- Most recent population estimates tell us that people aged 65 + will increase from 70,000 in 2015 to 101,000 across the borough by 2035.
- Numbers aged 85 or older will increase from 9,000 to 20,000 across the borough by 2035.
- In 2015 it was estimated that there were 4,900 people with Dementia (diagnosed or undiagnosed) across the borough.
- In 2015 there were 2,780 with a formal diagnosis of Dementia.
- In 2016/17 the commissioned costs in all of its residential and nursing EMI provision relating to Dementia was £12.9 million. This increased from the 2015/16 figure of £12.3 million.
People with Dementia also use other services such as domiciliary services and assistive technology.

In addition to Local Authority funded provision, the local Clinical Commissioning Group’s (West Cheshire and Vale Royal CCG’s) have block contract arrangements with a local NHS Foundation Trust to provide both in-patient and community Mental Health services such as memory clinics, weekend crisis provision, psychiatry services and Dementia advisors posts.

Of the 4,900 people estimated to have Dementia, the types of Dementia are broken down into the following groups:

- 2,800 people with mild Dementia
- 1,600 people with moderate Dementia
- 600 people with severe Dementia.

If the prevalence of Dementia remains the same, the number of people with Dementia in Cheshire West and Chester is forecast to increase over the next twenty years, from 4,900 in 2015, to approximately 6,500 in 2025 to around 8,700 in 2035. This growth is driven by ageing alone.

Around half the growth will be in the number of people with moderate or severe Dementia.

The largest increases in the number of people with Dementia will occur in the oldest age groups, as these age groups will see the largest increases in population. The number of people aged 80 or above with Dementia is forecast to increase by 103 per cent (3,100) compared to a 32 per cent (600) increase in those aged under 80.
Table showing the forecast of the number of people with Dementia covering 2015 to 2035 by age band. Source: Dementia Forecast February 2017, Insight & Intelligence Team, CWaC.

The greatest increases in number of people with Dementia will be in Northwich and Winsford and Rural localities. This is due to these localities having the largest of numbers of Older People within the population. Source: Dementia Forecast February 2017, Insight & Intelligence Team, CWaC.

<table>
<thead>
<tr>
<th>Age Band</th>
<th>2015</th>
<th>2025</th>
<th>2035</th>
<th>Increase 2015 to 2035</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Chester</td>
<td>1,200</td>
<td>1,400</td>
<td>1,800</td>
<td>700</td>
</tr>
<tr>
<td>Ellesmere Port</td>
<td>800</td>
<td>1,000</td>
<td>1,400</td>
<td>600</td>
</tr>
<tr>
<td>Northwich and Winsford</td>
<td>1,300</td>
<td>1,800</td>
<td>2,500</td>
<td>1,100</td>
</tr>
<tr>
<td>Rural</td>
<td>1,600</td>
<td>2,300</td>
<td>3,100</td>
<td>1,400</td>
</tr>
</tbody>
</table>

The most significant increase in the number of people with Dementia will be in Vale Royal CCG (per head of population). These projections should be used as a “worst case scenario”. Source: Dementia Forecast February 2017, Insight & Intelligence Team, CWaC.

<table>
<thead>
<tr>
<th>CCG</th>
<th>2015</th>
<th>2025</th>
<th>2035</th>
<th>Increase 2015 to 2035</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Per cent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Cheshire CCG</td>
<td>3,600</td>
<td>4,700</td>
<td>6,100</td>
<td>2,600</td>
</tr>
<tr>
<td>Vale Royal CCG</td>
<td>1,400</td>
<td>1,900</td>
<td>2,600</td>
<td>1,200</td>
</tr>
</tbody>
</table>

**Figures have been independently rounded to the nearest 100 so may not sum to the totals.**

**Future developments**

- The Local Authority and CCG partners in West Cheshire and Vale Royal will continue to work strategically across all areas to commission services that meet local need.
- We will develop greater Dementia care training to the workforce across the extra care, domiciliary and residential/ nursing care sectors, in order to reduce hospital admissions and increase the possibility of people remaining within their own homes for longer.
We will continue to work with the local community and voluntary organisations to enhance local cohesion. By developing this provision it will reduce demand on health and social care. Examples of this are with the development of the early intervention and prevention contract, which involves the voluntary sector and the increased provision of local groups and pathways in communities across Cheshire West and Chester. The services and associated pathways focus on reducing health and social care referrals by working with individuals in a community context.

There will be coordination of local pathways through a Dementia advisor post funded by the early intervention and prevention contract. The pathways will support individuals and their families to understand processes and how to navigate through services more efficiently. The Dementia advisor will build links with Dementia services across health and social care to ensure a smooth referral process and open communication.

Direction and potential opportunities:

- Health and Social Care Commissioners would welcome structured discussions with providers, pertaining to Dementia services across the borough over the next 3-5 years, particularly within the Vale Royal area where demand is estimated to increase more significantly per head of population, compared to other areas of the borough. The focus will be on reducing EMI and hospital admissions by ensuring that we have a robust community offer focused at supporting people with Dementia.

- During times of crisis the Council and health services will consider respite provision within community based alternatives rather than utilising a bed in a hospital which will provide better outcomes for those diagnosed with Dementia and their Carers. We would welcome basic conversations with providers at this stage around ideas and innovations.

- Over the last 12-18 months, there has been a small increase in referrals to community Mental Health teams for people under 65, who have early onset Dementia. Some of the referrals are relating to people who have developed Korsakoffs syndrome due to alcohol misuse for example. We would be keen to discuss with providers, any ideas that they may have surrounding safe and effective community orientated models of care for people under 65, who experience early onset Dementia and/or related conditions.

Extra care services

National market

In order to help our communities to thrive, the extra care model provides purpose built environments that are community friendly, promote independence and are focused at meeting the changing needs of individuals as they age. They include self-contained apartments with 24-hour on-site flexible care and support available. There is a range of facilities designed to help individuals maintain their independence and reduce social isolation. The extra care schemes offer apartments through a range of tenures including rental, shared ownership and owner occupancies to individuals with varying levels of need and dependencies.

According to the Housing LIN (learning improvement network), providing the correct model is in place, extra care housing can significantly reduce the number of individuals needing longer term residential type models of care.

Individuals with moderate to high needs are the priority to be supported in extra care schemes. For some individuals residential and nursing homes are a suitable option, but the council aspires to reduce the reliance on residential and nursing accommodation in favour of promoting independence and community based alternatives.

Cheshire West and Chester Council has worked with partner agencies to develop an extra care development programme, which now provides approximately 690 units of Extra Care housing.
across a number of schemes. There needs to be a joined up approach in regard to accommodation related support services, in order to deliver the outcomes set out within local, sub-regional and national strategies. This is a priority for the Council moving forward.

**Financial spend on extra care services**

<table>
<thead>
<tr>
<th>Extra Care spend (attributable to the Local Authority)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/2016</td>
<td>£1,683,551</td>
</tr>
<tr>
<td>2016/2017</td>
<td>£2,341,301</td>
</tr>
<tr>
<td>2017/2018</td>
<td>£2,443,438</td>
</tr>
</tbody>
</table>

The table demonstrates phased growth of extra care across the Borough over the period 2015-18. There is ongoing dialogue with our strategic partners in West Cheshire and Vale Royal CCGs in regard to the future commissioning intentions pertaining to extra care.

Source: Cheshire West and Chester Council Finance Services, Peoples Department, 2018

**Future demand**

In conjunction with the Cheshire West “The Vulnerable Older Peoples Housing Strategy 2015-20, the Dementia Strategy 2017-2020 has identified that we need to:

- Support the increasing numbers of frail elderly and Older People – particularly in the Northwich, Winsford and rural areas.
- Care for those with Dementia, in order to live in their homes longer.
- Enhance extra care services for people receiving end of life care (working with local CCG colleagues).
- Consider extra care step down provision.
- Provide extra care housing for younger people regardless of age (under 65s).
- Reduce hospital admissions whilst also enabling safe and timely discharges.
- Reduce falls and work alongside local CCG partners to address this.
- Delay and reduce the need for primary care and social care interventions, including admissions to long-term care settings
- Increase integration: alongside partner organisations to provide seamless care to local people and take advantage of opportunities to reduce duplication and achieve economies of scale.
- Support individuals to have a more active role in managing their own care and using direct payments and health budgets where possible.

**Direction and potential opportunities:**

- The Council strongly advises all providers from all sectors (e.g. Social Care, Housing) to communicate with Commissioners and Housing Strategy services at the earliest stages prior to planning applications and building work being progressed. This is to give the Council the opportunity to outline our specific needs and the strategic demand across the borough. This is to ensure that there is a shared understanding and so services developed are fit for purpose and are designed to meet people’s needs effectively.
- The Council will be conducting a recommissioning exercise of extra care services in 2018/early 2019. We will be advertising this opportunity via the CHEST procurement portal. We welcome applications from all interested providers, who can meet the requirements of the service specification and contractual requirements. Providers are encouraged to regularly monitor the CHEST procurement portal in relation to this opportunity.

**End of life care**

End of life care is support for people who are approaching death. It helps them to live as well as possible until they die and to die with dignity. It also includes support for their family and Carers. If
people have an incurable illness, palliative care is aimed at making a person as comfortable as possible by controlling pain and other distressing symptoms, whilst providing psychological, social and spiritual support. Commencement of end of life care support is dependent on a person’s individual needs. The General Medical Council considers patients to be approaching end of life when they are expected to die within the next twelve months. This includes patients who are expected to die within the next few hours or days, and those with advanced incurable conditions. It can also include people that have:

- General frailty and co-existing conditions means they are likely to die within twelve months;
- Existing conditions, if they are at risk of dying from a sudden crisis in their condition; and/or life-threatening acute conditions caused by sudden catastrophic events, such as an accident or a stroke.

**Direction and potential opportunities**

As discussed within the extra care section we would welcome dialogue with extra care providers regarding how provision for people requiring end of life support can be accommodated within the extra care model.

**Direct Payments and self-directed support**

**Self-directed support**

The Council is committed to promoting the use of self-directed support for people as a means of meeting eligible social care needs wherever this is appropriate. Some people may ask the Council to commission a service on their behalf. Others may choose to manage their care through a direct payment. This is explained below.

**Direct Payments**

Direct payments are monetary payments offered to individuals in order to meet some or all of their eligible care and support needs. They provide independence and choice by enabling people to commission their own care and support in order to meet their eligible needs as set out in their support plan.

Cheshire West and Chester supported approximately 2111 adults in 2016/2017 that chose to arrange their own care either by employing a personal assistant or through a care agency provider.

Our forecasted spend on Direct Payments in 2017/2018 is approximately £12.44m which we are planning to increase over the next four years in favour of commissioned services (where appropriate).

This Direct Payment rate is currently under review. Once the review has been completed and a new rate determined, this will be communicated to the relevant markets as soon as possible.

Current numbers include:
In line with the national agenda, CCGs are committed to offering personal health budgets and integrated personal commissioning (IPC) budgets to more people over the coming years. West Cheshire CCG is currently leading on a project focused at optimising the uptake of personal health budgets for people who receive their services across the West Cheshire CCG footprint.

There will be further communication with the provider market, service users, Carers and other key stakeholders as this agenda develops.

**Direction and potential opportunities:**

- We wish to work with a range of key partners (CCG’s, independent sector, third sector) around market development and the development of innovative/diverse solutions for direct payment/personal budget holders.
- Integrated personal commissioning can potentially provide a real opportunity for third sector providers to develop their service offer for direct payment/personal health budget users. We are therefore looking to work with the sector around this area.

**Shared Lives**

Shared Lives (historically known as adult placement services) is an alternative to supported living and care homes for adults with disabilities and Older People. It is used by around 12,000 people in the United Kingdom. Cheshire West and Chester plans to develop this concept further and has bid for resources via the “Life Chances Fund” to support developments.

The key areas that the Council aims to develop include the following:

- Last year shared lives in Cheshire West and Chester provided 20 per cent of provision to Learning Disability (LD) clients compared to the national figure of 71 per cent. We would aim to address this imbalance.
- In terms of long term shared lives placements for clients with Learning Disabilities (LD), the uptake is generally low across Cheshire West and Chester. Local figures equate to 5.5 per cent compared to the national figure of approximately 54 per cent. We would aim to increase the uptake to approximately 30 per cent (subject to a successful bid).
- 86.5 per cent of our existing provision is day services compared to national figures of 20 per cent.
- Shared lives for people with Mental Health conditions is comparable with national statistics (CWAC is 6 per cent compared to 8 per cent nationally). This is another area of development however.
- Greater emphasis will be focussed on developing longer term placements and reducing costly provision in the community for those with a Learning Disability diagnosis.
- A whole systems approach will be taken to develop and dramatically increase shared lives provision.
- To increase the use of early intervention and prevention services across the shared lives
sector.

- Strengthening local capacity and developing the workforce within the areas of Learning Disabilities, Dementia and end of life care.
- Shared Lives will replace traditional models that do not necessarily meet the needs for some individuals.
- Promote greater local community cohesion.

The initial cohort(s) for the development of shared lives (via the life chances fund) would focus on:

- Service users with Learning Disabilities and co-existing Mental Health needs, that require placements in community settings (i.e. people experiencing crisis in the community, frequent flyers in acute Mental Health settings, people currently detained in acute Mental Health settings – either in area or out of area).

- Younger adults from the Learning Disability and general Mental Health user groups who are transitioning from children’s services into adult services, who would otherwise require a costly community placement in area or out of area.

- People with Learning Disabilities living out of area in a community placement as well as a Mental Health setting.

- Older Adults within the general Adult Mental Health service user group will not be targeted as potential service users for shared lives expansion in the first phase. This may happen in the future as this could be a viable alternative for some people.

Irrespective of whether we secure additional resources from the life chances fund, shared lives is something that the Council is committed to developing further in the long term. However in the absence of additional funding, the Council would need to clearly define the scope of the initiative’s development, in line with a) the demand for the service(s) b) the availability of Shared Lives placements c) the availability of financial resources.

**Direction and potential opportunities:**

This is a priority area for the Council. We will communicate with the market as and when there are any developments pertaining to Shared Lives services moving forward.

**Adult Mental Health**

**Common Mental Health disorders**

Common Mental Health disorders comprise different types of depression and anxiety. They can cause marked emotional stress and interfere with daily function, but don’t normally affect insight or cognition.

Although usually less disabling than severe mental illnesses, their higher prevalence means that the cumulative cost of common mental disorders to society is great. Many people experience more than one common Mental Health disorder.
The psychiatric morbidity survey assesses six types of common mental disorder: depression, generalised anxiety disorder, panic disorder, phobias, obsessive compulsive disorder and other common mental disorders otherwise not stated.

Data from the Adult Psychiatric Morbidity survey (2014) estimated that there are approximately 46,112 people in Cheshire West and Chester who experience any common Mental Health disorder. 63 per cent of those experiencing common Mental Health disorders are female and 37 per cent male. Estimated numbers peak in both males and females between the ages of 45-54. Prevalence is highest in females aged between 16-24, with 28 per cent of this group estimated to experience any common Mental Health disorder.

Chart showing the prevalence of common Mental Health disorders – any common Mental Health disorder. Source: Adult Psychiatric Morbidity Survey 2014.

<table>
<thead>
<tr>
<th>Prev. rate of common Mental Health disorders - any common mental health disorder</th>
<th>Males</th>
<th>Females</th>
<th>All adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-24</td>
<td>25-34</td>
<td>35-55</td>
<td>45-54</td>
</tr>
<tr>
<td>Male</td>
<td>10</td>
<td>17.4</td>
<td>16.3</td>
</tr>
<tr>
<td>Female</td>
<td>28.2</td>
<td>20.7</td>
<td>22.3</td>
</tr>
<tr>
<td>All Persons</td>
<td>18.9</td>
<td>19</td>
<td>19.3</td>
</tr>
</tbody>
</table>

Table showing the prevalence of common Mental Health disorders – any common Mental Health disorder. Source: Adult Psychiatric Morbidity Survey 2014.

Over a third (37 per cent) of adults with a common Mental Health disorder, such as anxiety or depression reported current use of Mental Health treatment in 2014, an increase from those who reported this in 2000 and 2007 (24 per cent). This was largely due to increases in reported use of psychotropic medication and amongst those with more severe common mental disorders there was increased use of psychological therapies. Since 2007 people with common mental disorders are more likely to b) use community services and b) discuss their Mental Health with a general practitioner.
People living alone, those in poor physical health and unemployed are most at risk of experiencing common mental disorders. Economic deprivation tends to increase the duration of episodes of common mental disorders, it is not clear whether or not this can cause the onset of an episode. Debt and financial strain are associated with depression and anxiety, and increasing the evidence suggests a causal association.

Young women have emerged as a high risk group, with high rates of common mental disorder, self-harm and positive screens for post-traumatic stress disorder and bipolar disorder. The gap between young women and young men has increased.

In 2014 one in five 16-24 year old women reported having self-harmed at some point in their lives, when asked face to face, and one in four reported in the self-completion survey. Most of the young people who reported self-harming did not seek professional help afterwards.

In terms of the national picture:

- Increases in rates of common Mental Health disorders (CMD) symptoms were most pronounced in young women aged 16-24 and 55-64 (5.5 per cent to 9.3 per cent) and for men aged 55-64 (from 5.7 per cent to 9.1 per cent).

- Overall, rates of common mental disorders in all people aged 16-64 has increased from 14.1 per cent in 1993 to 17.5 per cent in 2014

**Common Mental Health disorders not otherwise stated**

These disorders have the highest prevalence rates of all common Mental Health disorders, amongst both males and females. In Cheshire West and Chester, there are estimated to be 21,113 people experiencing common Mental Health disorders not otherwise stated, 64 per cent of these people are female and 36 per cent are male.

The largest estimated numbers of males in Cheshire West and Chester are in the 25-34 age group, where 1,446 people are expected to have common Mental Health disorders – not otherwise stated. In Cheshire West and Chester prevalence is estimated to peak at 3,049 in females aged 45-54 experiencing common Mental Health disorders – not otherwise stated.

![Chart showing the prevalence of common Mental Health disorders – not otherwise stated. Source: Adult Psychiatric Morbidity Survey 2014](image-url)
Prevalence of common Mental Health disorders - Not otherwise stated (percentage)

<table>
<thead>
<tr>
<th></th>
<th>16-24</th>
<th>25-34</th>
<th>35-55</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75+</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td>5.6</td>
<td>7.9</td>
<td>6.1</td>
<td>5.6</td>
<td>6.8</td>
<td>3.5</td>
<td>3.8</td>
<td>5.8</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>11.3</td>
<td>10.2</td>
<td>10.3</td>
<td>11.8</td>
<td>9.4</td>
<td>6.9</td>
<td>5.7</td>
<td>9.6</td>
</tr>
<tr>
<td><strong>All Persons</strong></td>
<td>8.4</td>
<td>9.1</td>
<td>8.2</td>
<td>8.7</td>
<td>8.1</td>
<td>5.2</td>
<td>4.9</td>
<td>7.8</td>
</tr>
</tbody>
</table>

Table showing the prevalence of common Mental Health disorders – not otherwise stated. Source: Adult Psychiatric Morbidity Survey 2014.

**People experiencing psychotic disorders**

Psychotic disorders produce disturbances in thinking and perception severe enough to distort perception of reality. Symptoms include auditory hallucinations, delusional beliefs and disorganised thinking. These may be accompanied by unusual or bizarre behaviour and difficulties with social interaction and activities of daily living.

Despite being relatively uncommon, psychotic illness results in high costs in service provision and to society. In Cheshire West and Chester there are an estimated 1,409 people experiencing psychotic disorders, 582 (41 per cent) males and 827 (59 per cent) females.

The highest numbers are found across Cheshire in the 35-44 year age group in both genders. There are estimated to be nearly three times as many females aged 25-34 experiencing psychotic disorders across Cheshire than compared to males.

![Chart showing the prevalence of psychotic disorder in the last year. Source: Adult Psychiatric Morbidity Survey 2014.](chart.png)
Evidence shows that people with severe mental illnesses die between 15-20 years earlier than the average. Causes of premature death are mainly from chronic physical conditions such as coronary heart disease, type 2 diabetes and respiratory disease. All associated with external risk factors such as obesity, smoking and high blood pressure, and also the side effects of psychiatric medication.

Social care commissioned services and usage

We commission a number of support services for people who experience Mental Health conditions and are deemed eligible under the Care Act eligibility framework.

In 2017/2018 we are forecasted to spend approximately £4.4 million (gross) on Adult Social Care Services for people with Mental Health conditions. This is spent on services delivered by the Council and also the independent and charitable sectors.

We commission services such as (non-exhaustive):

In-house Council run services

- Day services
- Outreach services
- Step down services

Independent sector services

- Domiciliary care
- Supported living services
- Residential or nursing services
- Respite/short breaks services
- Outreach services

The demand for social care related support has dramatically increased over the last two financial years, and we are continuing to see a marked rise. Factors may include:

- Better awareness and diagnostic practices amongst professionals.
- Increased opportunities for joint working and the integration of operational teams across health and social care.
- Increased access to NHS Mental Health services, subsequently resulting in higher referrals to social care.

There is forecasted to be approximately 434 people in receipt of a social care package either fully or part funded by the Local Authority by the end of March 2018, compared to 313 people in March 2015, 373 in March 2016 and 436 in March 2017 (which represents a similar number). This represents a 38.7 per cent total increase in clients over a three year period since 2015.

As part of our overall Adult Mental Health expenditure, the Council funds a significant proportion of care packages via the independent sector and services delivered by Council run “in-house” Mental Health services. The forecasted spend by the end of March 2018 will be approximately £4.416 million, compared to approximately £3.562 million in March 2016. This represents an increase of
almost £854,000 thousand pounds or a 23.9 per cent increase in gross spend over the last two financial years.

**Service users in receipt of a package of care from the Local Authority**

(Independent sector and in-house Council service packages)

(Some packages may also have other funding arrangements – e.g. joint health funding that is not included in these totals)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients</td>
<td>313</td>
<td>373</td>
<td>436</td>
<td>434</td>
</tr>
<tr>
<td>Costs (millions)</td>
<td>£4,228,243</td>
<td>£3,562,996</td>
<td>£4,085,058</td>
<td>£4,416,595</td>
</tr>
</tbody>
</table>

Source: Cheshire West and Chester Council, Finance Services, Peoples Department

In addition to people who are in receipt of a package of care, the demand for statutory social care assessments is on the rise. In March 2015, in addition to those known to services and in receipt of a care package, only seven (7) other people were referred to Adult Social Care and were deemed not to have an eligible need under fair access to services criteria. This has increased to 144 people in March 2017. This represents an increase of almost 1,957 per cent, in terms of people being either screened out or fully assessed and deemed not eligible for services.

One of the reasons for the significant increase may include the introduction of the Care Act, and the subsequent awareness that has been raised since the introduction of the Act (for service users and Carers). Nevertheless this presents a significant demand on the Council's resources.

**Number of customers with Mental Health conditions who didn't meet the service criteria:**

<table>
<thead>
<tr>
<th>Numbers of people referred to social care with Mental Health conditions, but did not meet statutory service criteria*</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>83</td>
<td>144</td>
</tr>
</tbody>
</table>

**Early intervention and prevention**

As of October 2017, the Council has invested an additional £50,000 into early intervention and prevention services for Adult Mental Health provision (bringing this investment to almost £100,000). We have increased our investment to enhance services for people with Mental Health conditions, in order to ensure that there is a more proportionate offer across the borough (including more hard to reach areas). Services include (non-exhaustive)

- Peer support and self-help services
- Social groups and circles of support
- Opportunities for physical activity
- Supporting people into employment
Younger adults

We currently support thirteen younger adults aged 18-25 who are currently in receipt of a social care package. Adult commissioners are working with colleagues from children and young people’s services to better understand the needs of younger people entering adulthood. This is to ensure that we can identify people as early as possible and offer the necessary support to prevent or reduce the opportunity of deterioration in their needs and circumstances.

Commissioning strategy

Council officers will engage with other key stakeholders (e.g. Clinical Commissioning Groups) across 2018 and 2019, with the aim of developing a commissioning strategy relating to Adult Mental Health. This will detail our short, medium and long term commissioning intentions and priorities moving forward.

Mental Health Partnership Board

The Mental Health Partnership Board commenced in July 2017. This Board replaces the former Mental Health reference group. The Mental Health Partnership Board is a coming together all the local leaders in Mental Health, together with third sector colleagues, as well as service user and Carer representatives, to lead on the implementation of the Five Year Forward Plan for Mental Health. The Board is currently chaired by the Associate Director or Patient and Carer Experience from Cheshire and Wirral Partnership NHS Foundation Trust and the Chair of Chester Plus which is a user led/peer support service based within Chester.

Some of the key aims of the Board include:
- To ensure that all stakeholders are engaged with the process of implementing improvements across Mental Health and wellbeing services.
- To ensure that plans and strategies lead to action.
- To ensure that timescales are agreed and reported against.

People who reside out of area

The Council and local Clinical Commissioning Groups commission packages of care for a number of people who reside outside of the borough. This can be due to a number of factors such as the individual being in hospital, or because there are limited services available locally in order to meet the individual (s) needs. As part of the future commissioning strategy, the needs of this complex client group will be explored and considered.
Direction and potential opportunities:

We would welcome basic conversations with providers at this stage regarding:

- Provision that offers flexible models of care and support, which reflects the diversity of the client group concerned. We are moving away from “fixed support structures (hours)”, which can be rigid and inflexible. This is to ensure that we align with the principles encompassed within national agenda’s and government directives including personalisation, increasing the uptake of direct payments/personal health budgets, and the five year forward view for mental health. We need care and support providers to offer flexible care, which is reflective of peoples changing needs.

- Innovative technology or digital solutions to support people with mental health conditions to help bolster our “front – door” offer, and to help better manage demand in terms of the numbers of people accessing social care assessments for example.

- We would be interested in basic discussions, around what local, robust and community based models of care for people with complex needs might look like (e.g. people being discharged from long term care and support settings, people with complex forensic histories, people involved with criminal justice services).

- Although we have adequate capacity in terms of our commissioned early intervention and prevention contract, we always welcome conversations with providers regarding low level services that can support demand reduction across primary, secondary and social care services, whilst keeping people safe and well in the community.

As part of our future approach, the Council aims to develop a commissioning strategy for Adult Mental Health (in conjunction with other key stakeholders), which will explore areas such as (non-exhaustive):

- Crisis Care (including admission avoidance initiatives, including safe alternatives to acute admissions).
- Working with strategic housing services around the housing needs assessment for people with Mental Health conditions.
- We will communicate with the market regarding our more specific needs once this work has been concluded.

Learning Disability and people with needs identified on the Autistic spectrum

Our vision

People with Learning Disabilities and Autism want to live their everyday lives as part of their communities and this can be achieved with the right care and support tailored around individuals.

To achieve this we will reflect the following principles:

- **Prevention and independence**: to support individuals to maintain their independence through activities within the community with the right level of care and support.
- **Equitable outcomes**: whatever the person’s age or diagnosis to achieve aspirations, goals and priorities defined by individuals.
- **Quality of life**: people are treated with dignity and respect with personalised care and support.
- **Keeping people safe**: people supported to take positive risks whilst they are protected.
Choice and control: people are experts in their own lives and services will 'work with' people rather than a 'doing to' approach.

Support and interventions: are delivered in the least restrictive manner ensuring individuals are kept as safe as possible.

Key national, local priorities and legislation

The Council is committed to the following local and national initiatives:

- The Transforming Care Programme’ which is underpinned by the principles set out in ‘Building the Right Support’ a national plan to develop community services and reduce the number of inpatient facilities for people with a Learning Disability and/or Autism who display behaviour that challenges - including those with a Mental Health condition.

- The ‘Think Autism strategy (2014)’ builds on rather than replaces the themes in ‘Fulfilling and Rewarding Lives (2010)’ with the emphasis on making a big difference to the lives, services and support for adults with Autism.

- The Council's strategic commissioning plan ‘Seamless Care Closer to Home’

- The ‘West Cheshire Offer’.

- The Care Act 2014

- Anticipated housing benefit reforms commencing from 2019/2020

Key Priorities and developments across both Learning Disability and Autism services

- Early intervention and prevention services - The new early intervention and prevention (EIP) commissioning model was introduced in October 2017, The model focuses on the development of new community based services, which is aimed at maintaining people to stay well in the community, thus reducing the chance of people entering high cost health and social care services. £75,000 has been invested to support early intervention and prevention services for people with Learning Disabilities and Autism in 2017/2018.

- Supported employment –The Council has secured funds via the Department of Work and Pensions, to develop an eighteen month supported employment pilot for adults with a Learning Disability, Autism and Mental Health conditions. The Council has match funded this pilot. Subsequently this results in a combined resource of approximately £192,000 to deliver the project.

- Assistive Technology – In 2015/16 there were 38 customers with a Learning Disability using assistive technology and this increased in 2016/17 to 71 customers. The Council will continue to encourage the use of assistive technology, in order to support people to be as independent as possible within the community.

- Transition services - A key area of service development is around transitions from children’s services to adult services, in order to prevent young people entering costly services and to remain independent within their local communities. As part of this development the Council has submitted a bid to the life chances government fund to expand the current local Shared Lives provision.
Current Learning Disabilities provider framework – The current framework agreement expires on the 30th September 2018 (with an option for a further period of extension). Within the new service model, there will be a particular focus around specific ‘lots’ (service section) for Autism, Learning Disability and general Adult Mental Health services within the framework. This will raise the profile of Autism, Learning Disability and Mental Health services, whilst also enabling commissioners, service users, Carers and providers to work closer together to develop services. In addition we also aim to commission this with other key stakeholders across the local footprint (e.g. local Clinical Commissioning Groups). We will also explore the testing/piloting of outcomes based commissioning methods within the future framework across Learning Disability, Autism and Mental Health services.

Suitable accommodation for local people – Working with our housing and health partners to deliver the Transforming Care programme, we will focus on a variety of supported housing solutions in order to meet people’s needs. This will enable a number of people to take the next step in their journey towards independent living.

Short breaks (also known as respite) – We will review the short breaks “respite” offer in 2018. The review will focus on service demand, requirements and models of care moving forward.

Commissioning strategy - Council officers will engage with other key stakeholders (e.g. Clinical Commissioning Groups) across 2018/2019, with the aim of developing a commissioning strategy relating to Learning Disability services. This will identify our commissioning intentions moving forward.

Learning Disability services

In 2017, around 6,280 adults (aged 18+) in Cheshire West and Chester are estimated to have a Learning Disability of some form, with around 1,290 having a moderate or severe Learning Disability. The number of adults with a Learning Disability is projected to increase to 6,500 by 2030.

In 2016/2017 there were approximately 1097 adults with a Learning Disability (approximation) supported by the Local Authority in Cheshire West and Chester. The number of people with Learning Disabilities requiring statutory services is generally increasing year on year, however is forecasted to stabilise in March 2018 with 1104 people forecasted to receive a service compared to 1097 twelve months earlier (March 2017).

There is also estimated to be a further 500 people who are identified as having a Learning Disability and are primarily supported by a family Carer or significant other.

Learning Disability clients and costs

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients</td>
<td>986</td>
<td>1,026</td>
<td>1,097</td>
<td>1,104</td>
</tr>
<tr>
<td>Cost, (£mil)</td>
<td>£38.0</td>
<td>£39.5</td>
<td>£42.0</td>
<td></td>
</tr>
<tr>
<td>Increase (percentage)</td>
<td>3.9 per cent</td>
<td>6.4 per cent</td>
<td>0.45 per cent</td>
<td></td>
</tr>
</tbody>
</table>
The Council is forecasted to spend a total of £42.0 million on Learning Disability and Autism services in 2017/2018.

As of January 2016, 7,317 pupils in Cheshire West and Chester were receiving some type of support for a special educational need. 40 per cent was for those with a Learning Disability (not including Autism). The estimated numbers of children transitioning to adult services is fluctuating and demand can be seen below.

<table>
<thead>
<tr>
<th>Transition estimated growth</th>
<th>16/17</th>
<th>17/18</th>
<th>Estimated 18/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children transitioning to adult services aged 18 years old (Learning Disability)</td>
<td>96</td>
<td>86</td>
<td>30 - 40</td>
</tr>
</tbody>
</table>

Transitions

- There were 96 people who transitioned from children’s’ to adult services in 2016/17.
- We are forecasting 86 people to transition from children’s’ to adults in 2017/18 of which 14 turned 18 last year but are only now presenting to adult services.
- It is likely that a number of the 86 people will not transition this year as 16 of them are already aged 18 but have yet to transition.
- There are a number of people that have already transitioned this year requiring less intensive support than they were initially assessed for, as the individuals are still receiving support from their families.

**What do people with a Learning Disability and Carers say?**

The Learning Disability Partnership Board is a strong partnership of service users, Carers, senior leaders/ managers, commissioners, health partners, Police colleagues and the Council’s Executive Portfolio Holder for Adult Social Care. The board works hard to promote and improve services for people with Learning Disabilities. The Learning Disability Partnership Board promotes three core initiatives, which includes the:

1. Stay up late’ campaign
2. Who will care after I am gone campaign
3. Improvements across the Council’s quality monitoring and assurance processes (aimed at social care providers)

The board also facilitated a Learning Disability summit, which was conducted in January 2016. Key themes that people with Learning Disabilities and their Carers felt strongly about included the need for:

- Increased co-production activities
- Appropriate accommodation
- Enhanced employment opportunities
- Improved respite services
- Improved health services for people with Learning Disabilities.
- Service users and Carers also commented that they aim to see greater personalisation of services, as well as services that are responsive to the needs of vulnerable people.

**What do current providers say about providing services?**

In February 2017 a survey was sent to providers who supply services from the current Learning Disability framework agreement, in order to gain their views, which will help shape the recommission of the current framework. There were a number of key messages received from providers including the following:

- “It seemingly provides a fair platform for all providers to respond to new business

- The Learning Disability framework provides a platform from which suitable providers can be sourced in order to meet individual needs and provide specialist services where required. The framework is also extremely person-centred, and ensures people being supported and their families are at the forefront of choosing the right services for them and their relatives and people they care for.”

Source: Provider Survey conducted by Strategic Commissioning services, 2017

A number of providers also commented on the rates of pay and the changes in the National Living Wage and the need to work with the Local Authority to find a solution. The Council is responding to this.

**The current state of supply in Learning Disability services**

**Framework commissioned services**

The current Learning Disability framework comprises of approximately 76 registered providers who supply a range of services. The estimated spend on services commissioned via the framework is approximately £28.2m for 2017/18.

Only 45-55 per cent of providers registered on the current framework are actively bidding for work. This amplifies the need to make positive changes to the existing framework.

**Current market issues**

- There is a shortage of providers that can provide good quality care and support for people with high level/complex needs. This area of the market needs to be stimulated.

- Approximately 45-55 per cent of our current registered framework providers are not bidding for care packages.

- There is a risk of the market being flooded with a number of housing developments/care and support services that may not meet people’s needs, nor provide cost effective solutions for the Council. We strongly encourage housing, care and support providers to communicate with Council commissioners and the Council’s housing strategy services prior to developing and/or investing in schemes and services.
Providers that develop services without having discussions with the Local Authority do so at their own risk. By developing or building services, does not necessarily guarantee that the Local Authority will use these facilities/services or fund care at levels that do not align with our fee structures.

**Direction and potential opportunities**

We would welcome basic conversations with providers at this stage around what innovative, good quality and cost effective solutions might look like in relation to the following groups:

- Services for people in transition from children’s services to adult services, who might need support around areas such as volunteering, employment and skill development.
- People who have a Learning Disability and Dementia. We are keen to establish what safe, effective and affordable services might broadly look like.
- Care and support for people that have complex needs (e.g. challenging behaviour, people who may exhibit chaotic presentations).

We would also welcome conversations regarding services that can reduce the reliance on high end social care services by improving the offer around community orientated initiatives such as youth clubs, book groups, and football clubs for example.

Council officers will engage with other key stakeholders across 2018/2019 to develop a commissioning strategy relating to Learning Disability services, which will focus on areas such as:

- The long term accommodation and support needs of people with Learning Disabilities and complex needs (e.g. apartments, bungalows, shared tenancies, shared lives adult placements) that are configured to deliver cost effectiveness, whilst maximising independence, choice, control and safety. We will communicate with the respective markets once this strategy has been produced.

**Market Development and Facilitation**

As part of continued market development and facilitation, the Council will:

- Re-introduce provider forums, working in partnership around service developments, sharing national best practice and working together to resolve service issues.
- Explore models and schemes aimed at incentivising providers that can evidence good outcomes for people as well as value for money – measured against specific indicators. This will be across the Learning Disability, Autism and Mental Health sectors respectively.

**Services for people with needs identified on the Autistic Spectrum**

Around 700,000 people in the UK are on the Autism spectrum. Together with their families, this means Autism is a part of daily life for 2.8 million people, many of whom have not yet been diagnosed. This means that roughly 11 people in every thousand have Autism (1.1 per cent of the
general population). It is estimated that 44-52 per cent of people with Autism also have a Learning Disability.

There is a lack of accurate data available about the numbers of adults with Autism. Although social care services hold some information, the figures are far lower than expected. This is something that the Council is working to address:

**Estimated prevalence of Autism Spectrum Disorder in 18-64 year olds**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Males</th>
<th>Females</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>270</td>
<td>42</td>
<td>312</td>
</tr>
<tr>
<td>25-34</td>
<td>370</td>
<td>56</td>
<td>426</td>
</tr>
<tr>
<td>35-44</td>
<td>390</td>
<td>63</td>
<td>453</td>
</tr>
<tr>
<td>45-54</td>
<td>488</td>
<td>77</td>
<td>564</td>
</tr>
<tr>
<td>55-64</td>
<td>416</td>
<td>65</td>
<td>480</td>
</tr>
<tr>
<td>18-64</td>
<td>1933</td>
<td>302</td>
<td>2235</td>
</tr>
</tbody>
</table>

**Cheshire West open referral records aged 15+**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>15-24y</th>
<th>25-34y</th>
<th>35-44y</th>
<th>45-54y</th>
<th>55-64y</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>87</td>
<td>37</td>
<td>20</td>
<td>12</td>
<td>15</td>
<td>118</td>
</tr>
<tr>
<td>Females</td>
<td>31</td>
<td>12</td>
<td>12</td>
<td>8</td>
<td>7</td>
<td>49</td>
</tr>
<tr>
<td>Total</td>
<td>118</td>
<td>49</td>
<td>32</td>
<td>20</td>
<td>22</td>
<td>241</td>
</tr>
</tbody>
</table>

Data source: All open referral records aged 15+ with an indicator of Autism or Asperger’s Syndrome within the Cheshire West and Chester Adult Social Care system (March 2016)

**Number of people with Autism aged 65 and over derived from national estimates**

<table>
<thead>
<tr>
<th>Aged 65 plus</th>
<th>Cheshire West</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 Estimates</td>
<td>Males</td>
</tr>
<tr>
<td></td>
<td>Females</td>
</tr>
<tr>
<td></td>
<td>Total</td>
</tr>
</tbody>
</table>

In terms of local data, we also aim to improve the identification of Autism in older adults aged 65+.

**Autism strategy group**

The Autism strategy group is a subgroup of the Learning Disability Partnership Board. This group is passionate and understands the importance of improving services for people with Autism. The group has members from multi-agencies, Carers and the National Autistic Society.

The Autism strategy group is aimed at improving the lives of adults with Autism by:

- Making sure that more people understand what Autism is.
- Making it easier for adults to get a diagnosis of Autism - a diagnosis is when a doctor tells someone that they have Autism.
- Making it easier for adults with Autism to choose how they live and get the help that they need to do this.
- Helping adults with Autism to find jobs.
What do people with Autism and Carers say?

Early intervention and prevention consultation workshops were conducted in April 2017. These workshops were attended by service users, Carers and professionals. Some of the comments from these sessions included that there are ‘gaps in service provision – son lives a nocturnal and reclusive lifestyle. Services are not aware of son’s existence as Autism falls between two areas (Learning Disability and Mental Health)’ and several people commented that they would ‘like a bit more help, to learn new skills to be more independent’ and ‘meet new people’.

Overview of the current supply base

There are a number of social care services available within the borough that support people with Autism (e.g. Supported Living, Day Services), however there is a shortage of Autism accredited providers within the borough. There is also a shortage of low level services for people with needs identified on the Autistic Spectrum, particularly people that have low level care and support needs or needs that do not trigger the Care Act threshold.

Direction and potential opportunities:

We would welcome structured conversations with the market around the following types of provision for people with needs identified on the Autistic Spectrum:

- Services within the borough for people with low level needs. Examples include outreach services to provide support to people with Autism and their families, to access local communities, pursue hobbies and recreational opportunities.

Council officers will be working with other key stakeholders across 2018/2019 to develop a commissioning strategy relating to Autism services, which will focus on areas such as:

- The accommodation and support needs of people with Autism and complex needs that are configured to deliver cost effectiveness, whilst maximising independence, choice, control and safety. We will communicate with the respective markets once this strategy has been produced.

- Accommodation for people with low level needs including needs that do not trigger the Care Act threshold.

Arrangement of care and support

(Formerly known as brokerage)

Context

The existing Arrangement of Care (formerly known as brokerage) contracts with the existing providers expire in March 2018. The new service will be commissioned for three years from April 2018 with the option to extend for a further two years. Therefore we have adequate capacity at this time.

The new service will be jointly commissioned with the six local Clinical Commissioning Groups (CCGs) to ensure that individuals receiving health and social care budgets can receive holistic packages which meet their ‘care’ needs rather than delineating between health and social care
needs. The six CCGs already commission a contract to carry out support planning and care arranging for Continuing Health Care (CHC) patients.

By pooling funding and jointly commissioning of the service it will enable us to support integration and maximise the volume of demand to the provider thus driving better value for money. Cheshire West and Chester Council will act as the lead commissioner on behalf of the CCGs, and West Cheshire CCG will act as the primary CCG partner who will coordinate the contract on behalf of the six CCGs.

**Service Delivery Model**

The newly commissioned service will offer a single point of access for the full range of customers regardless of age or need profile.

The performance monitoring and new service specification has been co-produced with existing service users, staff and care providers to ensure that the service is person-centred, outcome-focused and flexible to innovative models of support.

The new providers will work closely with the council’s new care purchasing hub that is responsible for sourcing care for local authority-funded individuals who are not in receipt of a direct payment. Together, the two services will take a proactive approach to engaging with the care providers and sourcing the best care for individuals. Care at home providers will be expected to work closely with the two services and trial innovative working practices or adopt national best practice over the contract period.

We also expect the service to:

- Explore the feasibility of delivering support planning; this would mean the providers will be responsible for drafting a care and support plan which meets the service user’s needs as identified in their health and/or social care assessment
- Ensure that customers, whether recipients of direct payments or self-funders, receive advice and support planning to make informed decisions about their care.
- Ensure that customers are supported to identify, purchase and manage services which best meet their care needs.
- Include more robust oversight and financial audit to avoid situations of over-expenditure or inappropriate use of direct payments.
- Work closely with care providers to source appropriate and innovative support packages for individuals.
- Develop a good understanding of local voluntary and third sector services available in the local community which could provide support or assistance. The council is keen to work closely with the new providers to identify and address any gaps in provision.

**Direction and potential opportunities:**

The existing Arrangement of Care (formerly known as brokerage) contracts with the existing providers expires in March 2018. The new service will be commissioned for three years from April 2018 with the option to extend for a further two years. Therefore we have adequate capacity at this time.
Appendix: How we do business with care providers, Procurement, contracts and quality monitoring

The Council requires all of its providers of social care to deliver high quality services that meet the assessed needs of individuals in a safe, personalised, and cost effective way, in line with their contract.

Contracts

The Council will have a contract in place for the delivery of each service.

Prior to agreeing any contract the provider would need to meet the required vetting standards for that service. This will generally include as a minimum evidence of appropriate registration, insurances, financial viability, experience, policies and procedures.

Contracts will generally include the description of the service, the applicable terms and conditions, the service specification, pricing details and period of the contract. Each contract will be signed by the Council and provider.

Each contract contains appropriate clauses relating to the range of actions that the Council can take should a provider fail to deliver the service to the required standard.

The default process links closely into quality monitoring and there is a method of escalating this should providers fail to take the actions necessary to achieve the required improvements. The ultimate sanction that the Council can take is to terminate its contract and this has been used before by the Council.

Quality

The Council assures itself of the quality of care through robust contract and quality monitoring which closely monitors the performance of providers through the use of contract monitoring, compliance with key performance indicators, quality monitoring visits, spot checks, and service user surveys.

The Council works closely and shares information with a number of statutory bodies including the regulator of care services, the Care Quality Commission (CQC) as well as the Care and Social Services Inspectorate Wales (CSSIW).

Contract monitoring includes checks on registration, insurance, the existence of required policies and procedures etc. are in place and in accordance with the contractual requirements throughout its life.

The Council is also in the process of piloting an initiative across the Learning Disability sector, which will explore the use of “experts by experience” (e.g. service users and Carers) to support the Council with our quality monitoring activities. We will closely monitor the outcomes in relation to this pilot.

How is provider quality measured in Cheshire West and Chester?

It is recognised both as a council and by providers that we all want a high quality care market to serve our residents, service users and their loved ones. The council adopts a partnership approach to quality assurance which aims to work with the provider market for mutual benefit.
Process of Reviewing Providers

Each home is visited periodically by a designated quality monitoring officer from the Contracts team. Monitoring of providers is a positive activity which aims to raise the quality of provision across Cheshire West and Chester.

Visits and reviews are also conducted by CCG Nursing colleagues, Healthwatch, CQC and also individual Social Workers are part of the statutory Care Act review process.

Providers that have issues highlighted via CQC, Safeguarding, other professionals or via the quality monitoring process are then visited more often and action plans put in place or a decision taken to place the provider in the Disruption/Failure process.

Multi-Agency Risk and Safeguarding Database (MARS)

This meeting considers the Multi-Agency Risk and Safeguarding Database (MARS). MARS is a database that pulls together several data sources to then risk rank providers. This risk ranking is then used to focus discussion and action during the joint quality meeting. The meeting is used to share intelligence and set common action with regard to individual providers and identify overarching themes.

Governance

Key risks and updates around care homes and providers are provided to the local safeguarding adult's board via the quality assurance sub-group. Issues in relation to nursing homes are reported to the NHS England quality surveillance group. The new disruption/failure policy has a requirement to report all disruption events and updates to the council's Directorate Management Team (DMT) meetings.

Health and social care disruption/failure policy

The Care Act 2014 (Sections 19, 48, 57) sets out statutory duties required of local authorities in relation to provider failure. This includes temporary duties in relation to service users, regardless of ordinary residence at the time of any failure.

The previous version of the disruption/failure policy was issued in April 2016 and has been used in a number of provider disruption situations since its implementation. A new policy, ratified in May 2017, includes learning from this experience and also fits into the wider market shaping and oversight duties within the Care Act.

The policy treats provider failure as a continuum, and outlines four levels of provider disruption/failure and the responses of the council and partners at each level. Experience tells us to expect failure to be a developing picture rather than a one-off event. The policy is designed to address this by working with providers at the earliest possible moment when problems become apparent and may accelerate to failure. However, whilst this is the primary methodology, the policy can also be utilised in one-off scenarios.

The disruption policy model

The diagram below shows the disruption policy model - the levels of disruption from level 1 to 4 and the indicators and policy responses associated with each level. Source: Health and Social Care Failure Disruption Policy 2017, Contracts and Quality Monitoring Team, CWaC.
INDICATORS

Level 0 - Normal operation
- Periodic Contract & Quality monitoring
- Monitoring Via MARS
- Joint Quality Meeting
- Low Level Safeguarding Monitoring

Level 1 - Low Disruption
- AS LEVEL 0, plus:
  - Quality Officer more regular visits
  - Liaise with health partners where appropriate
  - Noted on Risk & Intelligence Log

Level 2 - Disruption
- AS LEVEL 1, plus:
  - Provider notified as now in policy
  - Action Plan
  - Regular monitoring meetings (eg 2 weekly)

Level 3 - Failure
- AS LEVEL 2, plus:
  - Team Around Care Home multi agency approach
  - Action Plan
  - Weekly monitoring meetings

Level 4 - Total Failure
- AS LEVEL 3, plus:
  - Multi agency planning meetings
  - Whole sector response to moving of residents and service users

CQC Inadequate & representations
Significant ongoing Safeguarding Concerns
Consistent Performance issues eg Missed calls
Environment issues – eg decoration, fabric of building
Clinical Care issues
Change in registration pending

CQC Inadequate & enforcement
Imminent closure or significant reduction in service

No concerns or normal operational issues raised
CQC - Requires improvement
Fire Service improvement required
Trending Low level safeguarding issues
Change of leadership

POLICY RESPONSES
### Table showing the disruption policy model

<table>
<thead>
<tr>
<th>Level</th>
<th>Indicators</th>
<th>Policy response</th>
</tr>
</thead>
</table>
| **Level 0 – Normal operation** | No concerns or normal operational issues raised | ➢ Periodic Contract and Quality Monitoring  
➢ Monitoring via MARS  
➢ Joint Quality Meeting  
➢ Low-level safeguarding monitoring |
| **Level 1 – Low disruption** | ➢ Change of leadership  
➢ Trending low level safeguarding issues  
➢ Fire Service improvement required  
➢ CQC - Requires Improvement | As level 0, plus:  
➢ Quality Officer conducts more regular visits  
➢ Liaise with health partners where appropriate  
➢ Noted on risk and intelligence log |
| **Level 2 - Disruption** | ➢ CQC Inadequate  
➢ Safeguarding issues  
➢ Performance issues (e.g. missed calls)  
➢ Environment issues (e.g. decoration, fabric of building)  
➢ Clinical Care issues | As Level, 1 plus:  
➢ Provider notified as now in policy  
➢ Action Plan  
➢ Regular monitoring meetings (e.g. two-weekly) |
| **Level 3 - Failure** | ➢ CQC Inadequate and representations  
➢ Significant ongoing safeguarding concerns  
➢ Consistent performance issues (e.g. missed calls)  
➢ Significant financial issues  
➢ Change in registration pending | As level 2, plus:  
➢ Team around the care home (multi-agency approach)  
➢ Action Plan  
➢ Weekly monitoring meetings |
| **Level 4 – Total Failure** | ➢ CQC inadequate and enforcement  
➢ Imminent closure or significant reduction in service | As level 3, plus:  
➢ Multi-agency planning meetings  
➢ Whole sector response to moving residents and service users |

Source: Health and Social Care Failure Disruption Policy 2017, Contracts and Quality Monitoring Team, CWaC.
Quality of providers in Cheshire West and Chester

CQC Ratings – August 2017

All provider locations in Cheshire West and Chester

<table>
<thead>
<tr>
<th>Rating</th>
<th>Number of Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>95</td>
</tr>
<tr>
<td>Inadequate</td>
<td>5</td>
</tr>
<tr>
<td>Requires improvement</td>
<td>22</td>
</tr>
<tr>
<td>Outstanding</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>122</strong></td>
</tr>
</tbody>
</table>

Source: Care Quality Commission

Residential social care adults and Older People

<table>
<thead>
<tr>
<th>Rating</th>
<th>Number of Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>53</td>
</tr>
<tr>
<td>Inadequate</td>
<td>5</td>
</tr>
<tr>
<td>Requires improvement</td>
<td>14</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>72</strong></td>
</tr>
</tbody>
</table>
Source: Care Quality Commission

Community based Adult Social Care

<table>
<thead>
<tr>
<th>Rating</th>
<th>Number Of Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>36</td>
</tr>
<tr>
<td>Requires improvement</td>
<td>8</td>
</tr>
<tr>
<td>Grand Total</td>
<td>44</td>
</tr>
</tbody>
</table>

Source: Care Quality Commission

Providers in disruption policy

In period January – August 2017, a total of 8 providers were managed through levels of the disruption

Provider Closure

There were no provider closure events in the previous twelve months to August 2017

Targets and plans

In addition to what is already in place, there are a number of plans in place to deliver new quality monitoring and support for providers.

Quality monitoring

- Provider profiles that will bring together all of the data we hold and track and trend this by provider. This will be shared with providers in partnership.
- There will be a new provider performance dashboard.
- There will be more risk-response based quality monitoring schedules.

Provider support

- The Council will be facilitating a care home hub that will include a forum for providers that will offer training, development and networking opportunities.
- Team around the provider. There will be a multi-agency team and resources established to assist providers of residential/nursing care with professional support. This is also utilised as part of the disruption/failure policy.
Outstanding ratings

There are currently zero providers in the Adult Social Care sector currently rated as “Outstanding” by CQC. A target for Cheshire West and Chester is to work with our various provider sectors to increase this number.

Procurement

The Council aims to secure demonstrable value for money from the contracts we let, supporting delivery of innovative, cost effective and high quality services to our residents, meeting the highest standards of legal and procurement practice and undertaking such activities in the most efficient manner possible.

As a Local Authority, Cheshire West and Chester Council have a ‘duty of best value’ requirement to meet. Best value means local authorities must aim to continually improve the ‘economy’, ‘efficiency’ and ‘effectiveness’ of their services.

Cheshire West and Chester Council recognise that different models and approaches will be required for the very different and divergent services that the Council decides to commission. Where services are procured from the market there are a number of principles which should be embodied at all stages throughout the process in order to deliver best value:

Competition

Use of a degree of advertising appropriate to the scale and value of the contract to ensure we attract a proportionate number of suppliers and ensure that the Council is able to drive improvements in quality and reductions in cost.

Equal Treatment and Fairness

Suppliers should be treated in a fair and equal manner to enable them to bid on a level playing field, having access to the relevant and necessary information.

Transparency and Openness

Demonstrating that procurement processes are conducted in a way that is fair and transparent, with all relevant non-commercial information being shared openly and in a timely manner.

Value for Money

Balancing the appropriate degree of quality and scope of requirements with the whole-life cost of the goods services or works, to meet customer needs at an acceptable price.

On-going Commercial Management

Effective contract management processes are applied across the Council as appropriate.

Legal Framework

The Council and its representatives will conduct themselves in accordance with the relevant Procurement and competition laws.

When appropriate, the Council will test the market to ensure value for money. This is usually through a competitive tendering exercise. Such tenders will generally be via a portal called “The
CHEST", and details of such opportunities will be advertised appropriately. The CHEST can be found at the following - https://www.the-chest.org.uk.

There are also other fair and equitable methods that commissioners and practitioners use to commission care, such as the processes encompassed within the current Learning Disability framework (LDF) for example.

There are occasions where it is not appropriate for the Council to tender for services. In particular this may be when the Council wants to promote a mixed economy of care which allows service users to choose and personalise their own social care services (e.g. through a Direct Payment).

**Safeguarding**

All providers in Cheshire West and Chester must demonstrate commitment and adhere to Cheshire West and Chester's multi-agency safeguarding policies, procedures and good practice guidance.

The Provider will ensure that all staff members receive the appropriate level of safeguarding training that is consistent with the multi-agency approach. This training must be delivered in accordance with individual's job role and responsibilities.

The Provider must ensure that service users are kept safe from harm and ensure that their well-being is safeguarded by both the processes and staff within the service. This must be evidenced through a range of robust policies and procedures that minimise the potential for abuse, and embed understanding and responsibility throughout the organisation.

- There will be a mechanism for ensuring that all safeguarding alerts are recorded and reported.
- The provider will evidence that all staff have received safeguarding training.

The provider will identify line managers/supervisors within the organisation to which suspicion; allegation, observation or disclosure of abuse must be reported. Identified line managers/supervisors will comply with responsibilities as outlined in the multi-agency policies and procedures.

The provider will ensure all staff are aware that they have a duty to report any suspicions, allegations, observations or disclosures of abuse to the line manager within the required timescales and via the protocol within the multi-agency safeguarding policies and procedures of Cheshire West and Chester.

There should be provision to exclude known perpetrators of abuse from the workforce for example thorough effective recruitment and selection, supervision and disciplinary policies/procedures as well as disclosure and barring services checks.

The provider will ensure that there is a whistle-blowing policy in place and that this is communicated to all staff as a mandatory element of their induction. This policy will also be shared with those in receipt of the service provision.

The provider must participate in any safeguarding investigations as directed by the investigating officer. This can include attendance at strategy, planning and monitoring meetings for example.

The provider must demonstrate a proactive approach to safeguarding both adults and children. This will be evidenced through a range of robust policies and procedures that minimize the potential for abuse, and embed understanding and responsibility throughout.
For issues relating to safeguarding and/or Mental Capacity, please follow existing policies, procedures and processes outlined by Cheshire West and Chester Council.

The most recent safeguarding policy, procedures and guidance can be accessed via the following link https://westcheshirelsab.co.uk/professional-area/

For further information and advice please contact the Gateway Team by email or telephone via the contact details below.

Email: accesswest@cheshirewestandchester.gov.uk
Telephone: 0300 123 7034

Emergency out of office hours number

Use the telephone number and email address below from 5pm - 8.30am Monday - Thursday and from 4.30pm on Fridays until 8.30am and 24 hours weekends and bank holidays.

Telephone: 01244 977277
Email: emergencydutyteam@cheshirewestandchester.gov.uk

Alternatively call Cheshire Police: 0845 458 0000/01244 350000 (999 in an emergency)

There may be occasions when provider employees have concerns for the safety and wellbeing of a child or young person under the age of 18 years. These concerns must also be reported to line managers where an appropriate response can be made via children’s safeguarding processes.

If you have concerns about a child’s welfare, or feel that they may be being abused or neglected, please call the Integrated Access and Referral Team (i-ART) or the Emergency Duty Team (EDT) for help and advice.

**Telephone:** i-ART - 0300 123 7047
The team can be contacted 8.30am to 5pm from Monday to Thursday and 8.30am – 4.30pm on Friday.

**Emergency out of office hours number**

Use the telephone number and email address below from 5pm - 8.30am Monday - Thursday and from 4.30pm on Fridays until 8.30am and 24 hours weekends and bank holidays.

Telephone: 01244 977277
Email: emergencydutyteam@cheshirewestandchester.gov.uk

Alternatively call Cheshire Police: 0845 458 0000/01244 350000 (999 in an emergency)

For general information regarding safeguarding children within Cheshire West and Chester please visit: https://www.cheshirewestlscb.org.uk/

**Analysis of Customer Feedback**

It remains of paramount importance that Cheshire West and Chester Council continues to commission good quality services across the borough. We are committed to engaging with people and use the information we receive to help shape services for the local population.
We do this by engaging with people through a number of mechanisms including:

- The “Personal Social Services Adult Social Care survey” in England, which is an annual survey that seeks to learn more about how effectively services are helping service users to live safely and independently in their own homes, and the impact of services on their quality of life.

- The “Personal Social Services Survey of Adult Carers” in England is a biennial survey providing the thoughts and opinions of Carers on a number of topics that are considered to be indicative of a balanced life alongside their caring role.

- Engagement, consultation and co-production sessions, pertinent to each specific area of development. Recent examples include the consultation surrounding Public Health provision, homelessness provision and the early intervention and prevention re-tender.

- Partnership boards and forums (for example the Learning Disability Partnership Board and Mental Health Partnership Board).

Useful Information

Market Position Statement Database – Access to Local Authority Market Position Statements across England

https://ipc.brookes.ac.uk/what-we-do/market-shaping/market-position-statement-database.html

Cheshire West and Chester Council main website

https://www.cheshirewestandchester.gov.uk/Home.aspx

West Cheshire CCG website

https://www.westcheshireccg.nhs.uk/

Vale Royal CCG website

http://www.valeroyalccg.nhs.uk/

Care Quality Commission website

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

Care and Social Services Inspectorate Wales website

http://cssiw.org.uk/splash?orig=/

Cheshire West and Chester Local Safeguarding Adults Board website

https://westcheshirelsab.co.uk/professional-area/

Cheshire West and Chester Local Safeguarding Children Board website

https://www.cheshirewestlscb.org.uk/

West Cheshire Local Offer
Cheshire Constabulary
https://www.cheshire.police.uk/

Cheshire and Wirral Partnership NHS Foundation Trust
http://www.cwp.nhs.uk/

Countess of Chester NHS Foundation Trust
http://www.coch.nhs.uk/

The Care Act Fact Sheets

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

Local Healthwatch
http://www.healthwatchcwac.org.uk/

West Cheshire Local Offer
http://www.westcheshirelocaloffer.co.uk/kb5/cheshirewestandchester/directory/home.page

Cheshire West and Chester Joint Strategic Needs Assessment

Key contacts

**Commissioning People Service** Tel: 0300 123 7034
Email – commissioningandcontracts@cheshirewestandchester.gov.uk

**Contracts and Quality Monitoring service** – Telephone: 0300 123 7034
Email – commissioningandcontracts@cheshirewestandchester.gov.uk

**Gateway Team**
Email: accesswest@cheshirewestandchester.gov.uk
Telephone: 0300 123 7034

**Emergency out of office hours number**
Use the telephone number and email address below from 5pm - 8.30am Monday - Thursday and from 4.30pm on Fridays until 8.30am and 24 hours weekends and bank holidays.
Telephone: 01244 977277
Email: emergencydutyteam@cheshirewestandchester.gov.uk
**Document revision history**

<table>
<thead>
<tr>
<th>Which chapter/section(s) have been revised</th>
<th>Officer in charge of revision</th>
<th>Director</th>
<th>Department</th>
<th>Date of approval</th>
<th>Approver (Which Group or Director has approved the changes/amendments)</th>
<th>What is the revised version number of the document</th>
</tr>
</thead>
<tbody>
<tr>
<td>All chapters/sections</td>
<td>David Pye</td>
<td>Alistair Jefts</td>
<td>People (Strategic Commissioning)</td>
<td>22 February 2018</td>
<td>Cheshire West and Chester Council - Adults Directorate Management Team</td>
<td>v.1.5</td>
</tr>
</tbody>
</table>

**Accessing Cheshire West and Chester Council information and services.**

Council information is also available in Audio, Braille, Large Print or other formats. If you would like a copy in a different format, in another language or require a BSL interpreter, please email us at: equalities@cheshirewestandchester.gov.uk

**Telephone:** 0300 123 8 123  
**Textphone:**  18001 01606 275757  
**Email:** equalities@cheshirewestandchester.gov.uk