



***Eastern Cheshire  
Clinical Commissioning Group***



***South Cheshire  
Clinical Commissioning Group***

# **Cheshire East Health and Wellbeing Board**

## **Agenda**

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<b>Date:</b>	<b>Tuesday, 25th July, 2017</b>
<b>Time:</b>	<b>2.00 pm</b>
<b>Venue:</b>	<b>Committee Suite 1,2 &amp; 3, Westfields, Middlewich Road, Sandbach CW11 1HZ</b>

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The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

### **PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT**

**1. Apologies for Absence**

**2. Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

**3. Minutes of Previous meeting (Pages 3 - 8)**

To approve the minutes of the meeting held on 30 May 2017.

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For requests for further information

**Contact:** Julie North

**Tel:** 01270 686460

**E-Mail:** [julie.north@cheshireeast.gov.uk](mailto:julie.north@cheshireeast.gov.uk) with any apologies

4. **Public Speaking Time/Open Session**

In accordance with Procedure Rules Nos.11 and 35 a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the body in question. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

Members of the public wishing to ask a question at the meeting should provide at least three clear working days' notice in writing and should include the question with that notice. This will enable an informed answer to be given.

5. **Local Safeguarding Adults Board Annual Report** (Pages 9 - 32)

To note the Safeguarding Adults Board's Annual Report.

6. **Working Together - An Integrated Health and Care System for Cheshire** (Pages 33 - 44)

To consider the recommendations as set out in the report.

7. **People Live Well for Longer (Adult Social Care and Public Health Three Year) Commissioning Plan** (Pages 45 - 116)

To consider the recommendation, as set out in the report.

8. **Better Care Fund** (Pages 117 - 162)

To consider the recommendations, as set out in the reports.

9. **Adult Social Care Precept Report** (Pages 163 - 166)

To consider the recommendation, as set out in the report.

10. **Seasonal Flu Vaccination for Front Line Social Care Workers** (Pages 167 - 172)

To consider the recommendation, as set out in the report.

## **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**  
held on Tuesday, 30th May, 2017 at Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

### **PRESENT**

#### **Voting**

Councillor Rachel Bailey, Cheshire East Council  
Councillor Janet Clowes, Cheshire East Council  
Councillor George Hayes, Cheshire East Council  
Mark Palethorpe, Acting Executive Director of People, Cheshire East Council  
Linda Couchman, Cheshire East Council  
Jerry Hawker, Eastern Cheshire Clinical Commissioning Group  
Dr Andrew Wilson, South Cheshire Clinical Commissioning Group  
John Wilbraham, Independent NHS representative (Substitute)  
Laura Smith, Healthwatch (Substitute)

#### **Non-Voting:**

Fiona Reynolds, Director of Public Health, Cheshire East Council

#### **Observers:**

Councillor Laura Jeuda, Cheshire East Council  
Councillor Liz Wardlaw, Cheshire East Council

#### **Cheshire East Officers/others in attendance:**

Nigel Moorhouse, Director of Children's Social Care  
Nichola Glover-Edge, Director of Commissioning  
Guy Kilminster, Corporate Manager Health Improvement, Cheshire East Council  
Jonathan Potter - Head of Service, Preventative Services, Cheshire East Council  
Paul Mountford, Executive Democratic Services Officer, Cheshire East Council

#### **Councillors in Attendance:**

Councillor Paul Bates, Cheshire East Council

### **1 APPOINTMENT OF CHAIRMAN**

#### **RESOLVED**

That Councillor Rachel Bailey be appointed Chairman for the 2017/18 municipal year.

**2 APPOINTMENT OF VICE-CHAIRMAN**

**RESOLVED**

That Dr Paul Bowen be appointed Vice-Chairman for the 2017/18 municipal year.

The Chairman thanked the outgoing Vice-Chairman, Dr Andrew Wilson.

**3 INTRODUCTIONS, WELCOME AND APOLOGIES**

Everyone present introduced themselves.

Apologies for absence had been received from Simon Whitehouse, Dr Paul Bowen, Louise Barry, Tracy Bullock, Tom Knight, Kath O'Dwyer and Councillor Stewart Gardiner.

The Chairman placed on record her thanks to Councillors Paul Bates and Liz Durham for their contribution to the work of the Board. She welcomed Councillors George Hayes and Liz Wardlaw.

**4 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**5 MINUTES OF PREVIOUS MEETING**

**RESOLVED**

That the minutes of the meeting held on 28<sup>th</sup> March 2017 be approved as a correct record.

**6 PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public wishing to speak.

**7 EVALUATION OF THE PILOT PHASE OF THE EMOTIONALLY HEALTHY SCHOOLS PROJECT**

The Board considered the evaluation of the pilot phase of the Emotionally Healthy Schools Project. The objective of the evaluation was to assess the impact of the Project against its intended outcomes.

The evaluation had been carried out by the University of Salford CYP@Salford research group. A presentation on the evaluation and its findings was given by the Principal Investigator of the research group, Celeste Foster.

An important finding of the evaluation was that the schools involved with the pilot phase were already doing a good job in supporting emotional

health and wellbeing. Any changes as a result of the pilot were therefore likely to be minimal. However, there were a number of distinct indicators of positive changes with all domains of wellbeing showing improvement.

Whilst overall the evaluation gave a positive picture, the Board noted the relatively low level of staff participation in the pilot and a difference in perception between staff and pupils regarding the issue of bullying which was a significant concern among pupils. The Board also considered the need to involve less engaged schools in the project.

Celeste Foster was thanked for her presentation.

### **RESOLVED**

That the findings of the evaluation be noted and the continuation of the project and the rollout of Phase 2 be supported.

#### **8 CHILDREN'S IMPROVEMENT PLAN, IMPROVEMENT PLAN PROGRESS REPORT AND IMPROVEMENT PLAN SCORECARD**

The Board considered the Children's Improvement Plan for 2017-18 and progress against the current Improvement Plan.

The Plan aimed to improve the outcomes of the most vulnerable children and young people in Cheshire East through improving the quality of children's social care services. This year, there would be a change in the way that services were delivered to put the needs of children and young people at the heart of the service and to support families to develop long lasting, sustainable solutions. The quality assurance process would be aligned to the Signs of Safety approach. A campaign for change across the partnership would be implemented to develop a shared culture and ambition for children and young people in Cheshire East. Progress would be assessed through audit reports, feedback from children, young people, parents and carers, staff and partners.

The Board considered the quarter 3 progress report which showed that service improvements had resulted in better quality services and improved decision-making. Significant improvements included an increase in good quality practice, more evidence-based decision-making and smarter child protection plans. The social work workforce had stabilised, and two experienced child protection managers had been appointed to the Child in Need Protection Team in Crewe. A number of key areas for improvement had been identified.

### **RESOLVED**

That the Children's Improvement Plan for 2017-18 and the 3<sup>rd</sup> Quarter progress report be noted.

**9 BETTER CARE FUND 3RD QUARTER REPORT 2016 - 2017**

The Board considered the 3<sup>rd</sup> Quarter report for the Better Care Fund.

The report provided a summary of the key points arising from the return, and recommended next steps to improve performance within the Cheshire East health and social care system. The report looked in turn at income and expenditure, metrics and next steps.

The draft guidance for the Integration and Better Care Fund planning requirements for 2017-19 had been published but had not been finalised by NHS England and the LGA as at 11<sup>th</sup> May 2017. Key changes to the policy framework since 2016-17 included a requirement for plans to be developed for a two-year period instead of one; and the number of national conditions which local areas would need to meet through the planning process in order to access funding had been reduced from eight to four. It was likely that a report on the new plan would be considered by the Board in September.

It was proposed that future reports would include key performance indicators and would be restructured in a way which was more compatible with overview and scrutiny requirements.

**RESOLVED**

That

1. the contents of the Better Care Fund 3<sup>rd</sup> Quarter report be noted; and
2. the introduction of the Improved Better Care Fund forthcoming requirements of the 2017-19 plan be noted.

**10 CAPPED EXPENDITURE PROGRAMME**

Jerry Hawker referred to a public document called 'Next Steps on the NHS Five Year Forward View' and to plans to cap expenditure on health services within the Cheshire East footprint.

Eastern Cheshire CCG was required to make £24.6M of savings in 2017/18. £15M of savings were already included in expenditure plans, leaving £9.6M further savings to be made. The CCG would be putting options to NHS England the day after the Board's meeting. It may be necessary to make some difficult choices about accessibility and convenience of services. South Cheshire CCG was facing similar challenges.

Dr Andrew Wilson commented that this was a significant financial discipline and a change of approach.

Mark Palethorpe advised that the proposed expenditure cap did not include social care but did include continuing health care. Overview and scrutiny would want to look at the implications of any significant service changes.

### **RESOLVED**

That the situation be noted and further developments be awaited.

## **11 PARTICIPATORY BUDGETING**

The Board considered a report on the findings from work to introduce participatory budgeting. The report was co-presented by Shelley Brough, Commissioning Manager, and Dan Coyne, Delivering Differently in Neighbourhoods Manager, Cheshire East Council.

Cheshire East Council's Public Health and Communities Teams had worked together to co-produce a local Participatory Budgeting model with communities which aimed to co-commission community-based early intervention and prevention activities to improve public health outcomes.

Participatory Budgeting directly engaged and empowered local people in making decisions on the spending priorities for a defined public budget. In Cheshire East the defined budget was £400,000 specifically for reduced health inequalities, improved public health outcomes and to support the development of sustainable Local Community Networks.

It was felt that Participatory Budgeting was an approach that could be developed further and from which important lessons could be learned.

### **RESOLVED**

That

1. the learning and evidence from the Participatory Budgeting project be used to inform the development of guidance toolkits and best practice for community-based commissioning across Cheshire East; and
2. commissioners recognise Participatory Budgeting as an option for future commissioning activities.

## **12 MEMBERSHIP REVIEW**

The Board considered proposals to appoint a number of additional associate non-voting members.

Paragraph 5.3 of the Board's terms of reference gave the Board authority to appoint non-voting associate members to the Board for one year subject to re-selection at the following Annual General Meeting.

The Board considered the appointment of individual representatives of the Police and Crime Commissioner's Office, the Cheshire Fire and Rescue Service and the CVS Cheshire East as non-voting associate members for a period of one year.

### **RESOLVED**

That in accordance with paragraph 5.3 of the Cheshire East Health and Wellbeing Board Terms of Reference, additional non-voting associate members of the Board be appointed for a period of one year (for review at the next AGM) from the following three organisations:

- The Cheshire Police and Crime Commissioner's Office
- The Cheshire Fire and Rescue Service
- CVS Cheshire East

The meeting commenced at 2.00 pm and concluded at 4.04 pm

Councillor Rachel Bailey (Chairman)



## CHESHIRE EAST HEALTH AND WELLBEING BOARD

## Reports Cover Sheet

<b>Title of Report:</b>	Safeguarding Adults Board's Annual Report
<b>Date of meeting:</b>	25 July
<b>Written by:</b>	Robert Templeton
<b>Contact details:</b>	<a href="mailto:Robert.templeton@cheshireeast.gov.uk">Robert.templeton@cheshireeast.gov.uk</a>
<b>Health &amp; Wellbeing Board Lead:</b>	

## Executive Summary

<b>Is this report for:</b>	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
<b>Why is the report being brought to the board?</b>	The Safeguarding Adults Board has a statutory duty to produce an annual report. The Annual Report is for information only but clearly sets out the work the Board carried out over the course of 2015/16.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input checked="" type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	There are no implications associated with the recommendations set out in this report; the Annual Report is for information only.		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	The Cheshire East Overview and Scrutiny Committee have considered the report.		

<b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b>	The report has been considered by the Service User reference group of the Cheshire East Safeguarding adults board
<b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b>	The report assures the board that local safeguarding arrangements are in place and partners act to safeguard adults at risk; the board has strategic oversight of adult safeguarding across the locality.

## REPORT TO: Health and Wellbeing Board

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**Date of Meeting:** 25<sup>th</sup> July 2017  
**Report of:** Safeguarding Adults Board  
**Subject/Title:** Safeguarding Adults Board's Annual Report

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### **1 Report Summary**

- 1.1 This report provides information on the work of the Safeguarding Adults Board over the course of 2015/16. The full annual report can be found in Annex A. Robert Templeton, the Independent Chair of the Safeguarding Adults Board will be in attendance at the meeting to present the report.

### **2 Recommendations**

- 2.1 The Board are asked to note the Safeguarding Adults Board's Annual Report.

### **3 Reasons for Recommendations**

- 3.1 To keep the Board apprised of the work of the Safeguarding Adults Board

### **4 Impact on Health and Wellbeing Strategy Priorities**

- 4.1 There are no implications associated with the recommendations set out in this report; the Annual Report is for information only.

### **5 Background and Options**

- 5.1 The Safeguarding Adults Board has a statutory duty to produce an annual report. The Annual Report is for information only but clearly sets out the work the Board carried out over the course of 2015/16.

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5.2 The 2016 – 2017 Safeguarding Adults Board Annual Report is now being drafted. The annual return data is only just being finalised but the Report will be available later in the Summer.

## **6 Access to Information**

6.1 The full report can be found at the Cheshire East Safeguarding Board Website: <http://www.stopadultabuse.org.uk>

### **Annex A – Safeguarding Adults Board’s Annual Report**

The background papers relating to this report can be inspected by contacting the report writer:

Name: Robert Templeton

Designation: Independent Chair

Tel No: 07887 995869

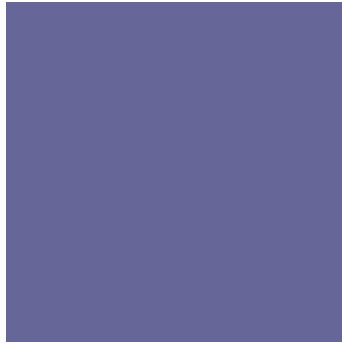
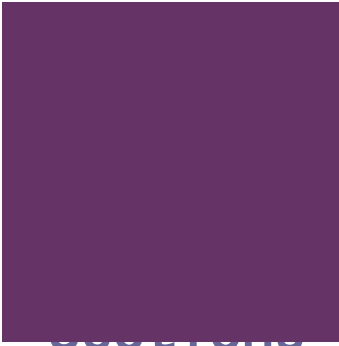
Email: [Robert.Templeton@cheshireeast.gov.uk](mailto:Robert.Templeton@cheshireeast.gov.uk)

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# Cheshire East Safeguarding Adults Board Annual Report 2015 - 2016





## Statement from the Chair Robert Templeton

Thank you for your interest in safeguarding adults in Cheshire East. As independent Chair of the Adult Safeguarding Board I am pleased to be introducing this Annual Report. This has been a challenging year for the partnership with all partner organisations experiencing significant challenges in this period of austerity. Nonetheless we have done everything we can to ensure we keep adults at risk as safe as possible.

One of our main areas of focus this year has been to make sure that we hear the voices of people who use safeguarding services. We wanted to make sure that they were included in safeguarding enquiries and their views were listened to. Most importantly we wanted to make sure those who used the service felt safer at the end of a safeguarding intervention. We have heard positive messages from the great majority of people we surveyed.

Nationally, Cheshire East has been identified as an area where we have made significant progress in involving people who use safeguarding processes but we recognise there is more that we can do and will continue to develop this area in the next year.

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# 1. Introduction

# Cheshire East Safeguarding Adults Board



Welcome to Cheshire East Safeguarding Adults Board (CESAB) annual report. This report describes the work that has been undertaken locally to protect adults at risk in Cheshire East. The purpose of the report is to share information on our achievements and future plans with our partners, those who use services and residents of Cheshire East. We are very proud of our achievements but know there is still a lot to do and we are committed to continuing our work to deliver great adult safeguarding services across Cheshire East.

Safeguarding means protecting adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent both the risks and experience of abuse or neglect, while at the same time making sure that the adult's well-being is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action (The Care Act 2014).

The CESAB became a statutory body with the implementation of the Care Act 2014 in April 2015. Our main objective is to ensure that local safeguarding arrangements are in place and partners act to safeguard adults at risk; the board has strategic oversight of adult safeguarding across the locality. 'Making Safeguarding Personal' is at the heart of the Cheshire East Safeguarding Adults Board, working with adults at risk of abuse, neglect or exploitation to ensure they are as safe as they want to be and are helped to make their own decisions.





## 2. Our Vision, Values and Principles

### Vision

People in Cheshire East have the right to live a life free from harm, where communities:

- Have a culture that does not tolerate abuse
- Work together to prevent abuse
- Know what to do when abuse happens.

### Values

Cheshire East Safeguarding Adults Board believes that:

- People have the right to live their lives free from neglect and abuse
- Safeguarding adults is the shared responsibility of all organisations and agencies commit to holding each other to account
- The individual, family and community should be at the heart of safeguarding practice
- High quality multi-agency working is essential to good safeguarding
- Adults have a right to take risks and that this will sometimes restrict our ability to act
- There should be transparency in delivering safeguarding
- There must be a commitment to continuous improvement and learning across the partnership

### Principles

The work of the Board is underpinned by the following principles:

- **Empowerment** - Personalisation and the presumption of person-led decisions and informed consent
- **Prevention** - It is better to take action before harm occurs
- **Proportionality** - Proportionate and least intrusive response appropriate to the risk presented
- **Protection** - Support and representation for those in greatest need
- **Partnership** - Local solutions through services working with their communities
- **Accountability** - Accountability and transparency in delivering safeguarding

### 3. Our Strategic Objectives 2015 - 2018

To seek assurance from partner agencies that there is effective leadership, partnership working and governance for safeguarding adults at risk.

To listen to people who have been subject to abuse or neglect, and to seek assurances that people are able to be supported in the way that they want, are empowered to make decisions, and can achieve the best outcomes.

To promote safeguarding adults among the general public, by raising awareness and promoting well-being with the aim of preventing abuse and neglect.

To be assured of the safety and wellbeing of anyone who has been subject to abuse or neglect, and that appropriate action has been taken against those responsible.

To identify and monitor the implementation of changes that prevent similar abuse or neglect happening to other people.



## 4. Safeguarding Activity

### Overview

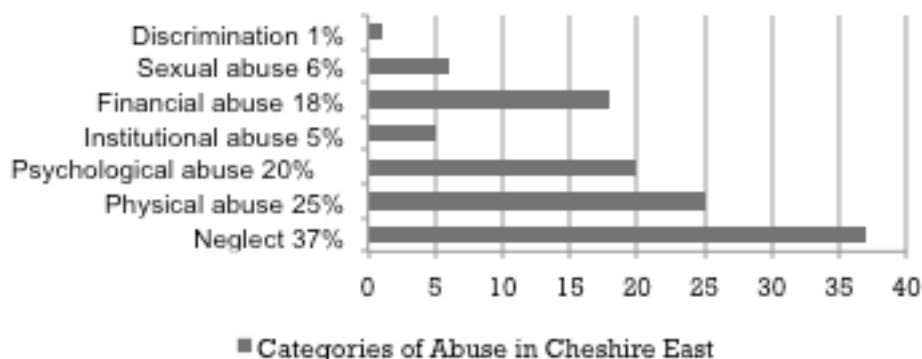
This section highlights some of the Safeguarding Adults activity in Cheshire East from 1<sup>st</sup> April 2015 - 31<sup>st</sup> March 2016. This was the first year that Adult Safeguarding was placed on a statutory footing under the Care Act 2014 marking a move from process led to a person centred and outcomes focused framework.

### Safeguarding Concerns

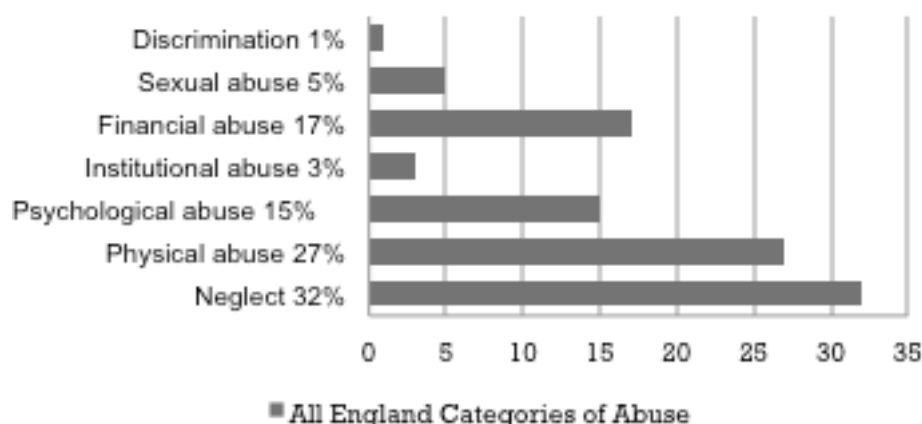
An adult safeguarding concern is any worry about an adult who has or appears to have care and support needs, that may be subject to, or may be at risk of, abuse and neglect and may be unable to protect themselves against this. There has been an average of 116 Safeguarding concerns raised each month. Concerns for the year total 1,388. Overall, 30% of cases were substantiated or partially substantiated. As in the previous year, health agencies or care providers and their staff sourced more than half of all safeguarding concerns.

### Categories of abuse

The cumulative categories of abuse during the year may also be represented as the following:



This compares to the following all England figures for 2015-16:



## 5. Safeguarding Adults Board Subgroups

The CESAB has eight subgroups that provide the route for the Board to carry out its work to meet its objectives. The groups consist of members from all the partner agencies and subgroup members are experts in the functions of the particular sub-group. A description of the work of each group and their priorities are listed below:

### Business Management Group (BMG)

Chair: Robert Templeton, Independent Chair

The BMG is made up of the three main statutory partners (Adult Social Care, NHS Clinical Commissioning Groups and Police) and the Chairs of the subgroups. The role of the BMG is to effectively manage the Board's business, co-ordinating the work programme and overseeing key business functions on behalf of the Board. The priorities for 2016 - 2017 are:

- To fulfil our requirements under The Care Act to help protect adults who have needs or are at risk of abuse or neglect.
- To be robust in holding staff, partner agencies and the CESAB subgroups to account.
- To be part of a wider network of partnerships to ensure safeguarding is understood and effective throughout Cheshire East.



### Safeguarding Adult Review Group

Chair: Kevin Bennett, Cheshire Police

The Safeguarding Adults Review Group is responsible for the commissioning and oversight of Safeguarding Adults Reviews (SARs). It also reviews the learning from other reviews such as Children's Serious Case Reviews and Domestic Homicide Reviews. The group approves action plans on behalf of the Board, monitors the implementation of Case Review Action Plans and reviews evidence that practice has changed and outcomes have improved as a result. The group's priorities for 2016 - 2017 are:

- Streamlining the Serious Incident Learning Process (SILP)
- Training for reviewers and facilitators of the SILP's
- Extended learning and management of the SILP's





## Community Awareness and Prevention

Chair: Karen Carsberg, Cheshire East Council



The Community Awareness and Prevention Group has oversight of the communication strategy, and advising the Board on emerging strategic issues; working with other key partners to actively promote awareness of abuse and agree preventative strategies. The group's priorities for 2016 - 2017 are:

- Raising public awareness through:
  - Attendance at appropriate events/activities to raise the awareness of Safeguarding
  - Redesigning of leaflets
- Raising the awareness of financial abuse and Rogue Traders through:
  - The production of case studies and an information guide
- Continue to enhance and update the website

## Performance and Quality Assurance Group

Chair: Andrea Hughes, Cheshire and Wirral Partnership Trust.



This group is responsible for measuring the Board's effectiveness through the use of a performance management framework to hold members to account. The group is developing mechanisms to share and analyse data and intelligence. The group's priorities for 2016 - 2017 are:

- To develop a range of tools and methodologies to support the implementation of an LSAB Performance and Quality Assurance Framework.
- To co-ordinate the implementation of the LSAB Organisational Safeguarding Audit Tool (self-assessment) and to collate findings in order to identify areas of generic learning to inform future planning and development.

## Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS) Group

Chair: Jackie Goodall, MCA & DoLS Practitioner NHS Eastern Cheshire CCG & NHS South CCG.



This group supports agencies in Cheshire East to improve the performance of their safeguarding and MCA/DoLS roles. The group's priorities for 2016 - 2017 are:

- User information
- Staff training
- DoLS in the community

### Learning and Development Group

Chair: Sheila Wood, Cheshire East Council.



The group has oversight of multi-agency learning and workforce development across Cheshire East. The group's priorities for 2016 - 2017 are to:

- Ensure a common understanding across all Cheshire East LSAB partners of the safeguarding competencies expected of staff and levels of training required
- Ensure the provision of quality assured Adult Safeguarding Training (content and delivery) incorporating work with training implications from other subgroups, best practice and LSAB priorities
- Establish an auditing, monitoring and evaluation process for adult safeguarding learning and development activity
- Explore the opportunity to develop a Cheshire East joint Adult and Children's Safeguarding Learning and Development Programme.

### Policy and Practice Group

Chair: position to be confirmed.



The purpose of the group is to ensure that the Board has robust policies in place in accordance with the Care Act Legislation. The group's priorities for 2016 - 2017 are to:

- Respond to national developments/guidance and develop a robust local response
- Respond to learning from other sub groups and produce guidance for managers and staff
- View safeguarding policies written by partner organisations to ensure consistency and compliance

### Service User Group

Chair: Lynne Turnbull, Cheshire Centre for Independent Living.



This group engages with people who have experienced safeguarding processes and ensures that the Board's priorities are driven by outcomes for service users. The group's priorities for 2016 - 2017 are to:

- Increase the understanding of Adult Abuse and Hate Crime amongst the wider public
- Ensure that the voices of people in "at risk" groups are heard
- Make sure Safeguarding is addressed in all consultation and policy development
- Get more people involved in the work of the group

## 6. Key Achievements from Partners

The Partners that make up the CESAB are all committed to improving their ability to prevent harm as well as to identify and react to allegations of abuse towards the people they work with. Every year, we ask our partners to write up their SAB partner statements, which highlight their key achievements throughout the year. Below are excerpts from the reports:

**Cheshire East Council** has developed new policies and procedures, including a Practitioner Toolkit and One Minute Guides to assist staff in managing new types of exploitation including Human Trafficking. A Professional Lead for Safeguarding was also appointed this year to ensure that staff have access to correct advice and guidance.

**South Cheshire and Eastern Cheshire Clinical Commissioning Groups** have developed Commissioning Standards for contracted services and redesigned a Safeguarding Pocket Book for all front line practitioners. There has been the creation of a dedicated MCA/DoLS Practitioner Post to work with Multi-Agencies with statutory partner links to Channel Panel/Prevent/Trafficking & Modern Slavery. The CCG Adult Safeguarding policies have been updated to reflect The Care Act legislation and the CCG E-Learning programme has been completely reviewed to reflect this legislation. Adult Safeguarding flow charts have also been updated for all primary care services.

**Cheshire Constabulary** All first contact and frontline staff within the Constabulary have received training in the identification and safeguarding of vulnerable adults. The Constabulary have made great progress this year in developing a system which identifies safeguarding and risk promptly. This has reduced the time required to process Vulnerable Person Assessments dramatically and ensures appropriate services are allocated to meet the needs of the vulnerable person as soon as possible.

**East Cheshire NHS Trust** have an identified Named Nurse and a Clinical Nurse Specialist for Adults at Risk. The Adult Safeguarding Policy has been updated to include a revised first account referral form and a mental capacity assessment form. This document is available to all staff.

**Cheshire, Wirral Partnership** has refined their PREVENT Strategy in line with NHS England guidance. This has included the implementation of the strategy, implementation of the competency framework and reporting arrangements and delivering the training plan.

**Mid Cheshire Hospitals NHS Foundation Trust's** Safeguarding Vulnerable Adults Policy has been updated to be compliant with the Care Act 2014. The Trust now has the support of a hospital based Independent Domestic Violence Advocate (IDVA), which has proved to be an invaluable acquisition to the safeguarding team. There is evidence of sound collaborative working to safeguard adults between health, social care and the local authority.

**Cheshire East Domestic Abuse Partnership** has established a Domestic Abuse Hub with a 24/7 single point of information, consultation, referral, assessment and case allocation. They have procured a 'whole family' community domestic abuse service and developed 'Toxic Trio Guidance' for the Adults and Children's workforces to ensure people with complex needs get a more co-ordinated service.

**Strategic Housing and Registered Providers** have worked to develop the network between Safeguarding Lead Officers. Cheshire East Strategic Housing acts as the lead organisation, representing the housing sector at Board meetings and subgroup meetings. Part of this role is the dissemination of information to ensure that the partner organisations are aware of the work of the Board

**North West Ambulance Service NHS Trust** Audits have been introduced to monitor the quality of safeguarding calls made by staff to the Trust Support Centre. This provides additional data relating to safeguarding knowledge and has facilitated information sharing. Early indicators show that referral information is of a high quality and is captured and documented by the Support Centre Advisors accurately. Areas for improvement are highlighted and raised with the staff concerned for their learning.

**Cheshire Centre for Independent Living (CCIL)** All staff complete annual safeguarding training and have access to a Safeguarding Officer at all times. CCIL has a referral pathway, process and procedure for any concern raised by a staff member about an adult at risk. CCIL has a case recording management system that captures the outcome journey for people with care and support needs. The achievement of individual outcomes can be used to further develop services to meet the needs of the individuals using them.

**The Care Quality Commission (CQC)** works closely with local partners and where appropriate, their Safeguarding Adults Boards (SABs). The CQC will fully engage with Serious Case Reviews (SCRs) and Safeguarding Adults Reviews (SARs), sharing information to learn lessons where things have gone wrong in protecting people from harm, abuse or neglect. They also carry out Individual Management Reviews of our own decisions and actions when we are involved in SCRs and SARs, or other reviews such as Domestic Homicide Reviews, to help inform how we can improve our systems, processes or practice or to highlight areas of good practice.

**Cheshire Fire and Rescue Service (CFRS)** Adult safeguarding training was completed across the board within CFRS. This was delivered to all operational personnel and support staff giving awareness to all. This training was delivered via an E-Learning package and interactive presentations. Cheshire Fire and Rescue identified 14 Adult Safeguarding Alerts within 2015/16 all being forwarded to SC. CFRS Will continue to support the CESAB delivery plan for 2016/17.

**Healthwatch Cheshire East** is an independent organisation here to listen to what the community has to say about their health and social care services. We welcome everyone to share their experiences in order to shape local services. Healthwatch believes it is the responsibility of all organisations that work with people to be alert to (and act upon) any safeguarding issues that they may come across in their day to day work. Healthwatch Cheshire East takes it responsibility very seriously, and will commit to ensuring all staff and volunteers are fully trained in being alert to and acting upon all safeguarding issues.



## 7. Making Safeguarding Personal in Cheshire East

### Context

Making Safeguarding Personal (MSP) is a national initiative which aims to develop an outcomes focus to safeguarding work and responses to support people to improve or resolve their circumstances. MSP is a key component of the statutory guidance of the Care Act 2014 and marks a fundamental change in social work practice in safeguarding adults. MSP is about engaging with people concerning the outcomes they want and ensuring those outcomes are realised.

### Making Safeguarding Personal in Cheshire East

To make MSP happen in Cheshire East to make MSP happen in CE the Professional Lead for Adult Safeguarding worked with 'Cheshire Centre for Independent Living' (CCIL) to establish a user reference group comprising people who have care and support needs who are at risk of abuse and those who are carers. The reference group is a subgroup of CESAB and is responsible for achieving one of the Board's main strategic objectives:

***'To listen to people who have been subject to abuse or neglect and to seek assurance that people are able to be supported in the way that they want, are empowered to make decisions and can achieve the best outcomes'.***

The work of the subgroup has focused on three key areas:

- Finding out about and learning from people's experiences of safeguarding
- Designing a way of involving people in their safeguarding
- Developing accessible information about safeguarding services and advice to keep people safe

The group started from the premise that it is the person themselves who is best placed to judge their wellbeing and involving people in the use of services should be a golden thread that runs throughout all safeguarding work. They asked people who used safeguarding services and members of the public what they thought was the most important tasks for CESAB to do. The group then held a workshop with those who used services and designed a poster (see page 4) outlining what good adult safeguarding looks like in Cheshire East. The involvement of people who had experienced abuse and neglect was also powerfully captured in a poem (see page 14).

### Designing a way of involving people in their safeguarding

Once the subgroup had captured the experiences of those people who use services they set about designing a process in which social workers could involve people in their own safeguarding. The group developed a service user guide and a practitioners guide outlining important areas to consider at each stage of the safeguarding process. In order to raise awareness of safeguarding services the group have implemented a poster campaign, co-designed a Making Safeguarding Personal booklet and DVD of their experiences.

# Stop Adult Abuse



You call me names  
You think I'm different  
You pretend to be my mate  
But your actions scream of hate  
Help is near just share your fear  
Stop adult abuse

You think it's funny to take my money  
You think it's cute to give me the boot 'n'  
Touch me there like I don't care  
You think it's cool to make me look a fool  
Help is near just share your fear  
Stop adult abuse

You make me work all day without any pay  
You lock me away for strangers to play  
You give me a bruise and say I'm no use  
You tell me you love me till you beat me  
Help is near just share your fear Stop adult abuse  
Took my purse Slapped me down  
Locked me in Kicked me round  
Feelings hidden who are you kidding...

That was my life until I spoke up  
Feeling relieved that I was believed  
Free from hell and now I'm well  
I stopped adult abuse

## Impact for Services Users

The impact has led to practitioners having more meaningful engagement with people using safeguarding services and improving their outcomes. The key focus was finding a way of developing a real understanding of what people wish to achieve at the end of a safeguarding process, recording their desired outcomes and then seeing how well these have been met. The group have also sent a strong message to social workers and their managers that they can now spend time with people, asking what they want by way of outcomes at the beginning and throughout the safeguarding process. The service users are able to achieve the safeguarding outcomes they wanted. They were put at the centre of the process and given choice and control, they own their protection plans and were enabled to proceed at their own pace. At the end the service users were able to say they felt as safe as they wanted to.

## Impact on Professional Practice

In order to measure effectiveness the Social Work Teams presented qualitative case examples to the CESAB of how they have used Making Safeguarding Personal in their Safeguarding Practice. The examples demonstrated a real shift in culture and practice in responding to safeguarding situations where Social Workers were beginning to see people as experts in their own lives and working alongside them.

Social Workers are now utilising a number of skills including effective communication, active listening, empathy, empowerment, advocacy and a positive risk enablement and strengths based model to help deliver positive outcomes.

This empowering approach has given a new enthusiasm to the Social Work Teams. They have been able to see that Making Safeguarding Personal brings positive outcomes to adults at risk, whilst safeguarding them. Numbers of referrals for advocates increased by 3 times in Quarter 1 of 2016 compared to Quarter 1 of 2015. They have been able to see a culture change from a service driven to a personal and flexible approach.

The Assistant Team Managers (ATM) who presented to the CESAB said they enjoyed attending the Board and this has started to build up relationships between Board Members and Practitioners. The ATMs were able to understand how the Board operates, whilst the Board was able to understand the operational and delivery aspects of Making Safeguarding Personal.

## Sharing Good Practice

This work has featured in a number of forums and conferences including the national Making Safeguarding Personal Conference in April 2016 and is highlighted on the cover of Research in Practice for Adults (RiPfa) Leaders' Briefing 'Involving People in Safeguarding Adults' June 2016.



## 8. Our Priorities for 2017-18



Listed below are the CESAB's priorities for 2017-18:

### **Making Safeguarding Personal**

The Care Act has brought about radical changes in the approach to safeguarding and being assured of the implementation of these changes will be a key priority for the Board during 2015. The impact and effectiveness of the changes in safeguarding will continue to be monitored by the Board in future years.

The Board recognises the challenges involved for all partners in working this way, and will closely monitor and support the implementation. To do this, some of the things we will look for are:

- Evidence of how people's experiences of safeguarding have been recorded and used to improve services
- Evidence that people are asked about the outcomes they want, and information about the extent to which their outcomes have been achieved
- Whether or not people have felt they are in control of what happens to them following a safeguarding concern
- Effective support being provided for Carers
- Evidence that being safe is recognised as a personal choice

### **Safe services**

Services, whether in the community or in a supported, residential or nursing home setting are provided for people who are generally the most vulnerable in our community. The Board will make sure that people can confidently expect to be safe and to have the support they need delivered in the way they want. To do this, some of the things we will look for are:

- Evidence that commissioners are requiring the provision of personalised services
- Evidence that services are proactively monitored to ensure they are safe and based on achieving individual outcomes
- Evidence that contracts with service providers are designed to protect people's rights and dignity
- Information about safeguarding concerns and how they have been dealt with
- Staff training and development to ensure the necessary competencies
- Evidence of support and training for people with direct payments

### Listening and Engaging

The Board will listen to the views of people and their families, so that we are sure people are being treated with dignity and respect regardless of how or why they come into contact with safeguarding services.

Some of the ways we will do this are:

- Continuing to be guided by our Service User subgroup
- Making contact with as many user groups as possible and making it possible for them to have their views heard by the Board
- Listening to the feedback of people who have experienced safeguarding
- Using the Board's website and social media to inform and enable people to engage with the work of the Board

### Transition

Young people who have care and support needs will have been supported by Children's Services. As they move into adulthood, there are changes that can be challenging and unfamiliar for them and their families. It is important to ensure that young people and their families are supported through this transition period. Some of the ways we will check this is happening are:

- Gather information about the age at which young people and their families are provided with contacts and information from adult services
- Finding out about the planning that is carried out for young people in advance of moving into adult services
- Finding out about how effectively partner agencies work together to support young people and their families through this period
- Promote discussion about the idea of 'whole life planning' so that people can experience a seamless, personalised plan for their care and support at any age or stage of life

### Informing

The Board will make sure that information is available in the community so people know who to contact if they have concerns about someone who may be harmed, but also so that the community is aware of adult abuse; what it is and how to recognise it. The Board will do some of this as part of its own communication plan, but will also look for assurance from partners about what is happening in their own organisations. Some of the ways we will do this are:

- Information provided through our website and social media
- Leaflets and posters in key public places
- Attendance at community events with information
- Using local media to get wide coverage of information
- Asking partners to provide evidence of what their organisation is doing to raise awareness of adult abuse and safeguarding

### Knowing we are getting it right

In order to measure the effectiveness of Adult Safeguarding in Cheshire East the CESAB will participate in a Peer Review. Peer Review is a process that involves a small team of peers spending time with safeguarding partners to provide challenge and share learning. The process involves engaging with a wide range of people connected with safeguarding. The peer review in Cheshire East will look at what has been achieved and the quality of experience for people who have used the services provided. We will use the recommendations to inform future priorities and improve the way we work together.



## 9. Contacts and how to report abuse

If you would like to hear about or be involved in the future work of the Cheshire East Safeguarding Adults Board, you can contact us or our Service User Group by:

**Email:** [LSAB@cheshireeast.gov.uk](mailto:LSAB@cheshireeast.gov.uk)

**Telephone:** 01625 374753

### **Post:**

Cheshire East Safeguarding Adults Board  
First Floor  
Macclesfield Town Hall  
Market Place  
Macclesfield  
Cheshire  
SK10 1EA

### **How to report abuse**

If you are worried about yourself or someone else phone us on:

- **0300 123 5010** (8:30am to 5pm Monday to Thursday and 8:30 am to 4:30pm Friday)
- **0300 123 5022** (at all other times including bank holidays)

If you are in doubt about whether or not it is abuse - please call.

If you are at immediate risk of harm **contact the emergency services by ringing 999.**

If you have a hearing or speech impairment you can use the national telephone relay service, just dial **18001** before the number or **18000** in an emergency.

### **What will I be asked?**

We will ask you for some information about;

- yourself (unless you wish to remain anonymous)
- the person you are concerned about
- the alleged abuser
- what you have seen or heard

We will let you know who needs to be told.

### **What will happen next?**

We will respond to the matter as a high priority

We will share the information with relevant agencies who will ask the person who may be being abused what has happened and what action they want to take.



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## CHESHIRE EAST HEALTH AND WELLBEING BOARD

## Reports Cover Sheet

<b>Title of Report:</b>	Working Together – an Integrated Health and Care System for Cheshire
<b>Date of meeting:</b>	25 <sup>th</sup> July 2017
<b>Written by:</b>	Guy Kilminster Corporate Manager Health Improvement
<b>Contact details:</b>	Guy.kilminster@cheshireeast.gov.uk
<b>Health &amp; Wellbeing Board Lead:</b>	Mark Palethorpe

## Executive Summary

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Why is the report being brought to the board?</b>	To update the Board on discussions taking place to progress integration of health and health and care and to develop a common specification for integrated neighbourhood teams.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		

<p><b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b></p>	<p>The Board is requested to:</p> <ol style="list-style-type: none"> <li>1. Endorse the key improvement priorities for health and care services across Cheshire for integrated commissioning; integrated provision; and sustainable community and Hospital services across Cheshire;</li> <li>2. Support the role of the Cheshire-wide Joint Strategic Leadership Group and Officer Working Group in leading and co-ordinating the delivery of these key improvement priorities and providing an update to the HWBB at each meeting;</li> <li>3. Note the progress with the move towards a single operating model for the design and development of “Neighbourhood Community Teams” across Cheshire and approve work to develop a common specification over Summer 2017;</li> <li>4. Note the progress towards the creation of a Joint Commissioning Committee and the implications for Governance including the role of the HWBB.</li> </ol>
<p><b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b></p>	<p>An outline paper on integrated Health and Social Care working was discussed at the Cheshire West and Chester HWBB informal meeting on the 19th April 2017 and the Cheshire East HWBB on 25<sup>th</sup> April 2017.</p>
<p><b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b></p>	<p>No</p>
<p><b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b></p>	<p>The report is designed to continue the conversation about how an integrated health and care commissioning and delivery system will be designed and implemented across Cheshire East and Cheshire West and Chester</p>

## REPORT TO: Health and Wellbeing Board

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**Date of Meeting:** 25<sup>th</sup> July 2017

**Report of:** Guy Kilminster (Corporate Manager Health Improvement) and Matthew Cunningham (Programme Director for Unified Commissioning (Cheshire))

**Subject/Title:** Working Together – an Integrated Health and Care System for Cheshire

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### 1 Report Summary

- 1.1. This report follows on from the outline report submitted to the informal meeting of the Board on 25<sup>th</sup> April. That report was a trigger for an opening discussion about the potential for developing an integrated care system. This further report captures the main outcomes of the April discussion and seeks to move the conversation onwards in shaping the options for integration and the mechanisms for development, implementation and oversight. The next steps for taking forward this important agenda across Cheshire are captured in the recommendations below. This same report (with a West emphasis) has also gone to the HWBB for Cheshire West and Chester for their consideration.

### 2. Recommendations

The Board is requested to:

- 2.1 Endorse the key improvement priorities for health and care services across Cheshire for integrated commissioning; integrated provision; and sustainable community and Hospital services across Cheshire;
- 2.2 Support the role of the Cheshire-wide Joint Strategic Leadership Group and Officer Working Group in leading and co-ordinating the delivery of these key improvement priorities and providing an update to the HWBB at each meeting;
- 2.3 Note the progress with the move towards a single operating model for the design and development of “Neighbourhood Community Teams” across Cheshire and approve work to develop a common specification over Summer 2017;
- 2.4 Note the progress towards the creation of a Joint Commissioning Committee and the implications for Governance including the role of the HWBB.

### **3. Context**

- 3.1 The push for closer integration in NHS commissioning and social care commissioning and delivery is a local and national priority for delivering improved, cost effective and more person-centred health and social care to the population within a resources envelope which faces well documented challenges.
- 3.2 The updated and relaunched NHS Forward View (published on 31st March 2017) was explicit in saying that the necessary fundamental challenges to the health and care systems cannot be addressed unless radical thinking around traditional organisational and geographical boundaries takes place.
- 3.3 The Government sees that there are substantial opportunities for efficiencies and collaboration which must be grasped by partners working together to get the best out of locally available resources and to provide evidence that new powers and funding are being used to their fullest and most beneficial effect.

Amongst the challenges are:

Growing demand combined with changes in patients' health needs and personal preferences. Significant and increasing numbers of the population now suffer from one or more long term conditions. At the same time, many of those individuals want to be more informed and involved with their own care, challenging the traditional divide between patients and professionals and offering opportunities for better health and wellbeing through increased prevention and supported self-care.

Changes in treatments, technologies and care delivery. Technology is transforming our ability to predict, diagnose and treat. New treatments are continually being developed and it is recognised (using examples within the UK and internationally), that there are better ways of organising care, breaking out of the artificial boundaries between hospitals and primary care, between health and social care, between generalists and specialists which get in the way of care that is genuinely coordinated around what people need and want.

Changes in funding growth. The impact of the financial recession has resulted in a reduction in year on year growth for both health and social care funding. Across Cheshire and Merseyside the estimated financial gap by 2020 for local NHS organisations is estimated at £1bn of which

£339m relates to the Cheshire and Wirral area. This does not, however, include social care cost pressures.

- 3.4 Unless fundamental changes are made to the way we deliver health and social care we face three widening gaps in terms of: i) increased health inequalities and growing avoidable illness; ii), unmet care needs; and iii) increased unwarranted clinical variation and increasing financial pressures, resulting in staff cuts/shortages and poorer care outcomes.
- 3.5 Over the next few years health and social care will increasingly need to dissolve the traditional boundaries that have existed between different parts of the system. Caring and supporting individuals with life-long conditions requires a partnership approach over the long term, rather than providing single, unconnected episodes of care.
- 3.6 Across Cheshire there is a growing consensus that we need to work collaboratively across health and social care as a single system not as individual organisations. This will enable care to be integrated around the individual as well as reducing the existing duplication and ‘hand-offs’ that can result in poorer care outcomes. No change is not an option as it will only exacerbate the inequalities, variation and financial deficit to the point at which the system will collapse.

#### **4 Key improvement priorities for health and care services across Cheshire**

- 4.1 Our local health organisations and Local Authorities have worked together to agree three key improvement priorities to jointly deliver in order to drive forward the necessary transformation and improvement of the health and care services across Cheshire. These three priorities are:-
  - i) Integrated Commissioning – to move to a unified health and care commissioning approach for the population of Cheshire (i.e. for the Cheshire East and Cheshire West and Chester HWBB footprint). The first step will be the establishment of a Joint Commissioning Committee of the four Cheshire Clinical Commissioning Groups (CCGs) with the involvement of the local authorities as initially non-voting partners. The second step will be to explore the formal merger of the four CCGs across Cheshire into one formal body. The third step will be to explore greater joint working and ultimately integration of health and social care.

- ii) Integrated Provision – to work towards the creation of 3 excellent care systems across Cheshire delivering integrated health and care services tailored to meeting the population health needs of each area. Fundamentally, this would involve moving towards an “Accountable Care System” with a single capitated budget, single leadership structure, distinctive new culture and way of working which makes it fully and openly accountable. This will also include a single Operating Model for the design and development of ‘Neighbourhood Community Teams’ that will be structured, operated and managed in a similar way across Cheshire including the integration of social care staff in a consistent way across Cheshire. This would provide a single resource pool for the whole of Cheshire that operates in the same way, with the same protocols, processes and even information management and technology solutions.
  - iii) Sustainable Hospital Services Across Cheshire – to ensure that we deliver hospital services that are sustainable both financially and clinically across Cheshire and that these services are more integrated with local health and social care services.
- 4.2 The intention is that by developing three connected strategies and operating models it will be possible for Cheshire to create a multi layered solution that is built from the bottom but with sufficient Cheshire wide design that will ensure that most of the geographic issues will become manageable or irrelevant.
- 4.3 A joint strategic leadership group across health and social care has been established to provide oversight of this work and ensure regular communication to the Health and Well-Being Boards and the public. This group comprises all the Chief Officers from each CCG and the Local Authorities across Cheshire. This leadership group is supported by an Officer Working Group who have been tasked with the following responsibilities:-
- (1) Support the work programme and implementation of the integrated commissioning approach across Cheshire;
  - (2) Oversight of the single operating model for Neighbourhood Community Teams including setting out the common specification for these teams across Cheshire;
  - (3) To oversee a programme of joint commissioning across Cheshire including health and social care functions;

- (4) To have oversight of the delivery of the 2017-19 Integration and Better Care Fund;
- (5) To co-ordinate the consultation and engagement plan for health and social care integration across Cheshire with a particular focus on resident and staff engagement and with regular reporting to the Health and Well-Being Board;
- (6) To review the existing governance and strategic decision-making structures across Cheshire with a view to simplifying and streamlining these arrangements in the light of the emerging approach to health and social care integration across Cheshire.

(Appendix A sets out the membership for the Officer Working Group.)

- 4.4 This Group has now met on a number of occasions with a particular focus on the move towards a single operating model for the design and development of “Neighbourhood Community Teams” that will be structured, operated and managed in a similar way across Cheshire including the integration of social care staff in a consistent way across Cheshire. (Appendix B summarises the key findings to date).
- 4.5 The Group has also overseen the development of the 2017-19 Integration and Better Care Fund (ICBF), although this has been hampered by the delays in publishing the national guidance and financial allocations for the IBCF. The group will be looking to increase the opportunities for consistency across both IBCF (West Cheshire and Cheshire East) in terms of a common narrative, ambition, scope and scale. Further updates on the IBCF will be submitted to the July HWBB.

## **5 The Joint Commissioning Committee**

- 5.1 There has also been substantial progress in the move towards establishing a Joint Commissioning Committee. All Cheshire CCGs have now agreed via their Governing Bodies meetings to publicly commit to working towards forming a Joint Commissioning Committee.
- 5.2 A workshop took place in early June with the CCG Executives and Governing Body members to progress the content of the Terms of Reference (TOR) and therefore its remit. A further workshop was held on 6 July 2017 to finalise the TOR and discuss further the implications of and necessary changes required to undertake more a formal unified commissioning approach by the four CCGs across Cheshire. Each CCG Governing Body and GP Membership Body will



be receiving the draft Committee TOR to approve throughout July/August. The intention is for the Joint Committee to hold its first meeting before the end of September.

- 5.3 Matthew Cunningham, currently Head of Corporate Services at NHS Eastern Cheshire CCGm, has been appointed as the Programme Director for the Unified Commissioning (Cheshire) post to lead on the Joint Commissioning Committee development work as well as working with the Executives and Chairs of all the CCGs in progressing discussions around merger and linking in with the ongoing development of accountable care systems and neighbourhood teams. The Programme Director will become a member of the Officer Working Group who will, in turn, provide additional support, advice and capacity to these tasks.

## **6 Implications for the Health and Wellbeing Board**

- 6.1 It was agreed that the HWBB has the structure, experience and authority to be an effective and transparent forum for discussion amongst partners. The Board needs to be kept informed of work carried on internally by partners relating to the integration agenda so it can maintain an overview and be a channel for public communication and engagement. Therefore, the relationship between the Joint Commissioning Committee and the HWBBs is critical and further work is required to clarify this position.
- 6.2 Similarly, it was recognised that Healthwatch should have a prominent role in the process and that they should form part of the Officer Working Group as well as their more formal role on the HWBBs. A Healthwatch representative will also be asked to be a standing member of the Cheshire Joint Commissioning Committee.
- 6.3 At the April meeting, members of the Board were also keen to emphasise the importance of the prevention agenda and the vital role this can play to increase the independence and well-being of residents and mitigate their reliance upon traditional and statutory health and social care services. Overall there remains an important link, therefore, to the key priorities set out in our Health and Wellbeing Strategies across Cheshire and the evidence and needs analysis contained within the Joint Strategic Needs Assessment (JSNA).

## **7 Consultation and Engagement**



- 7.1 The integration of health and social care is pivotal to the health and wellbeing of all of Cheshire's citizens. As models emerge it will be important to ensure that appropriate consultation and engagement takes place with for example staff, communities, patient and user representative groups. The Board notes that the Officer Working Group, in consultation with Healthwatch, is tasked with producing a consultation and engagement plan for the Board to consider (see 4.3 (5) above).

## **8 Access to Information**

The background papers relating to this report can be inspected by contacting the report writer:

Name: Guy Kilminster

Designation: Corporate Manager Health Improvement

Tel No: 01270 686560

Email: [guy.kilminster@cheshireeast.gov.uk](mailto:guy.kilminster@cheshireeast.gov.uk)

Name: Matthew Cunningham

Designation: Programme Director for Unified Commissioning (Cheshire)

Tel No: 075845 22220

Email: [matthew.cunningham@nhs.net](mailto:matthew.cunningham@nhs.net)

## **Appendix A**

### **Officer Working Group Members:-**

Laura Marsh and Paula Wedd from NHS West Cheshire CCG

Tracy Parker Priest and Sue Ikin from NHS Vale Royal CCG and NHS South Cheshire CCG

Fleur Blakeman from NHS Eastern Cheshire CCG

Matthew Cunningham from NHS Eastern Cheshire CCG and Programme Director for Unified Commissioning (Cheshire)

Guy Kilminster and Nichola Glover-Edge from Cheshire East Council

Alistair Jeffs, Davinder Gill and Iain Barr from Cheshire West and Chester Council

Louise Barry, Healthwatch Cheshire

Phil Meakin (to provide link to Cheshire and Wirral Local Delivery System)

CONTACT: Alistair Jeffs, Director of People Commissioning

[Alistair.Jeffs@cheshirewestandchester.gov.uk](mailto:Alistair.Jeffs@cheshirewestandchester.gov.uk) ; Tel 01244 972228

## Appendix B

### Summary of findings from Neighbourhood Community Teams baseline – June 2017:

Information has been gathered from the three Cheshire CCGs to understand the current operating model for these integrated teams, referred to here for consistency as Neighbourhood Community Teams (NCTs). The information gathered to date has focused on the specifications, performance management frameworks (PMFs) and Memoranda of Understanding (MOUs) that underpin these various teams. Work is yet to be carried out in all areas with frontline staff to understand the provider activities through process mapping.

There are significant commonalities between the 3 CCG areas in respect of NCTs. All three broad models highlight a focus on person centred care, improved information sharing between professionals and a focus on maximising independence. More specifically, there is particular emphasis on supporting 'high risk' groups that are deemed more likely to enter hospital or long term residential/nursing care without NCT coordinated support. Commissioners recognise that the current models have evolved and are co-ordinated, if not yet fully integrated, and are delivering positive outcomes for patients. However, there is an aspiration to work towards more standardisation through the development of an outcome focused specification across Cheshire. This does not mean all models need to be identical on the ground. Equally, all models need to be financially sustainable.

The common features of the current models centre on:

- Risk stratification
- Multi-disciplinary meetings
- Working within GP practice geographic footprints
- Dynamic information sharing between professionals
- Named staff are aligned to the model but there is a relative lack of secondments/dedicated roles that solely support MDT activity
- Matrix management
- Use of Cheshire Care Record but no single case recording system

Differences currently include:

- Age brackets for entry to the model
- The specific threshold of complexity/risk to be supported by the teams (criteria)
- Extent of co-location
- Specialisms in the teams

- ICT case management systems

If endorsed, next steps would focus on outline specification development over Summer 2017, working with commissioners and providers. This would articulate which elements of the model are 'core' (essential) as opposed to desirable. Good practice in other areas would be considered as part of this work. It is suggested that the approach with providers is one of 'adopt' (i.e. deliver as per the specification) or 'adapt', whereby adjusting the model operationally would require formal governance approval to manage changes in a controlled way.

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**Cheshire East Council****Health and Wellbeing Board**

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<b>Date of Meeting:</b>	<b>25 July 2017</b>
<b>Report of:</b>	<b>Mark Palethorpe, Acting Executive Director of People</b>
<b>Subject/Title:</b>	<b>People Live Well for Longer (Adult Social Care and Public Health Three Year) Commissioning Plan</b>
<b>Portfolio Holder:</b>	<b>Cllr Janet Clowes – Adult Social Care and Integration Cllr Liz Wardlow - Health</b>

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**1. Report Summary.**

- 1.1 The purpose of this report is to inform the Health and Wellbeing Board of the Adult Social Care and Public Health Three Year Commissioning Plan (2017/2020), entitled People Living Well for Longer.
- 1.2 Our vision is for responsive and modern care and support in Cheshire East promoting people's independence, choice and wellbeing. We will, through People *Live Well for Longer*, enable people to live well, prevent ill health and postpone the need for care and support. This puts people in control of their lives so they can pursue opportunities, including education and employment, and realise their full potential.
- 1.3 The three year commissioning plan enables Cheshire East residents as a population, to understand how important resources are in the delivery of preventative change over the next three years, working with a wide range of private and third sector providers, partners from across the health and social care economy, with a specific focus on the voluntary community and faith sector taking a significant role in the delivery of prevention.
- 1.4 Commissioning is the whole process through which Cheshire East Council "As a Commissioning Council" identify and deliver services. It involves ensuring that Cheshire East residents have services in place that are high quality, affordable and value for money.

## **2. Recommendations:**

That the Health and Wellbeing Board support the People Live Well for Longer (Adult Social Care and Public Health) Three Year Commissioning Plan.

## **3. Other Options Considered.**

People Live Well for Longer is a Care Act 2014 requirement under market shaping therefore there is no other option.

## **4 Reasons for Recommendation.**

- 4.1 The Directorate would welcome the Health and Wellbeing Board's support prior to the paper going to Cabinet for its endorsement to undertake a formal consultation exercise regarding People Live Well for Longer. The Commissioning Plan has been developed to fulfil statutory duties, meet efficiency targets and provide a basis for planning, joint commissioning and delivering Adult Social Care and Public Health preventative services for the next three years.
- 4.2 The views of people who use services and health and social care stakeholders are necessary to inform People Live Well for Longer to determine how best we can collaborate together in the delivery of the plan.

## **5 Background / Chronology.**

- 5.1 High-quality, personalised care and support can only be achieved where there is a vibrant, responsive market of service providers with the clear ability to respond to the changing needs of Cheshire East residents. The role of Cheshire East Council is critical in achieving this, through People Live Well for Longer.
- 5.2 The Care Act (2014) introduced new duties for local authorities to facilitate and shape a diverse, sustainable and quality market, emphasising that local authorities have a responsibility for promoting the wellbeing of the whole local population, not just those whose care and support they currently fund.
- 5.3 Post the Care Act (2014), the local authority has been required to move from being an influence on the care market solely through its own purchasing to one where, with providers and people who use services, it seeks to shape, facilitate and support the whole care and support market. This requires a step change in approach for local authorities from a position of 'control' to one of influencing, coproduction and collaboration.
- 5.4 The ambition therefore changed to one that is to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.



- 5.5 This new role underpinned by the Care Act calls for a different understanding of the care and support market therefore the Council is required to set out its adult social care and public health commissioning priorities over the next three years making clear the resources we have available against the changing Cheshire East population of needs.
- 5.6 People Live Well for Longer sets out Cheshire East Council's three years of commissioning priorities supporting the acceleration of adult social care prevention underpinned by clear commissioning principles which support and drive market shaping. The purpose of market shaping is to stimulate a diverse range of appropriate services, both in terms of the types of services and the types of provider organisation, and ensure the market as a whole remains vibrant and sustainable.
- 5.7 The new approach is based on collaborative commissioning, being an approach that puts people and outcomes at the centre of commissioning and creates stronger relationships between all key stakeholders. It puts greater emphasis on the social costs and benefits of different ways to run services.

## **6 Wards Affected and Local Ward Members**

- 6.1 People Live Well for Longer applies across the whole of Cheshire East Wards.

## **7 Implications of Recommendation**

### **7.1 Policy Implications**

This report for Cabinet outlines the national requirements for the implementation of the Care Act 2014 which puts market development on a statutory footing, supports the delivery of the outcomes set out in the Corporate Plan and empowers all adults to Live Well for Longer.

In this challenging financial context the successful implementation of People Live Well for Longer is a key component to supporting the financial position of the Council in addition to the undoubted benefits that will accrue from the development of a diverse, effective and high quality local adult care market which is geared more towards supporting people to manage their own care through personalisation, early help and prevention of needs escalating, therefore there are no policy implications.

People Live Well for Longer enables the council to respond to the changing needs of people and ensures we can meet the requirements underpinned by the corporate plan outcomes as detailed below:

### **Outcome 1 – Our local communities are strong and supportive.**

- ✓ Individuals and families are self – reliant, taking personal responsibility for their quality of life.

- ✓ Communities are cohesive, with a strong sense of neighbourliness.
- ✓ There is genuine civic pride and mutual respect.
- ✓ Joint commissioning has a significant role in working with communities and a wide range of partners in ensuring people do feel part of the community where they live.

### **Outcome 2 – Cheshire East has a strong and resilient economy.**

- ✓ Care and health work will be sustainably rewarded with recognition, investment, business support and guidance to ensure that good quality care really does pay in Cheshire East.
- ✓ The one in five people who work in care and health feel valued, acting as ambassadors encouraging others to choose care careers.
- ✓ There is a stable and innovative care economy.
- ✓ Care providers are rewarded for delivering person centric outcomes.
- ✓ Joint commissioning has a significant role in ensuring that local plans support a robust and strong care career path that builds the best foundations in the retention of care staff.

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

- ✓ Whilst the focus on the outcome is in supporting children and younger people, we see great importance in adults throughout their life having the opportunity to learn and to continue to develop their life skills through access to supported employment opportunities.
- ✓ Joint Commissioning has a role to play in ensuring people are supported into employment.

### **Outcome 5 – People Live Well for Longer.**

- ✓ Local people have healthy lifestyles and access to good cultural, leisure and recreational facilities. Care services focus on prevention, early interventions and physical health and mental wellbeing.
- ✓ Joint commissioning has a significant role to play in ensuring the market can respond to people's changing needs and expectations.

National Policy - underpinning the development of prevention and community supporting people accessing health and care services including carers are defined under the Health and Social Care Act 2012, The Mental Health Act, The Care Act 2014 and Transforming the NHS.

Partnership Policy is being developed with the South Cheshire Clinical Commissioning Group through the Connecting Care Programme and Eastern Cheshire Clinical Commissioning Group through the Caring Together Programme with a clear focus on prevention and community integration.

## **7.2 Legal Implications**

It is a Care Act 2014 requirement that local authorities provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will contribute to the prevention or delay the developing by adults in its area of needs for care and support and which will reduce the needs for care and support of adults in its area. This duty also applies to carers in its area.

If the Council does not have a plan in place to meet this statutory duty it is at significant risk of legal challenge.

## **7.3 Financial Implications**

The scale of the financial challenges that the Council faces means that we need to reduce the transactional costs for the Council and the sector and bring even greater focus on efficiency, value for money, clear and measurable outcomes and partnership working.

People Live Well for Longer sets out the financial position regarding Adult Social Care funds now and looking forward against the Council's increased demand with a key focus on working in a Pan Cheshire way drawing both resources and skills together in the design of services looking forward.

## **7.4 Equality Implications**

In making its decision, officers must have regard the public sector equality duty (section 149 Equality Act 2010), which places a duty on the Council, in the exercise of its functions, to have regard to the need to eliminate discrimination, harassment, victimisation or other prohibited conduct; advance equality of opportunity between persons who share a "protected characteristic" and those who do not, and foster good relations between persons who share a "protected characteristic" and those who do not.

There are no specific equality implications and due regard has been taken to our Equality Duty.

The scope of People Live Well for Longer covers how we will ensure that the views of groups with protected characteristics are afforded due regard in influencing strategy, policy and service delivery.

## **7.5 Rural Community Implications**

People Live Well for Longer and its recommendations of this report have a significant positive impact on rural communities and are intended to raise standards of community support across partners and when working with a wide range of provider to address any gaps in market.

## 7.6 Human Resources Implications

There are no specific HR implications.

## 7.6 Public Health Implications

Public Health were consulted in the development of People Live Well for Longer and will influence commissioning plans by the best use of joint commissioning resources and in continuing to utilise the joint strategic needs assessment.

## 7.7 Other Implications

An underpinning purpose of the commissioning plan will be to review current commissioning services and some council internal services.

It recognises that while the council and our partners need to adjust to a world where public funding is reducing dramatically we need to develop a stronger working relationship with the third sector and wider community assets across Cheshire East to meet the significant challenges that we face.

## 8 Risk Management

8.1 A comprehensive adult social care and commissioning with care providers Risk Assessment has been undertaken and will continue to be reviewed.

8.2 Consultation Next steps

The document will go through the following consultation processes:

Corporate Leadership Team (CLT)	10 <sup>th</sup> May 2017
Informal Cabinet	16 <sup>th</sup> May 2017
Consultation	19 <sup>th</sup> & 21 <sup>st</sup> June 2017
Health, Social Care and Communities Overview and Scrutiny Committee	15 <sup>th</sup> June 2017
Health and Wellbeing Board	25 <sup>th</sup> July 2017

Cabinet	12 <sup>th</sup> September 2017
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## **9 Access to Information/Bibliography**

Appendix 1 – People Live Well for Longer – Adult Social Care and Public Health Three Year Commissioning Plan.

## **10 Contact Information**

Contact details for this report are as follows:-

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# People live well, for longer

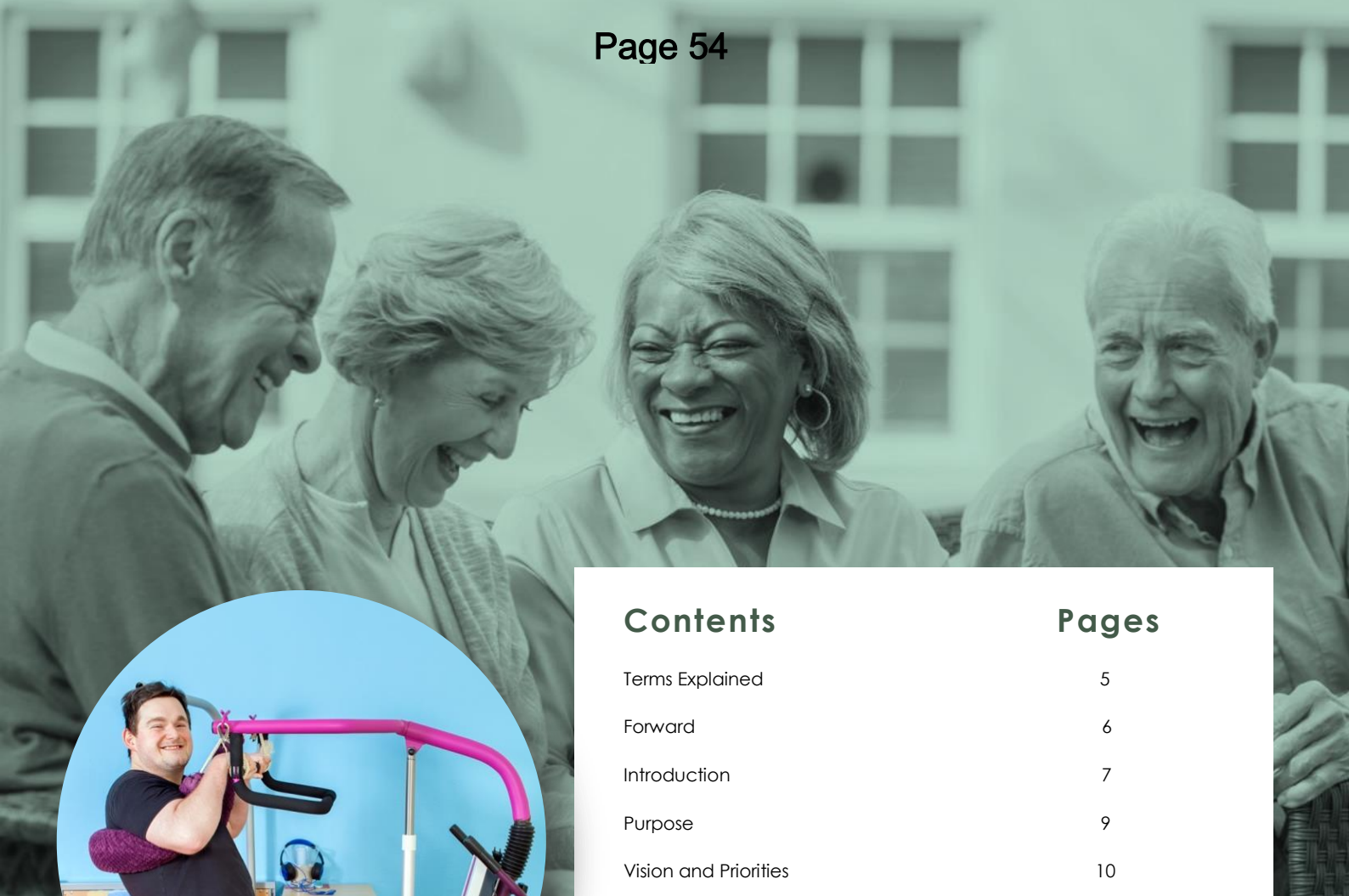
The way to excellent care and support for Adults in  
Cheshire East

**Commissioning Plan**

2017-2020







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# People Live Well for Longer

Community



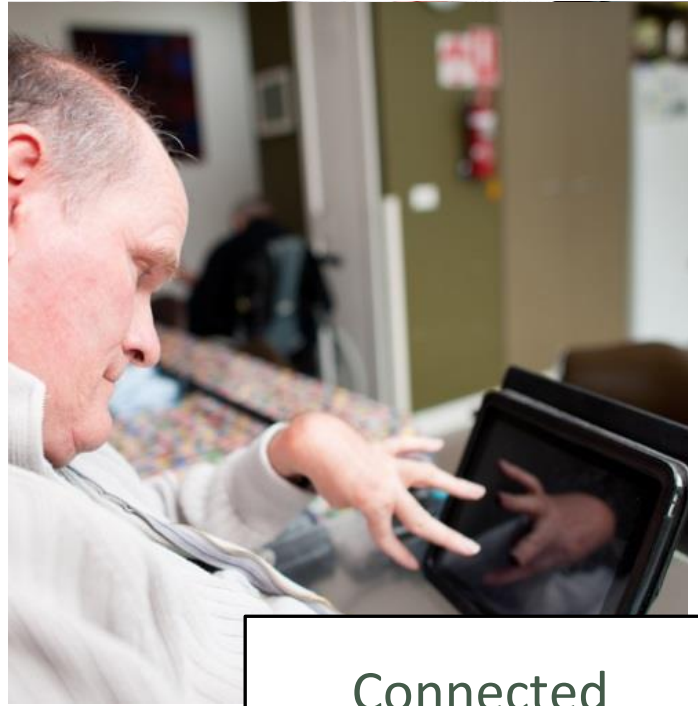
Safe



Healthy



Connected



# Terms Explained

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

## People

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

## Residents

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

## Commissioning

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

## Adult Social Care

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

## Safeguarding People

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

## Public Health

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

## Clinical Commissioning Group

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

## Market Position Statement

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

## Forward



Portfolio Holder

**Portfolio Holders** are the local politicians (councillors) who are members of the cabinet. Each cabinet member has a portfolio for which they are accountable such as health and social care or finance

***People live well, for longer*** describes our adult social care and health commissioning intentions for the next three years.

It sets out how we will:

- ✓ Focus on early help and prevention to help avoid problems developing.
- ✓ Put in place new, more cost effective approaches to delivering adult social care.
- ✓ Work with key partners to provide more integrated health and social care.
- ✓ Reduce demand and release resources for those who most need them.

Cheshire East Council continues to prioritise adult social care and health integration, whilst continuing to balance the budget in the medium financial term. The Council works with a wide range of National Health Service partners to protect social care whilst making the necessary savings, delivered by a range of service redesign plans that will support ***People live well, for longer***.

Councillor Janet Clowes

Portfolio Holder: Adult Social Care and  
Integration



Cheshire East Council has continued to prioritise social care and is investing additional resources to meet the demands on the service and continuing to balance the budget in the medium term, the council is working with NHS partners to protect social care services whilst making the necessary budget savings driven through a range of service redesign plans to support people to remain at home longer.

This is our adult social care policy framework for the next three years. It sets out how we will:

- focus on preventive services which help to avoid problems from getting worse
- put in place a new, more cost effective approaches to delivering adult social care
- manage our finances in meeting Cheshire east population of need
- work with key partners to provide more joined up health and social care
- reduce demand and free up resources for those who most need them

# Introduction



Cheshire East Council will make the best use of resources to commission and provide excellent care and support in meeting the assessed needs of Cheshire East adult population.

We will work with people receiving care, people caring for them and the organisations providing care including the third sector, so that people can live well, for longer.

We want to make a positive difference in the lives of people and formal carers in ensuring people can remain as independent as possible in their own home.

This commissioning plan describes the changes and improvements we plan to make to care and support services over 2017 to 2020.

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

We recognise that the health and care needs of residents are changing and people have higher expectations regarding quality of care, including wanting an independent life with more control and more opportunity.

We will help people to connect with their local communities and support self care wherever we can. Self-care is focused on people being able to retain choice and independence in their life in their own home, supporting people to find the best solutions for improved health and wellbeing.

Like many local authorities, we face financial pressures and we will actively work to ensure best value is achieved, making the most of all our resources to meet today's needs and prevent tomorrow's from increasing by delivering ***People Live Well for Longer.***

Mark Palethorpe

Strategic Director

Adult Social Care and Health



## Purpose

The purpose of the commissioning plan is to describe how, as a developing, commissioning council we intend to shape services in Cheshire East from 2017 to 2020.

We will work closely with our National Health Service (NHS) partners to improve the health and social care system, working to shape services wherever possible in a "Pan Cheshire" way.

When we say **Pan Cheshire** we mean working with Cheshire West and wider Councils and health partners across Cheshire, with a clear focus on people and prevention, a Cheshire First approach.

From this document each commissioning work stream will develop a detailed project delivery plan that will show how our vision, principles and priorities are set out and will be delivered in Cheshire East working with our local delivery enablers.

When we say **Enablers** we are talking about the people and partners that must be included in our plans in order that the plans are successful and we achieve the desired outcomes.

The Council is fully committed to working with partners from across Cheshire East charitable, voluntary and faith services in the continued drive to deliver early help and prevention.

The commissioning plan provides information and context that underpins local services:

- Our Local Population  
An overview of the population of Cheshire East and the current and future forecast of need.
- Our Partnership Arrangements  
The local partners that we work with to commission and deliver local services in meeting people's assessed needs.

- Our Financial Context  
Information on our financial position and how this will change by 2020.
- National Policy  
A summary of relevant legislation that influences how we commission services now and in the future.

Our key focus over the next three years is to continue to develop a strong and integrated health and social care economy, that can respond to the changing needs of people and in firmly embedding "making safeguarding personal" in everything we do.

This includes improved dialogue with a wide range of providers and partners, identifying efficiencies from service redesign, opportunities and innovative solutions that will enable commissioners to base purchasing decisions on evidence of what works for people, with people.

The Cheshire East Cabinet unit, together with Executive Directors, Directors and Heads of Service work to establish the most appropriate ways of providing services ensuring that commissioning remains everyone's business through our corporate core activity.



# Our Vision and Priorities

Our vision and priorities are based on Cheshire East Council's Corporate Plan. This outlines six priority outcomes to be delivered from 2017 to 2020, as shown below.



The Outcomes relevant to this plan are detailed below.



# Our Outcomes

Outcome 1 – Our local communities are strong and supportive.

- ✓ Individuals and families are self – reliant, taking personal responsibility for their quality of life.
- ✓ Communities are cohesive, with a strong sense of neighbourliness.
- ✓ There is genuine civic pride and mutual respect.
- ✓ Joint commissioning has a significant role in working with communities and a wide range of partners in ensuring people do feel part of the community where they live. Joint Commissioning has a role to play in ensuring that adults who are at risk feel safe in their own home and that they have the right information to reduce any risk of harm.

Outcome 2 – Cheshire East has a strong and resilient economy.

- ✓ Care and health work will be sustainably rewarded with recognition, investment, business support and guidance to ensure that good quality care really does pay in Cheshire East.
- ✓ The one in five people who work in care and health feel valued, acting as ambassadors encouraging others to choose care careers.
- ✓ There is a stable and innovative care economy.
- ✓ Care providers are rewarded for delivering person centred outcomes.
- ✓ Joint commissioning has a significant role to play in ensuring that local plans support a robust and strong care career path that builds the best foundations in the retention of care

staff and in ensuring that safeguarding is made personal, and that providers are accountable for safe care.

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

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

Outcome 5 – People Live Well for Longer.

- ✓ Local people have healthy lifestyles and access to good cultural, leisure and recreational facilities. Care services focus on prevention, early interventions and physical health and mental wellbeing.
- ✓ Joint commissioning has a significant role to play in ensuring the market can respond to people's changing needs, aspirations and expectations.

When we say **Joint Commissioning** we are talking about commissioning in partnership with National Health Service Clinical Commissioner's and with wider local authorities, all with an invested interest in prevention and safe care.



## Our 2020 Ambition

### Information & Advice Hub

The new hub is available to all and supports people to find Information and advice about a vast range of issues. The hub offers great support to people in a way that suits people's individual needs, be it face to face, by telephone or telephone app.

### Local Area Co-ordinators

The Councils local area coordinators are the missing link between community services and people who need care and support, connecting people with social and community support services.

### Dementia Reablement

Dementia Reablement provides flexible, intensive support to individuals, their families and carers who are living with early stage dementia.

It is currently estimated that in Cheshire East 6000 people have some form of dementia. In 2015/2016 over 650 referrals (over 10% of this population) were made to the Dementia Reablement service.

### Care Services Directory

Now in its third year the Cheshire East Care Services Directory has doubled its print run from 4000 to 8000 which will be available across Cheshire East.

The directory is available online, demonstrating our commitment to ensuring people have access to the information people need and in the way people want to access information.

### Dementia

Dementia describes a group of symptoms associated with a progressive decline of brain functions, such as memory,

understanding, judgement, language and thinking. The most common form of dementia is Alzheimer's disease. People with dementia are at an increased risk of physical health problems and become increasingly dependent on health and social care services and on other people.

### Cheshire Care Record

Doctors and social workers, occupational therapists and A&E nurses, can see an overview of people's care and health information if the person gives consent. This is so people only need to tell their story once. With over 300 people per month being registered by social care professionals in Cheshire East, the care record is already making a significant difference by enabling people to experience seamless care, removing unnecessary duplication.

### Care Record

Someone's **care record** is their own care and support story. With your permission, it can include social care and health, and even information from other organisations such as charities and community support. If you choose not to share your information with professionals involved in your care, your choice will always be respected

### Equipping people for life

The council has negotiated a better deal for accessing community support equipment with a range of providers through our recent purchasing exercise. Other local authorities are interested in joining the new framework because of its efficiency and effectiveness in ensuring people have the community equipment they need to remain independent in their own home.

# Our 2020 Ambition

## Adult Social Care Online

The new website pages on [cheshireeast.gov.uk](http://cheshireeast.gov.uk) provides information through an easy to find website, enabling people, carers and families to take control of, and make well-informed choices about their care and support. The information helps to promote people's wellbeing by increasing their ability to exercise choice and control; it is a vital component of preventing or delaying people's need for formal care and support. Cheshire East Council adult social care webpages were awarded the maximum score by Independent Age in their recent survey 2016/17.

## Advocacy Hub

People who need help with navigating the care system can now use our new Advocacy Hub which provides a single point of access for all statutory independent advocacy services across East and West Cheshire.

**Advocacy** means getting support from another person to help you express your views and wishes, and to help make sure your voice is heard. Someone who helps you in this way is called your advocate.

Ref - Mind

## Joint Quality Assurance Team

We understand that when we or someone close needs care and support, we expect the person or place providing that care to be safe, professional and rigorously scrutinised. Our joint quality assurance team, supported by Clinical Commissioning Groups and the Care Quality Commission, visits care providers at least once a year and when responding to people's concerns.

The joint quality assurance team also work in a preventative way – offering providers advice and support regarding how they can implement best practice, so as to retain standards of service.

Our local registered care provision in Cheshire East is rated above average for the Cheshire and Merseyside region (CQC), and we remain proud that people accessing services share their experiences with us.

## Recovery based accommodation

Recovery Based Accommodation provides a safe temporary home to enable people without accommodation and currently using alcohol or other substances in an uncontrolled manner to recover to the point where they can start to work towards maintaining an independent tenancy. This service has been successful in reducing homelessness, improving health and wellbeing for many people, and enabling people to then go on to secure longer term accommodation with support.

## Working in Positive Partnership

We have continued to see the value in working in positive partnership regarding the quality monitoring of services. Adult social care professionals working with operational commissioners have continued to prioritise safe care in terms of ensuring providers are supported to retain the best standards of care and in working with the Care Quality Commission.

## Our 2020 Ambition

### Public Health and Communities - You decide

Local communities in Cheshire East were given the power to decide how a one off fund of £400,000 should be spent to improve local public health outcomes.

Examples of community based assets, which were voted for at a local level by residents and communities include:

- ✓ Volunteer led peer support groups/mutual aid to support people to prevent harmful drinking and maintain recovery from alcohol;
- ✓ A Computer Group for disabled people to increase computer skills and knowledge to enable people to access information online, to prevent loneliness, social isolation and promote, mental health and wellbeing;
- ✓ A project to help young people aged 16-25 to improve their emotional health and wellbeing through support, motivation, increased physical activity and improved healthy eating, which aims to prevent obesity and mental health issues from developing.
- ✓ A Dance project for older people to increase physical activity and to prevent social isolation, loneliness and mental ill health. Sessions will vary from wider community dance sessions to targeted dementia sessions;
- ✓ Volunteer led support network for LGBT people to prevent social isolation, loneliness and improve mental health and wellbeing.
- ✓ The development of a Deafness & Dementia Cafe which will have a focus on supporting people with dementia and their Carers. Sessions will focus on health and wellbeing through a number of workshops such as healthy eating, exercise classes and improving mental health.
- ✓ Local Healthwatch role is to listen to and interpret the opinions of local people and then use this information to influence the delivery and design local services, drawing on people's direct experience of health and social care services.
- ✓ Local Healthwatch shares with Healthwatch England its ambition to achieve the best health and care services that are shaped by local needs and experiences. Healthwatch works toward this ambition in championing fairness and equal access and treatment, making sure they are at all times representative of the whole community and local needs, rooted in the evidence of local experiences and accountable, ultimately, to local people.
- ✓ Our local Accounts that we publish each year ensure people are aware of the progress we have made against target resources and key priorities, enabling Cheshire East residents to understand how important resources are being used.
- ✓ We are developing the improved integration of Public Health and Adult Social Care Commissioning. This will ensure we use our resources in the best way to commission services that meet the needs of our adult populations and when developing younger peoples transition to adult services.
- ✓ In addition we are also working towards the integration of our safeguarding adults services into Adult Social Care and Public Health commissioning. This will ensure that by working together in this way, our services will provide robust quality monitoring and prevent harm.

## Our 2020 Ambition

Our ambition is based on understanding how the Cheshire East market will change, the financial challenges we face and changes in national and local policy across adult's health and social care, whilst continuing to respond to the changing needs of the population of Cheshire East.

In the near future, there will be a more diverse market both in terms of the range of providers who will deliver more self enabling models of care, (including third sector enterprises, community interest ventures) and user-led organisations, all designed to support people to remain at home longer, reducing the need to access longer term health and care services.

The unifying factor will be a relentless focus on preventative outcomes supporting people to access the Cheshire East adult social care pathway. This will be supported through continued joint working with housing, health, social care and wider community groups, which will ensure support is based on knowing people's strengths first, and which will be increasingly integrated at the point of delivery from the person's own home, working in positive partnerships with Clinical Commissioning Groups, through local delivery plans.

There will be a new level of transparency as providers will be visible on the Cheshire East Live Well e-Marketplace. The relationship between the market and Cheshire East Council will involve less direct purchasing and an increased brokerage role, supporting and helping people find and buy the care they need.



Live Well Cheshire East is a new online resource developed by the Council launched this Spring, giving residents choice and control of available services and information on:

- Staying healthy
- Community activities
- Living independently
- Care and Support for Adults
- Care and Support for children
- Local offer for special educational needs and disability
- Education and employment

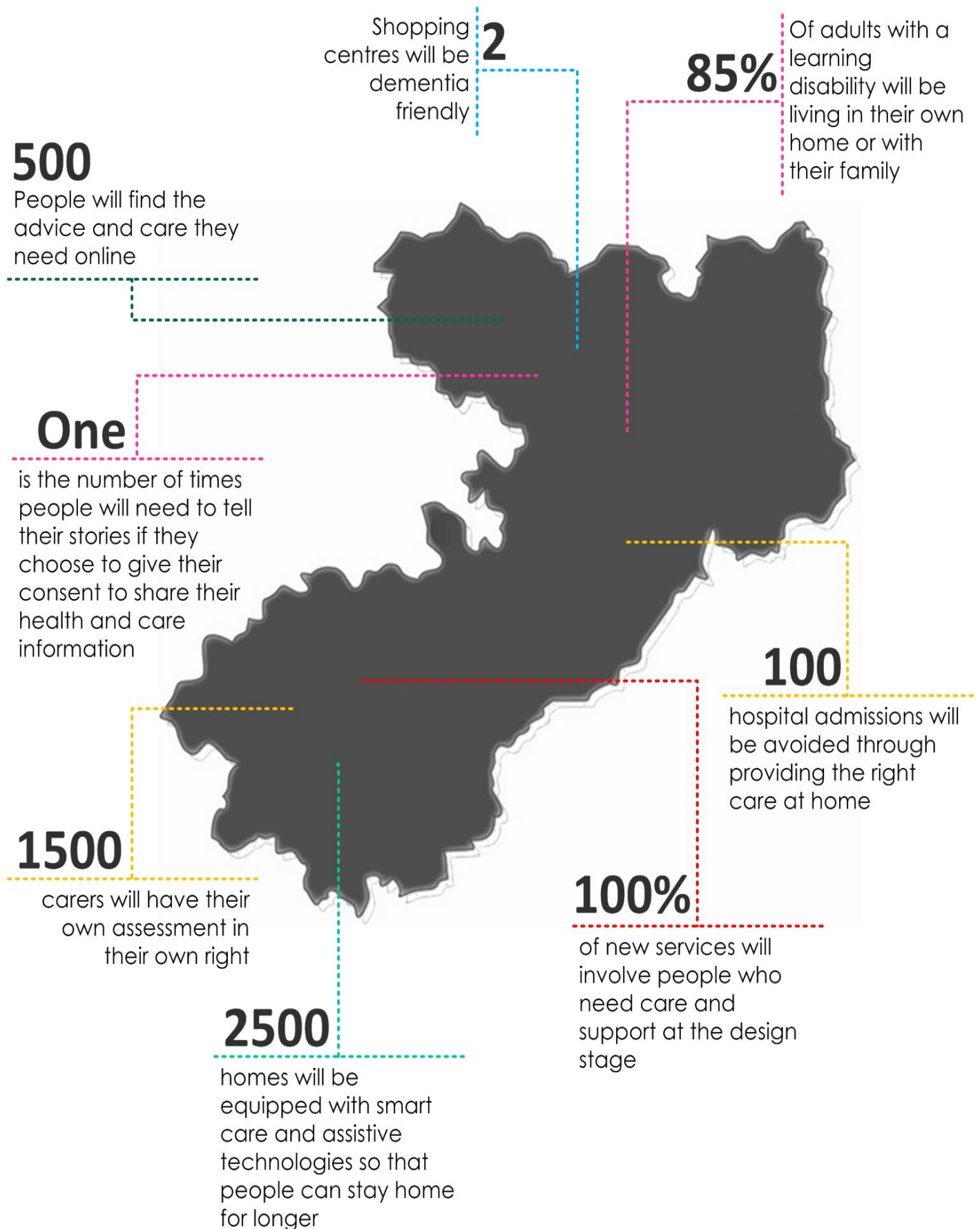


Live Well is a platform the Council will build on further providing self assessment of care needs, and people portals linking services to people.

Residents will be able to access Live Well via the dedicated 'live well' web address.

<http://www.cheshireeast.gov.uk/livewell/livewell.aspx>

# Our 2020 Ambition



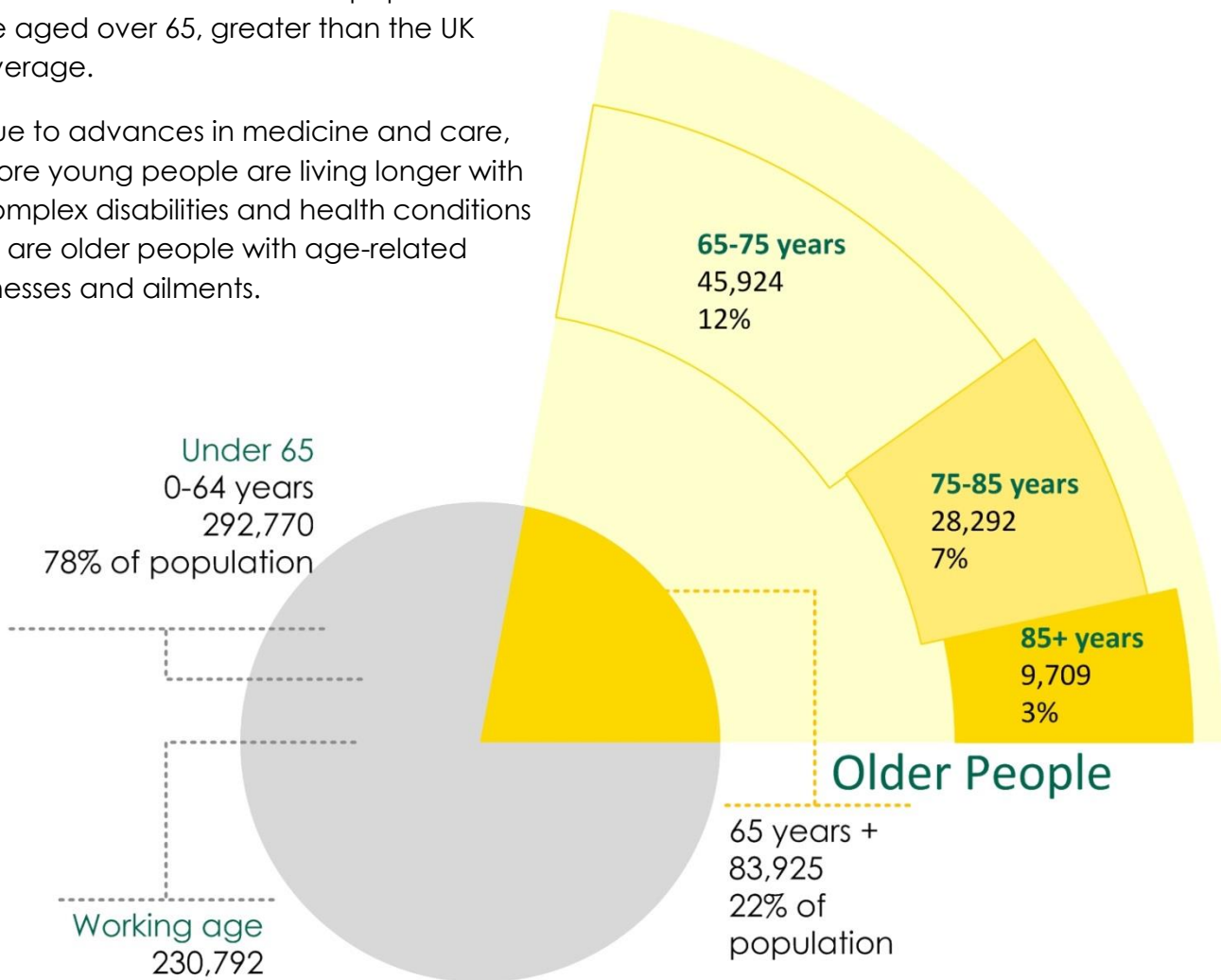


# Our Local Population

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

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

Our challenge is to make sure that people live well and for longer and that we have the right service in place to respond to peoples changing needs and expectations.



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



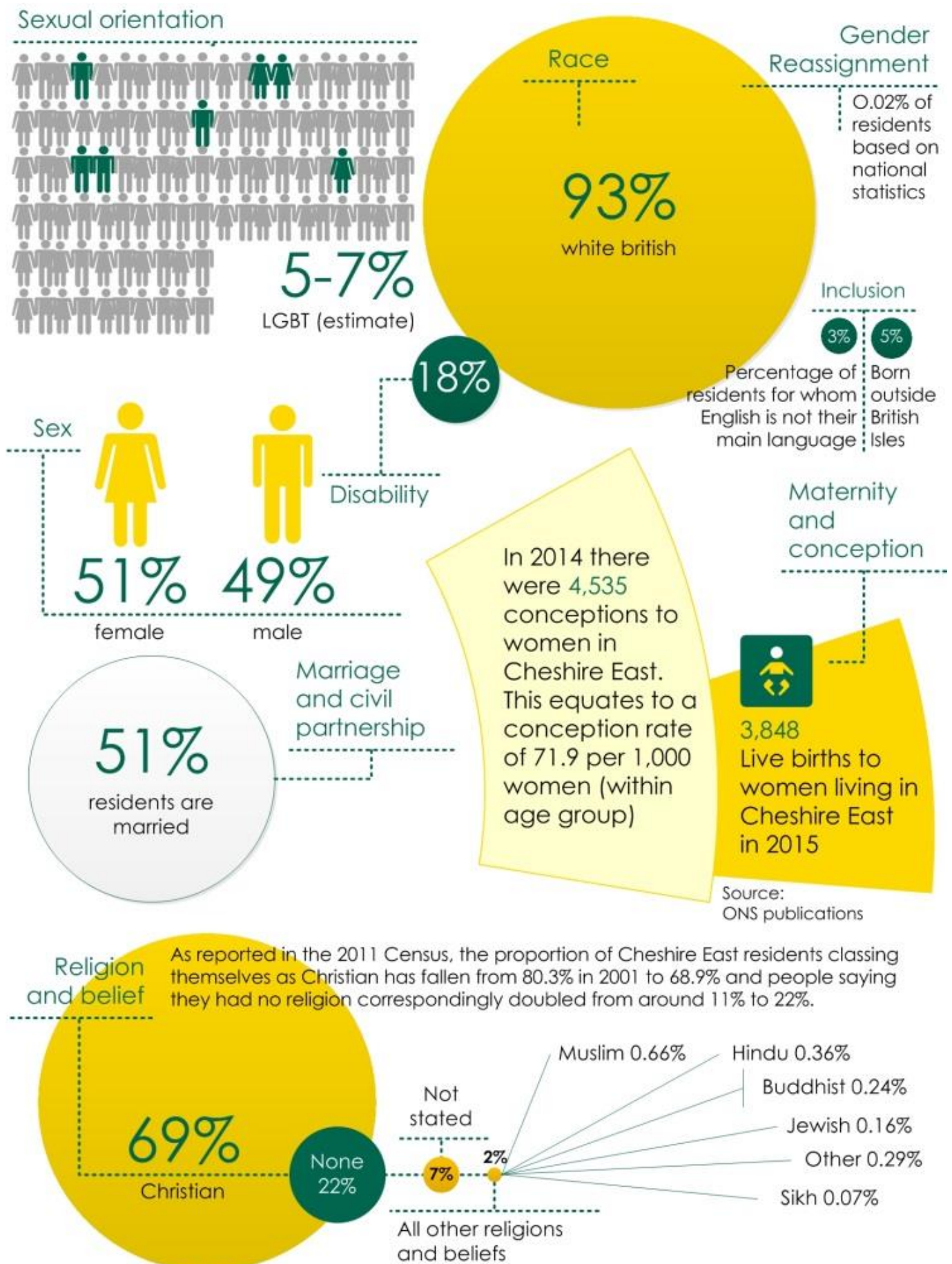
Just over one in ten people who live in Cheshire East is over the age of 75

## People are living for longer



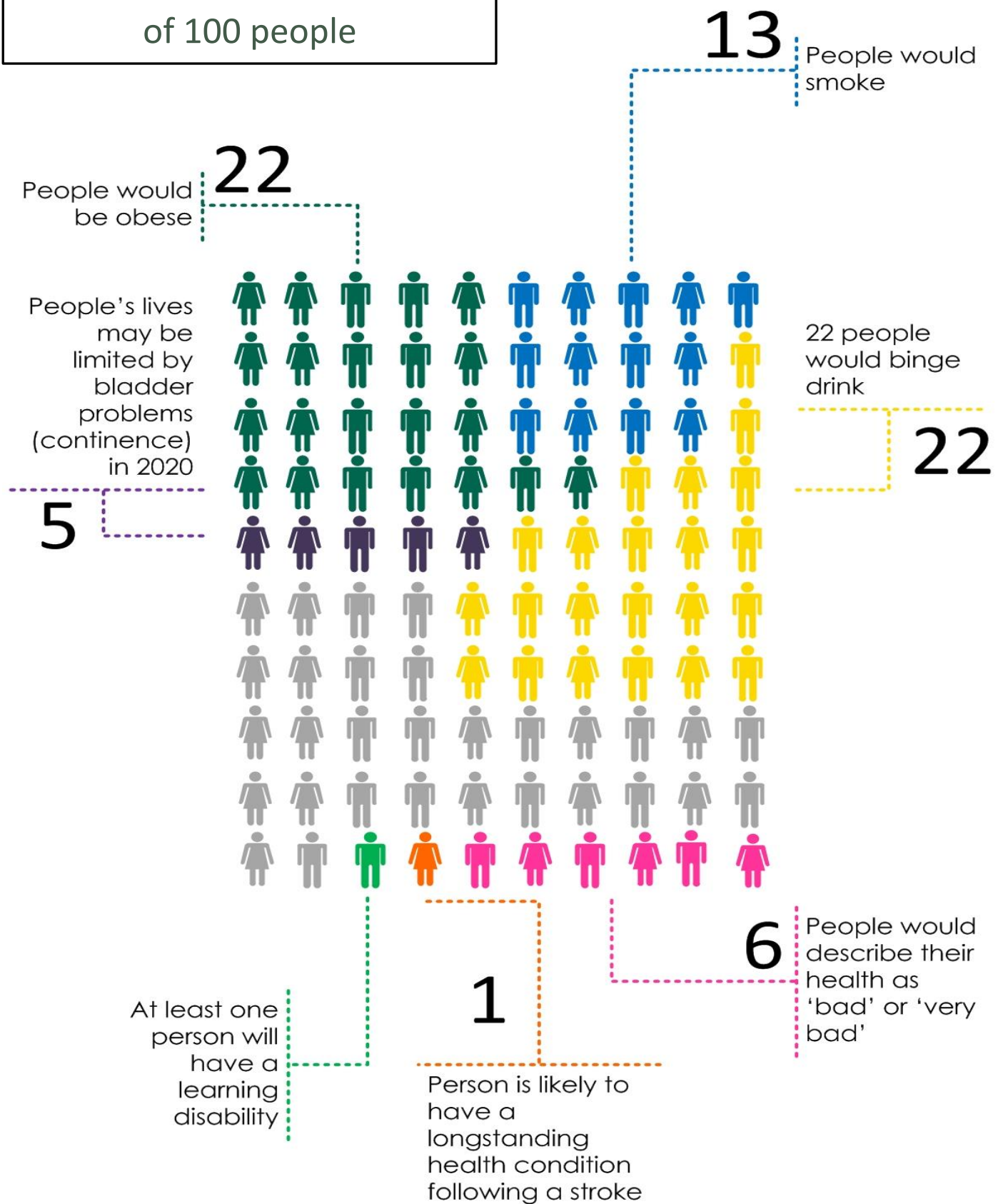


# Our Local Population



# Our Local Population

If Cheshire East was a village of 100 people



# Our Local Population

## Public Health

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

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

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

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

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

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

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

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

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

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

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

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

Public Health commissioning will integrate with adult social care commissioning and play an important role in influencing commissioning plans.



# Our Local Population

90

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

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

£25K £150K

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

£2.25M £13.5M

The population of Cheshire East is about:

379,695

83,900

Older people living in Cheshire East (65+)

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



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

## Our Local Population

people of retirement age (60/65+), with the number of older people (85+) increasing by around 92%.

## Emerging Trends

### What people say

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

### Reducing social isolation

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

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

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

### Less people going to hospital

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

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

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

### Nursing home care

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

### People with Autism

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

### People with multiple complex healthcare needs

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

When we say people with more **complex care** needs we are talking about a person who has multiple health and care need, who is receiving multiple services.

## Partnerships

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

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

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

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

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

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

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

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

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

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

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



## Partnership Local Plans

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

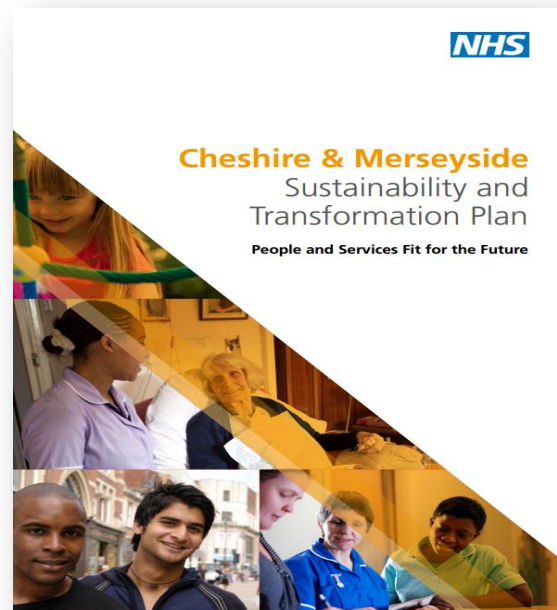


**Connecting Care | Caring Together**  
Cheshire East Council has worked with our local clinical commissioning groups, delivering two transformation programmes implementing joined up care. These are the local plans to improve integration across health and social care, based on the population of needs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

people in their own home through community health and social care teams.

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

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



### Making Safeguarding Personal Plan

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

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

need.



## We All Value, A Sense of Community and Wellbeing

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

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





# Finance

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

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

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

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

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

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

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





## Finance Outcomes

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

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

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

The challenges we face:

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

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

## National Context

Significant reforms including seven-day working and the devolution of powers to local authorities are being driven by the government. Britain's departure from the European Union also means major changes and deep uncertainty for health and social care. The National Health Service is introducing new models of care through the five years forward plan. This is all being tested through historic financial constraints, with record NHS deficits nationally, and an intense search for preventative efficiencies.

The Local Government Association [State of the Nation Report](#) describes the future funding gaps for adult social care and stresses that adult social care cannot be seen in isolation from funding for local government overall. Since 2010 councils have had to deal with a 40 per cent real terms reduction to their core government grant funding. Councils have received a 'flat cash' settlement for the remaining years of the decade, which means that any cost pressures arising during this period will have to be offset by further savings. Such pressures will include, but are certainly not limited to:

- General inflation
- Increases in demand for everyday services as the population grows
- Increases in core costs, such as national insurance, the National Living Wage, pension contributions and cost associated with Care quality Commission new enforcement programmes.

Taking account of the path of future funding and the full range of pressures facing local councils in relation to future years compared to now, the LGA estimates that local government faces an overall funding gap of £5.8 billion by 2019/20.

For Cheshire East this means doing more for less. If we are to innovate and deliver future-proofed services, then this needs to be funded through the redesign of more traditional care settings.

## Adult Social Care Outcomes Framework, Public Health and NHS Outcomes frameworks

These set outcomes and indicators for measuring social care and public health.

## Health and Social Care Act 2012

The Act creates a new commissioning framework for the provision of social care and public health that enables local authorities and wider partners, such as clinical commissioners to form joint contracts and pooled budget, to ensure people receive more integrated services.

The Act sets out the five core standards of services that are regulated by the Care Quality Commission, as detailed below:

**Safe:** you are protected from abuse and avoidable harm.

**Effective:** your care, treatment and support to achieve good outcomes, helps you to maintain quality of life and is based on the best available evidence.

**Caring:** staff involve you and treat you with compassion, kindness, dignity and respect.

**Responsive:** services are organised so that they meet your needs.

**Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.



## The Care Act 2014

The Care Act 2014, places a new duty on local authorities to promote individual wellbeing and provide prevention services. This requires the Council to provide or arrange services that reduce the need for support among people and their carers in the local area, and contributes towards preventing or delaying the development of such needs.

Social care assessments will need to promote independence and resilience by identifying people's strengths and informal support networks, as well as their needs, the risks they face, and asking what a good life means to them and how they think it can be achieved in partnership with professionals.

In summary, the Care Act:

- ✓ Clarifies entitlements to care and support to give people a better understanding of what is on offer, help them plan for the future and ensure they know where to go for help when they need it.
- ✓ Provides for the development of national eligibility criteria, bringing people greater transparency and consistency across the country.
- ✓ Treats carers as equal to the person they care for including entitlement to assessment and support.
- ✓ Reforms how care and support is funded, to create a cap on care costs which people will pay, and give everyone peace of mind in protecting them from unprecedented costs.
- ✓ Supports our aim to rebalance the focus of care and support on promoting wellbeing and preventing or delaying needs in order to reduce dependency, rather than only intervening at crisis point

- ✓ Provides new guarantees and reassurance to people needing care, to support them to move between areas or to manage if their provider fails, without the fear that they will go without the care they need
- ✓ Simplifies the care and support system and processes to provide the freedom and flexibility needed by local authorities and care professionals to integrate with other local services, innovate and achieve better results for people.

## Better Care Fund

The Better Care Fund ensures that health and social care work collaboratively to integrate services.

Cheshire East Council and CCGs have worked together to design schemes, designed to improve outcomes through integrated working. The schemes include: Review of Interface, Intermediate Care Pathway, Developing Integrated Localities, Carers and Voluntary sector development, Learning disabilities, Long Term conditions, Integrated Commissioning The need to develop community based solutions that prevent people from going to hospital means that providers are important in achieving these objectives.

Better Care since its implementation has delivered working with the voluntary and community faith sector prevention, ranging from rapid response domiciliary care service, hospital to home support and reablement for people with dementia.

The Better Care Governance Group is a group of National Health Service Clinical Commissioner and Council Commissioners working with wider health and social care partners who take ownership of the Cheshire East Better Care Plan.

## Localism Act

The Localism Act 2011 aims to shift power from central government back into the hands of communities and individuals. By doing so it seeks to enhance local democracy, individual responsibility and promote innovation and enterprise within public services. It seeks to empower people to take more control over their lives by giving them the power and influence they need to determine how local resources are best used to meet their needs.

The Act outlines five key measures to support decentralisation including community rights, community planning, housing, central power of competence and empowering cities and other local areas. The first measure is of importance and relevance to public service commissioners because it includes the community right to challenge, which gives voluntary and community bodies, parish councils and local authority employees the right to propose how they might better run a public service.

## National Carers Strategy

We recognise that unpaid carers play a significant role in enabling residents with health and social care needs to remain independent and at home. It is important that carers are supported to look after their own health and wellbeing and access support to enable them to continue with their caring role. In commissioning carers services, we will look to ensure that people can access information, advice and support around their caring role.

Our aim is to improve the way we identify carers (including young carers), and ensure they are offered carers support and services including short-break respite provision.

## NHS | A Call to Action

The NHS must change if services are to remain free at the point of access. It wants to see a greater focus on preventative rather than reactive care; services matched more closely to individuals' circumstances instead of a one size fits all approach; people better equipped to manage their own health and healthcare, particularly those with long term conditions; and more done to reduce inappropriate admissions to hospital and avoidable readmissions, particularly amongst older people.

## Living Well with Dementia

Carers and commissioners will work closely with carers' forums and the newly established carers' partnership board. Cheshire East and its partners are committed to improving the lives of people with dementia. We will do this by creating a dementia-friendly borough in which residents and businesses understand and support people with dementia to live their lives.

## Mental Health Act 2012

We aim to improve mental health wellbeing and access to support people at times of a mental health crisis. Our future commissioning intentions will set out how we aim to prevent a large number of inappropriate admissions to hospital or residential care as well as reducing the flow of frequent attendees at hospital emergency departments. We will provide timely, responsive and proactive services for people in a crisis to avoid mental health conditions escalating. To improve support to people in a crisis we will be looking at improving our current services, shifting settings of care, hospital based psychiatric liaison.

## Our Local Response

It is clear from the demographic evidence that the growing demand of our older population will have direct implications when considering how we commission adult social care services now and in the near future, not just when considering increased number of people and increased health and care needs.

Our vision for responsive, modern care and support in Cheshire East is one, that promotes people's wellbeing, choice and independence.

We will enable people to live well, prevent ill health and postpone the need for care and support, enabling people to remain in control of their lives, so people can pursue opportunities (including education and employment) and realise their full potential to **live well, for longer**.

Commissioning is everyone's business, from the professional social workers, district nurses, housing support, carers and the wider ranging health and care providers enabling change to take place, by empowering people to have the opportunity to share their experiences of what works well and what needs to change.

To deliver our vision we will build on the positive joint commissioning opportunities available to Cheshire East Council.

We will work with neighbouring and northwest local authorities, clinical commissioning groups and providers of NHS services to deliver Cheshire wide services, including drawing on the support of the voluntary and community faith sectors.

We will secure success by:

- ✓ Providing high quality care and support to people with a range of care and support assessed needs.
- ✓ Developing services that are responsive to people's changing needs/ aspirations and expectations, including increasing the take up of direct payments and the wider roll out of personal budgets.
- ✓ Actively promote people's health and wellbeing, helping them to have a good quality of life and be as independent, healthy and well for as long as possible.
- ✓ Support services will be more diverse so all people in Cheshire East, whatever their age, background, or level of need, will have more choice in their support, establishing new universal support that people can access services better.
- ✓ Tackle social isolation by fully promoting social values through inclusion wherever we know there is an identified concern across Cheshire East, in everything we do.
- ✓ Improve support for carers, improving the support available to carers in their own right.
- ✓ Ensure fewer people will live out of the borough, and people who need and want to return will have the support they need.
- ✓ Move away from traditional forms of care and support, to focus on personalised support that is flexible and meets people's individual needs, delivering new self – enabling contracts of service - that can support improved choice and control.
- ✓ Supporting the positive transition of young adults with more complex healthcare needs to adulthood will be positive.

# Commissioning Prevention

Prevention is about people living well, for longer and includes measures, services, facilities and other resources that stop or delay the onset of ill health and the worsening of existing conditions.

There is no one definition for what constitutes preventative activity; it can range from wide-scale whole population measures aimed at improving health, to more targeted, individual interventions designed to improve the skills or functioning of one person or a particular group of people. Prevention can also lessen the impact of caring on a carer's health and wellbeing.

Cheshire East Council views prevention as being the whole system changes that support people both cared for and caring through maximising independence, improved control, and choice and by reducing the need for long term care.

Prevention is often broken down into three general approaches: primary, secondary and tertiary prevention which are described below.

- **Primary Prevention**

Measures to prevent ill health and promote wellbeing. Primary prevention is defined as interventions, services, or resources aimed at individuals or populations who have no current particular health or social care support needs. The aim of primary prevention is to help people avoid developing needs for care and support by maintaining independence, good health and increased wellbeing. Examples include programmes to promote healthy living and programmes to build strong resilient communities.

- **Secondary Prevention**

Measures to identify those at increased risk of poor health or wellbeing and intervene early. Secondary prevention refers to interventions or services aimed at individuals who have an increased risk of developing needs, with the aim of helping to slow down further deterioration or preventing more serious ill health from developing. In order to identify those individuals most likely to benefit from such targeted services, screening or case finding is generally employed. Examples include National Health Service Health Checks and providing additional support to carers.

- **Tertiary Prevention**

Measures that delay or minimise the impact of existing health conditions. Tertiary prevention refers to interventions aimed at minimising the effect of disability or deterioration in people with existing health conditions, complex care and support needs or caring responsibilities including supporting people to regain skills and reduce need where possible. Local authorities must provide or arrange services, resources or facilities that maximise independence for those who already have such needs. Examples include reablement and support to people with serious mental ill health and investing in services which prevent, reduce or divert demand, keeping people at the heart of communities for longer and stimulating communities to provide more self-enabling support.

# Commissioning Principles

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

- ✓ **Working in Partnership**  
We will work alongside other public, private and voluntary sectors to deliver integrated services wherever possible.
- ✓ **Quality Assurance**  
We will promote quality services and promise to monitor and manage services we buy to ensure that they are effective and delivering what is needed.
- ✓ **Value for Money**  
We will use our commissioning processes to maximise value for money and the benefits for our local residents making the best use of resources.
- ✓ **Local Residents**  
We will listen to the views of local residents. We will consult and engage throughout the commissioning process to make sure that services are what residents want.
- ✓ **Outcomes that Matter**  
We will commission services focussed on outcomes for communities and individuals with an emphasis on prevention and early intervention.
- ✓ **Social Values**  
In all our commissioning, we will be aware of social value ensuring maximum benefit is derived from resources.

- ✓ **Making Safeguarding Personal**  
'Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.' Care Act (2014).

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

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

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



We will work with providers of care in hospital and care homes where there may be a requirement to restrict the liberty of an individual for a period, to ensure that the appropriate statutory requirements are met. These arrangements are regularly reviewed and withdrawn when/if no longer necessary.



At all times we will ensure that we put in place the least restrictive available option which is in the best interest of the person at the heart of the concern, in making Safeguarding Personal.

The Care Act placed **safeguarding adults** on a statutory footing.

*"Defines adult safeguarding as "protecting a person's right to live in safety, free from abuse and neglect".*

The Care Act requires that each local authority must: make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to other appropriate adult to help them.

The aims of adult safeguarding are:

- To **prevent harm** and reduce the risk of abuse or neglect to adults with care and support needs.
- To **safeguard individuals** in a way that supports them in making choices and having control in how they choose to live their lives.
- To **promote an outcomes** approach in safeguarding that works for people resulting in the best experience possible.
- To **raise public awareness** so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

There are six key principles that underpin adult safeguarding:

- **Empowerment** – Personalisation and the presumption of person-led decisions and informed consent. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

- **Prevention** – It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented. "I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."

**Protection** – Support and representation for those in greatest need. "I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."

- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."
- **Accountability** – Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life."

We all need to play our part in looking after our own health and being good neighbours to people who are struggling. We will work with our community, voluntary and faith partners to build on the strengths of communities and to keep people healthy and active for as long as possible.

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

Enabling people who do need high level, residential or nursing

We will develop sufficient high quality provision where the environment and care meets their needs closer to home. We will also work closely with the NHS to identify needs earlier and provide proactive care to keep people as well as possible.

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

## Priorities for early help / prevention

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

In order to avoid unnecessary hospital admissions and put people in control of their

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

Prevention is focused on self enabling people at the earliest stage and opportunity in their life before they need any levels of care.

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

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

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

When we talk about a **commissioning pathway** we are talking about the path people take when accessing care and departing from care. The path is the journey people may take when accessing adult social care.







# Equality, being Inclusive

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

## Inclusion

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

International Disability and Human Rights Network

We've been listening to our communities.

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

## Equality Objectives

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

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

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

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

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

## Priorities for Outcome 1

### Connected Voluntary, Community and Faith Sector Framework

We currently commission a range of services from a number of local voluntary and community faith sector organisations for services for older people, adults at risk and their carers. This help is invaluable to a number of residents, and it helps to relieve wider pressures on the health and social care economy. We will work closely with the NHS to map our joint spend across these organisations, and to reduce duplication by targeting support towards those who need it most.

Asset based practice approaches allow us to focus on what supports and underpins health and wellbeing including the social, mental, physical and community resources people can draw on to influence and maintain their wellbeing. It also encourages us to determine the assets, skills and capacities of citizens and organisations in order to build communities and networks of support.

The focus of Connecting Communities and Connecting to the VCF sector is to provide support to the sector to enable partners to achieve our shared outcomes. Our shared outcomes are as follows:

- ✓ Our Local Communities are Strong and Supportive
- ✓ Our People have the Life Skills and Education they need to thrive
- ✓ Our People Live Well, for Longer
- ✓ Our People are Safe from harm.

The new framework will set out three community prevention tears:

Tier One – Community Wellbeing

Tier Two – Early Help/Prevention

Tier Three – Active Recovery Enablement (Specialist)

These are services aimed at enabling safe and rapid discharge from hospital and enablement services for adults. There will be an emphasis as well on preventing seasonal deaths.





## Priorities for Outcome 2

### Social Value

The need for local authorities to consider social value is enshrined in legislation through the Social Value Act 2012. Social Value supports the localism agenda and needs to be considered at every stage of the commissioning process. It can be defined as follows:

“Social value refers to wider non-financial impacts of programmes, organisations and interventions, including the wellbeing of individuals and communities, social capital and the environment. These are typically described as ‘soft’ outcomes, mainly because they are difficult to quantify and measure.

“As a concept, social value is about seeking to maximise the additional benefit that can be created by procuring or commissioning goods and services, above and beyond the benefit of merely the goods and services themselves”.

Social value challenges commissioners to think about overall value when planning and procuring services and not just about price. For example, it means considering other important factors including for example:

- ✓ The happiness and well-being of individuals and communities.
- ✓ The inclusion and empowerment of individuals and communities.
- ✓ Impact on the health of individuals and communities.
- ✓ The views of the public in terms of what they value.
- ✓ Impact on the local environment.
- ✓ Economic impact.

Weighing up social value is a useful tool which can help commissioners to assess what should be created and forsaken through a commissioning process. In addition, it helps to determine what provides overall best value, recognising that price alone does not always provide the best value.

Cheshire East Council is committed to acting in accordance with the Statutory Duty of Best Value and meeting the standards set out in related Statutory Guidance. The latter places a focus on:

- Greater involvement for voluntary and community organisations as well as small businesses in the running of public services.
- Reasonable expectations of the way local authorities should work with voluntary and community groups and small businesses when facing difficult funding decisions.
- Reducing barriers that often prevent voluntary organisations competing for local authority contracts.
- Promote local authority leadership in providing a level playing field for all, including local voluntary and community organisations.

1,000 people with learning disabilities known to the Council (2017).

## Priorities for Outcome 3

### Employment Support Policy Framework

There are a variety of public, third sector, private and faith sector organisations in Cheshire East that provide some kind of employment support service to disabled people.

The intention is to create Welfare to Work partnership. One focus of this partnership will be to help connect up these agencies and develop an Employment Support Policy Framework enabling more people with disabilities and health conditions to be supported into employment. A joined up approach to employer engagement will also be a key focus of this partnership.

Cheshire East Council will monitor avenues re all relevant external funding opportunities. Working locally and sub-regionally the Council will also contribute and influence resource identification, resource alignment and market-shaping around complex worklessness.

Early intervention will be a key focus. Policy development will continue to help shape a whole-systems and partnership approach re young disabled people in transition to adulthood and employment support. As well as disabled people, other disadvantaged groups include carers, care-leavers, ex-offenders, people recovering from domestic violence, people recovering from substance misuse and people at risk of homelessness.

People with learning disabilities and people in touch with secondary mental health services will be a particular focus. There are around

The government estimate that around 65% of people with learning disabilities want to work. This equates to 650 people with learning disabilities known to the Council who may want to work. It is the Council's intention to do more work to help identify this need and ensure there is a responsive, outcomes-focused and effective market of agencies that can respond to this need.



This work will include engaging people and health and care agencies including employment firms to ensure in Cheshire East a clear health and care career pathway is developed.

We will work with employers supporting people with disability to ensure that making safeguarding personal is fundamentally embedded and that there is improved awareness of the risks posed to adults at risk.



## Priorities for Outcome 5

### Adult Social Care Single Pathway

When we talk about the adult social care **pathway**, we're talking about the process that people take when accessing our support.

We want to create a "community front door" for care and support services, so people who need care will only have to tell us their stories once. This will be the way into care and support, located in communities throughout Cheshire East and in working in a Pan Cheshire way with key health and social care partners. Seamless and safe care will be provided by care and support professionals from social care and health as well as charity, voluntary and community groups.

Pooling our expertise and local knowledge will help answer people's questions when they first become involved with social care. This is to make sure that people who need care and support are offered every opportunity to be supported to remain independent, safe and in control of their wellbeing. We'll guide people to services that can help people enable themselves (self-enabling care).

Our strength based, solution focused approach is underpinned by the basic building blocks of good recovery practice below:

- ✓ Belief that recovery is a possibility
- ✓ Respect
- ✓ Encouragement
- ✓ Optimism
- ✓ Empathy
- ✓ Anti-oppressive practice
- ✓ Self-awareness and reflective practice
- ✓ Understanding the principles of recovery and safe care in risk taking
- ✓ Clear boundaries

- ✓ Accepting the person's definition of the problem.
- ✓ Objectifying not personalising the persons behaviour.

### Outcomes Based Assessment and Plan

We will work with people to meet their individual eligible assessed outcomes in the most cost effective and sustainable way. Some people will receive short-term intensive support when needed and others more cost effective long term care provision.

This includes developing a robust finance resource allocation system whereby people after an assessment of need, will be able to know what their indicative budget is in meeting their needs, regardless that this be through a personal budget or taken as a cash direct payment.

Cheshire East resource allocation system sets out in assessing people's needs clear outcomes, outcomes that can support people's choice and independence.

### Care4CE

Care4CE is Cheshire East Council's internal care provider. This means Cheshire East Council employs the equivalent of 396 staff, excluding reablement and spends £12 million annually on the service. This review will focus on how Care4CE will move from its current model, which focuses on dependence and long-term care, (with some reablement and relatively low investment in early help and prevention) to a model which gives greater emphasis to early help and prevention and ensures that expenditure on long-term care is targeted at more specialised need.

Our intention is to develop a viable and sustainable business model that will offer people with more specialised need a valuable service.

## Assistive Technology

We are committed to working in partnership across the whole of Cheshire to expand the use of assistive technology with a focus on person centred solutions that assist people with long term health conditions and who are at risk of frequent hospital admissions as a result.

Most people think assistive technology is about computers and gadgets but it can take many forms from walking sticks and wheelchairs to cochlear implants and wearable devices, from smart spoons designed to make eating easier after a stroke or digital wheelchairs that use machine learning to help a disabled person get around safely.

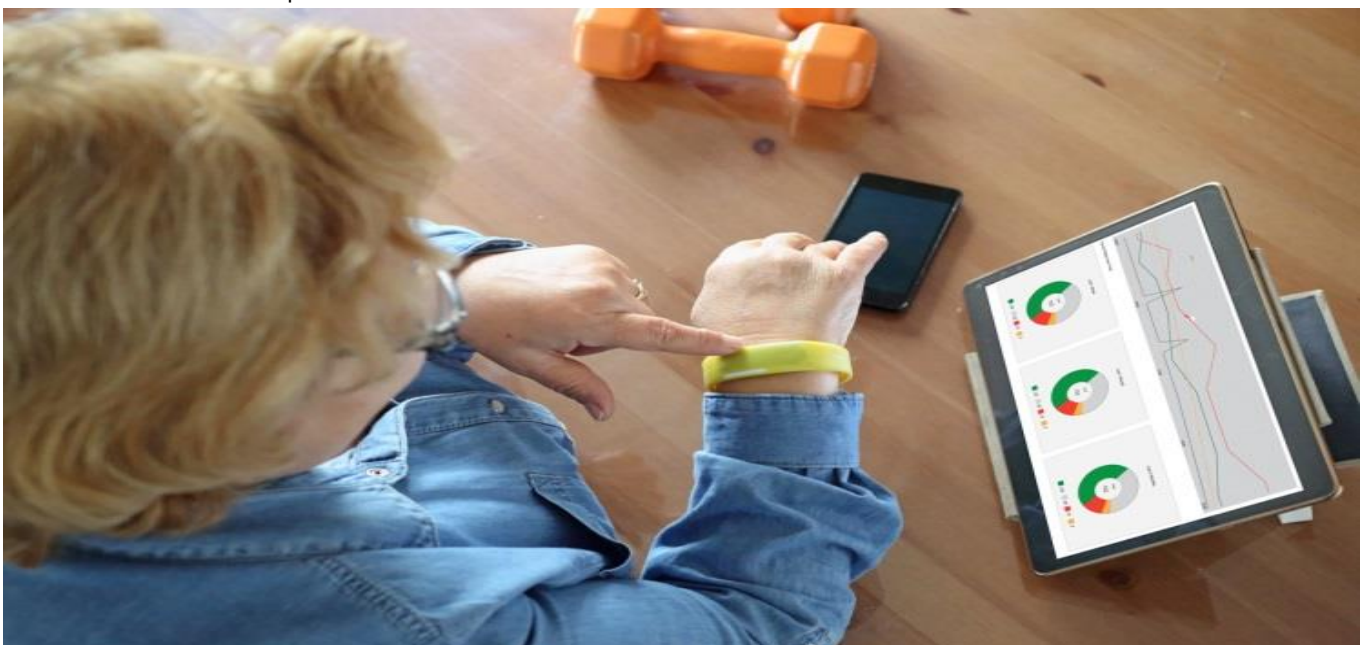
Assistive technology can reduce anxiety and provide reassurance to people who are at risk from falls or increasing frailty. Sensors and monitoring devices can not only raise the alarm but are also starting to be able to predict the likelihood of a fall, reducing hospital admissions. Assistive technology can help people stay in their own home by supporting them to take their medication or remotely monitoring their health and wellbeing. Blood sugar levels, home temperature and heart rate can also be monitored via smartphones.

For those with distant family and friends, video-calling can bring families virtually closer. Virtual reality will take this one step further enabling all of us, not just those with disabilities, to take steps where we've never been. 360 degree cameras capture immersive experiences that help all of us with learning and living.

Good assistive technology can help people with dementia by providing personalised memory support tools. The concern felt by carers of dementia sufferers can be alleviated by use of assistive technology to ensure safety and security.

People with additional needs, including those who have a learning disability, may be able to move from care homes to live more independently with assistive technology and other support.

Cheshire East Council takes the privacy and rights of vulnerable people seriously. To ensure that assistive technology benefits vulnerable people and their carers, we will work with providers, partners and the public to provide safe, personalised solutions that deliver choice and control.





## Mental Health Policy Framework

Getting mental health and social care services right for local people across Cheshire East revolves around the simple premise that feeling mentally well is important to everyone and that a community that promotes, supports and maintains the mental health of its population (children and adults) builds community, as well as individual, wellbeing and its social, as well as financial, resilience.

This development of a Pan Cheshire Mental Wellbeing Policy Framework will describe what we want of our Mental Health, Social Care and Community services for adults in Cheshire over the next five years.

## Pilot a 12 Month Brokerage Support Service

Commissioning commenced a pilot of a new Brokerage support service on 1st February 2017, with an aspiration that people are supported to plan and fund services that can respond to their specific assessed needs.

We aspire to develop a brokerage support service that can be independently commissioned from the third sector that will deliver the following expectations:

- ✓ People will access the right services on the same day.
- ✓ People will receive safe care with a focus in making safeguarding personal at every step.
- ✓ People will be in control, saying what they expect from the services they want to purchase.
- ✓ People will employ their own support staff or have their own personal assistants.
- ✓ People will be supported to be a good employer.

- ✓ People where appropriate will be supported to manage their budgets
- ✓ People will have access to service information and will be able to have improved choice.
- ✓ People will have improved support from local area staff, which can connect people to their local communities.
- ✓ People will be satisfied they are in control.

## Young people transitioning to adults services

Joint commissioning will strengthen the transitional pathway from young person to young adult.

This is to reduce the numbers of young people lost to services at this critical time, reduce periods of untreated illness and adverse impacts on later life such as increased morbidity.

Joint commissioning will begin with self-assessment of areas to strengthen alongside a clear transition policy which:

- ✓ Promotes person centred planning
- ✓ Embedding making Safeguarding Personal
- ✓ Enables continuity of care
- ✓ Offers flexibility and decision making
- ✓ Has sufficient detail of operational procedures to ensure efficacy and consistency

## Review of Cheshire East Sexual Health

The sexual health needs of the population are evolving. Over the past few decades there have been significant changes in relationships, and how people live their lives including personal attitudes and beliefs, social norms, peer pressure, confidence and self-esteem, misuse of drugs and alcohol, coercion and abuse.

Sexual ill health can affect all parts of society, often when it is least expected. Investment in sexual health not only improves the overall health of the population, it is also cost effective. The consequences of poor sexual health cost the NHS an estimated £193m in unintended pregnancies in 2010 and approximately £630m in HIV treatment and care in 2012/13.

In terms of improving sexual health outcomes, we have made good progress working with a wide range of partners at a local level and wider across the North West. We will work with our local authority and health partners in the Cheshire and Merseyside region and Public Health England to explore integrated approaches to sexual health delivery, commissioning and quality assurance.

## Review and redesign of substance misuse

We will review and develop a substance misuse service that drives early help, prevention and recovery, which also ensures that the long term health and wellbeing of people are better understood and met on a more Pan Cheshire basis – ensuring that we can develop responsive services in meeting wider population of needs.

## One You Cheshire East – Lifestyle Services

Establish One You Cheshire East to ensure good uptake and robust pathways to preventative services – in the following areas:

- ✓ Physical Activity, Healthy Eating, Weight Management services.
- ✓ Falls Service.
- ✓ Alcohol services. Aim to include smoking interventions alongside service.

- ✓ Smoking services and ensure good uptake and robust pathways.

### Children's Health services

Building on earlier progress we will continue to work with the commissioned provider of Health Visiting and School Nursing to embed integration with Children's services. We will also work with the service and other stakeholders to develop the prevention offer within schools and improve the offer to young people up to the age of 19 who have left school.

## Developing a Cheshire East Day Opportunities Framework

Working with providers of day services, wider agencies and providers – we want to develop a Cheshire East Day Opportunities Framework. 'Day opportunities' are different to our traditional idea of 'Day Services' as building based centres. Day Opportunities covers all opportunities for people whether it be the day, evening or at the weekend. Adults with a wide range of care needs need activity, social contact and developing interests in the community and at home, so to tackle social isolation. A new Day Opportunities Framework would:

- ✓ Enable people to access a wide range of Day Opportunities services.
- ✓ Personalised services promoting independence, choice and control
- ✓ A focus on health and well being, and prevention;
- ✓ More focused support for those with long term conditions;
- ✓ Support to marginalised and excluded groups;
- ✓ Access to services available for everyone, information and advice is a priority.

The aims would be to remodel current day services delivering traditional care and support, into an innovative range of day opportunities to ensure that people of Cheshire East have:

- Access to local and personalised services that are efficient and cost effective and involve communities, individuals and partners in their development;
- Access to support and services which promote health and well being, allow real choices, based on wide availability of information;

## Domiciliary Care Outcome Based Framework

Our intention is to work in partnership with clinical commissioners to minimise the effect of a disability or frailty focusing on reablement and rehabilitation working not only with the individual but their families and communities.

Domiciliary care delivers personal care in a person own home and is registered with the Care Quality Commission. It's a vitally important service to thousands of people across Cheshire East who rely on personal care in enabling them to remain in their own home, making safeguarding personal.

Following an outcomes based needs assessment people meeting our eligibility for funding will be supported through a personal budget either as a direct payment, managed account or individual service fund.

The council currently spot buys services from over 53 domiciliary care agencies all of which are registered with the Care Quality Commission to deliver personal care. This arrangement means that providers of services set out their own rates. These rates are varied and don't always reflect the

model of care that the Council would want to commission or value for money.

We want to be in a position whereby local rates are standardised and reflect both high quality of care and care prevention activities that move beyond the Care Quality Commissions basic requirements underpinned by the Health and Social Care Act 2012.

We will develop a quality framework working with our partners in health that will be coproduced with people who access domiciliary care services and formal carers who provide a valuable role in enabling the cared for to remain at home.

We want Cheshire East domiciliary care providers to meet the required standards as set out in the Homecare NICE Guidance. The guidance sets out the best practice and was developed in consultation with domiciliary care providers nationally and people who access services.

We will design a service based on people's outcomes that will be underpinning the principles of choice, control and independence, enabling people to seek alternatives to care through improved access to the wider community settings.

The outcomes based framework will ensure people can access services in a timely way by operating across specific geographical locations based on known gaps in the market. These gaps at present represent all areas across Cheshire East where it is hard for a person to source domiciliary care.

We will focus on people being better supported when they need a short period of time in hospital for up to fourteen days. This means that the Council and clinical

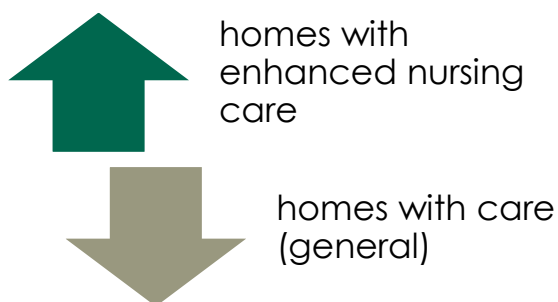
commissioners will fund up to 7 days of care whilst a person is in hospital in order that the domiciliary care provider can retain the care staff, ready for when the person comes home.

## Care Homes Outcome Based Framework

We currently commission places in residential and nursing care homes from the private and voluntary community and faith sector.

In Cheshire East there are plentiful general residential care beds. However there are not enough care beds in homes for people with enhanced, later stages of dementia.

We will work with care home providers to shift the balance from general residential care to more enhanced nursing beds.



As the population of Cheshire East ages, this rebalancing of homes with care and quality enhanced dementia care will assist in meeting our future needs.

We will develop quality standards of service to reflect what people and their carers' want. We will expect providers to be flexible to the changing needs and personal aspirations of Cheshire East residents.

People are assured they are at the centre of decision making and that they feel informed

of what services they can decide to buy, if about.

People who access care services include:

- People with Mental Health
- People with a Learning Disability
- People with Physical Disability
- People with a Sensory Impairment
- Older People with Multiple Healthcare Needs.
- People who are Ex- Offenders with a Disabilities.
- People with a range of challenging behaviours to self, family and wider public.
- People with Autism.
- Younger People who are transitioning to adult Services.

We will work with care providers to better connect to their local communities. People living in that local community will be able to rely on a wide range of services that deliver more self enabling care. This extends the recreational and social activities delivered by care home organisations to vulnerable people at risk of social isolation.

We expect end of life care to be supportive and well planned. "This most difficult time in a person's life" is when they know they are now reaching the end of their life. This means respecting life long plans, through improved living wills, best interest and decision making.

We expect older people to be confident that if they need to go into hospital that they don't have to worry if their (care) home can support them when they return.

We expect providers to be more flexible and responsive 365 days of the year and to release resource to meet demand, particularly in October, November, December and January. This may mean increasing staffing backed by robust business

continuity plans to minimise the risk of disrupting care and support for vulnerable people.

We will take steps to ensure that the new powers under the Care Act 2014 are clearly included in care and support contracts. This is particularly relevant regarding market failure. In this event Cheshire East Council working with the Care Quality Commission could take over the delivery of care within a failing care home. This is to ensure the safety of transfer of care from one care home to another.

## Care Homes “Step Down” to Community / Supportive Living Enablement.

We fully recognise the importance for people currently living in a care home, who are of working age (under 65), who may want to be supported to live in the wider community in their own home. For many people who may have lived in a care home for many years this may present a significant challenge. Therefore, it's vital that people of all ages are offered wider community support service prior to needing a care home.

We want to work with care home organisations, supportive living landlord organisations that can develop (working with a wide range of third sector organisations) a short term community step down from residential care community support service. This new service will support people with more complex care needs, and for the purpose of this service a person with a complex care need is defined by the Department of Health Transforming Care Programme as needing:

“multiple healthcare assessed needs requiring multiple healthcare services in meeting a level of community support need ” e.g. they have a community need that presents as 1) challenging behaviours to self,

staff and wider public and/ or 2) a complex care need with unmanageable epilepsy”.

People with more complex care needs tend to access a vast range of healthcare services at a significant high cost to both Council and CCG's, that don't always represent value for money or offer self enabling care that includes least restrictive practice.

## Review of Respite and Short Breaks

Respite care is an essential part of the overall support for unpaid carers and those with care needs, helping to sustain the caring relationship, enabling carers to have a life alongside the caring role, promoting health and wellbeing and preventing crises.

We want respite care provision to offer people greater flexibility but to ensure people receive the best service in supporting independence, safe care and control and offering wider choices in how respite can be delivered.

We want to work with a wider range of care providers including social landlords to develop more innovative models of respite.

## Intermediate Care

Intermediate care aims to maximize recovery, promoting Independence. Intermediate care is part of a continuum of integrated community services for assessment, treatment, rehabilitation and support for adults with long term conditions at times of transition in their health and support needs. Intermediate care reduces demand and improves outcomes supporting people through:

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

Building the right capacity and capability for Intermediate Care is a key element of any



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

## Integrated Social Care Workforce

We will continue to develop more integrated working across health and social care that enables people accessing services to receive a single service at the point of delivery.

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

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

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

We continue to develop the social care workforce focusing attention of specific needs, championing a supportive understanding of learning disabilities, mental health, physical disabilities, sensory impairment, dementia and autism.

## Housing with Support for Adults

Housing with Support focuses on improving health, housing, education and employment prospects for residents and in making safeguarding personal through measured risk taking to improved independence and

improved choice. Its overall aim is to prevent homelessness and provide people with the tools and skills to move to independence, reducing reliance on statutory services.

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

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

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

Although the previous supporting people national programme ceased in 2010, ongoing work has continued to improve services to meet the local and emerging needs of young adults, families, older people and people with more complex care needs especially as a result of priorities in related strategies and plans, working with Cheshire East Housing and community services.

Nonetheless Like many Councils Cheshire East Council continues to performance monitor services as it is a proven tool by which to

manage contracts and monitor the effectiveness of services and outcomes for people.

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

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

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

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

## Overview of Changes

### Public Health

- ✓ Develop a new model of provision for 0-19 year olds using a locality-based approach.
- ✓ Further develop community-led approaches to health improvement in collaboration with the local third sector.
- ✓ Develop new ways of promoting self-care, and self-management of long-term conditions.
- ✓ Explore ways to create more opportunities for new providers to enter the market.
- ✓ Developing substance misuse provision which achieves the right balance between treatment and recovery, while reducing the level of long-term treatment where appropriate for individuals using personalisation approach

### Younger People to Adult Services

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

### Physical and Sensory Disabilities/Disorders

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

### Mental Health

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

## Learning Disabilities and Autism

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

## Older People

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

## Carers

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

## Advocacy Support

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

When we talk about **Shared Lives** we are talking about people being assessed to live with a family or person who can support them in a more supportive home environment to live their life.

# What Success Looks Like

## Market Position Statement

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

Our Adults Market Position Statement aims to:

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

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

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

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

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

- ✓ What the area looks like now in terms of demography and service provision;
- ✓ What the future demand for care and support may look like and types of services needed to respond to this;
- ✓ Our intentions towards the market as a facilitator of adult care and preventative change;



- ✓ How we can work with organisations to respond positively to the key messages in our Market Position Statement.

reduced demand for traditional care and a fundamental drive to embed making safeguarding personal at every step in the commissioning process.

## Robust Commissioning Cycle

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

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

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

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

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

By 2020, with greater focus on supporting independence and choice, our Commissioning Three Year Plan will have delivered a wider range of preventative alternative services resulting in a significant

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

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



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

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

## Better Care Fund

Continued funding under the Better Care fund is essential in the Council's continuing to commissioning and investment in prevention, working together with the voluntary community and faith sectors.

Our three year commissioning priorities are fundamentally linked to the continued development of community and we continue to develop innovative services that better support people to remain at home for longer and in ensuring we support locally the drive for reduced admissions to hospital. This includes hospital avoidance working with our local partners across health and social care.

## Staff Development

- ✓ We believe that we will only be able to achieve real success by developing our staff and so we are setting the foundations to support a learning culture.
- ✓ We continue to invest in staff training that identifies known gaps in development based on our collective work programmes.
- ✓ We are investing time and attention into the development of staffing structures that will enable us to deliver an escalation of prevention services across health and social care.
- ✓ We invest in mentoring and peer support programmes to enable our staff to feel supported in time of challenge and change.
- ✓ We consult and engage with our staff regarding relevant change and provide leadership opportunities to

influence how we work now and in the near future.

- ✓ We operate within robust support system that enables staff to feel supported and to retain a work life balance.
- ✓ We facilitate regular leadership and culture events that enable lead officers to drive connected leadership principles that are based on ensuring people at all levels of Cheshire East have the opportunity to influence change.
- ✓ We set out a yearly training plan based on known gaps in learning and development.
- ✓ We endorse diversity champions across key departments and the undertaking of equality impact assessments.
- ✓ We continue to look for new ways in working that best utilise our staff at all levels of the organisation.
- ✓ We continue to welcome engagement with relevant trade unions regarding consulting with staff and supporting how they can influence change.
- ✓ We continue to ensure staff yearly reviews support our corporate ambitions and priorities and that will proactively review our corporate team plans.
- ✓ We continue to ensure staff have their say through our staff survey approach that influences how we work and how we behaviour.

## Enablers to Change

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

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

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

Enablers to Change are:

- ✓ **Making Safeguarding personal:** Enabling people / partners to take risks in supporting peoples life choices that improve wellbeing, control and choice.
- ✓ **Better Care Fund:** We will continue to refine and develop our Better Care Fund, a joint budget that is currently worth £25million and spent on a range of health and social care services. By pooling our resources in this way, it is hoped that we can take a more integrated approach towards the services that we commission.
- ✓ **Discharge to Assess:** We are working with health partners to implement a new assessment process for professionals to ensure that residents receive the appropriate support to leave hospital. This approach is designed to support independence following discharge, and to minimise admissions into long-term care.
- ✓ **Commissioning Staff Integration:** We believe that many services we purchase could be combined with health partners. This would create an opportunity for shared roles and jobs across organisations.
- ✓ **Promotion of Direct Payments:** We will continue to promote the use of direct payments and look to increase the number of people who have more direct control over their services. We will also continue to develop the markets, supporting social enterprises and smaller providers to deliver services. These smaller organisations play a vital role in ensuring that there is genuine choice for residents.
- ✓ **Brokerage:** One of the most important services we provide is our Brokerage Function. This service supports residents in using their Direct Payments and setting up appropriate arrangements to support their needs.
- ✓ **The NICE Guidance** supporting the Review of Care Homes and Domiciliary Care, ensures that best practice is truly reflected in our standards of care.
- ✓ Drawing on the support of the **experts of care** such as dementia and end of life care under the national frameworks.

This will include improving our 'step-down' care facilities, and assessing people's needs at the right stage during the discharge process.

- ✓ **Integrated Quality Monitoring** – continue to work in positive partner with our local health partners and the Care Quality Commission, and wider statutory agencies regarding the monitoring of safe care and the prevention of harm.

## Let's Make a Step Change Together

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

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

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

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

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

- ✓ This is aimed at minimising disability or deterioration from established health conditions or complex social care needs. The focus here is upon maximising people's functioning and independence through interventions such as rehabilitation / enablement services and joint case management of people with complex needs.

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



We need organisations to focus resources on early interventions:

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

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

- ✓ This is aimed at identifying people at risk of losing their independence. This could be due to becoming socially isolated through a significant event in their life e.g. loss of a loved one or an unmanaged health condition e.g. diabetes.
- ✓ Preventing unplanned hospital admission by taking a preventative approach.
- ✓ Emphasising **co-production** with communities, with eligible people and their carers, and with providers.
- ✓ Moving away from services being provided directly by the council and in generating **greater opportunities** to develop wider people enterprises.

## This will mean:

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

## This will require:

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



- ✓ Providers to ensure the platforms to change by **involving staff** are steady and in place.

## Outcomes and Priorities

Corporate Outcomes	Priorities	When
5	New Adult Social Care Pathway	2017/18
5	People's Outcome Based Assessment and Plan	2017/18
2	Implement a Social Values Framework.	2017/18
5	Pilot a New Brokerage Support Service	2017/18
1	Implement a New Connecting Community Framework	2017/18
5	Review and Redesign of Council's Care4CE.	2018/19
5	Review and Redesign of Domiciliary Care.	2018/19
5	Develop a regional Assistive Technology Framework.	2018/19
5	Review and Redesign of Care Homes.	2018/19
3	Implement a Employment Support Framework	2018/19
5	Review and Implement New Mental Health Recovery Offer	2018/19
5	Implement a new Children and Young People's Transition Pathway.	2019/20
5	Review of Cheshire East Sexual Health Services	2019/20
5	Review of Cheshire East Substance Misuse.	2019/20
5	Implement the Autism Policy Framework.	2019/20
5	Local Integrated Approach to Reablement.	2019/20

South CCG Connecting Care

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

One You Cheshire East

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

Care Quality Commission

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

## Useful Information

The Care Act Fact Sheets

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

Co-production

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

Local Healthwatch

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

End of Life Care

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

Live Well with Dementia

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

Cheshire East Budget

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

Eastern CCG Caring Together

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

Making Safeguarding Personal

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

Health and Wellbeing Board

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

Cheshire East Joint Strategic Needs Assessment.

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

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

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



**CHESHIRE EAST HEALTH AND WELLBEING BOARD**  
**Reports Cover Sheet**

<b>Title of Report:</b>	Better Care Fund Q4 and 2016 – 2017 End of Year Report
<b>Date of meeting:</b>	25 <sup>th</sup> July 2017
<b>Written by:</b>	Emma Leigh Better Care Fund Manager
<b>Contact details:</b>	Emma.leigh@cheshireeast.gov.uk
<b>Health &amp; Wellbeing Board Lead:</b>	Mark Palethorpe

**Executive Summary**

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Why is the report being brought to the board?</b>	To update the Board on the performance of the Better Care Fund in 2016 – 2017 and secure their support for the planning for 2017 - 2019		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	1. HWB is asked to note the contents of the Q4 BCF report and to note the 2016/17 year end position. 2. HWB is asked to note that despite numerous challenges to the health and social care system locally, the BCF reporting of an unchanged position represents a positive outcome for Cheshire East. 3. HWB is asked to support the recommended next steps to improve performance where needed.		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	No		

<p><b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b></p>	<p>No</p>
<p><b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b></p>	<p>The Better Care Fund is a key component in taking forward integrated working and improved outcomes for users of the Cheshire East care economy.</p>



**Cheshire East Council**

**Health & Wellbeing Board**

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<b>Date of Meeting:</b>	<b>25<sup>th</sup> July 2017</b>
<b>Report of:</b>	<b>Mark Palethorpe (Acting Executive Director of People)</b>
<b>Subject/Title:</b>	<b>Better Care Fund 2016/17 – Q4 report and end of year position</b>
<b>Portfolio Holder:</b>	<b>Cllr Janet Clowes (Adults and Integration) Cllr Liz Wardlaw (Communities and Health)</b>

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**1 Introduction**

- 1.1 Cheshire East Council submitted the Q4 Better Care Fund return on the 9<sup>th</sup> of June 2017. The complete submission is attached to this paper.
- 1.2 The purpose of this paper is to provide Health & Wellbeing Board (HWB) with a summary of the key points arising from the return, and to provide an end of year report regarding the 2016/17 Better Care Fund in Cheshire East.
- 1.3 The paper will look at the following in turn:
  - A summary of the Q4 return.
  - A detailed End of Year report for 2016/17
  - Evaluation of 2016/17 schemes with next steps for 2017/18
  - Next Steps

**2 Recommendations**

- 2.1 The following recommendations are made:
  - 2.1.1 HWB is asked to note the contents of the Q4 BCF report and to note the 2016/17 year end position.
  - 2.1.2 HWB is asked to note that despite numerous challenges to the health and social care system locally, the BCF reporting of an unchanged position represents a positive outcome for Cheshire East.
  - 2.1.4 HWB is asked to support the recommended next steps to improve performance where needed.

**3 Q4 Reporting**

## Income and Expenditure

- 3.1 The total BCF budget in 2016/17 is £25.51 million. The total expenditure for the year was £24.548m resulting in an underspend of £0.962m. There are underspends in 2016/17 of £0.441m for CEC and £0.521m for NHS South Cheshire CCG.
- 3.2 The overall income in Q4 was £5.97m, £0.5 million less than expected. The reason for the variation was that the full Disabled Facilities Grant was received by the council in quarter 1, rather than on a quarterly basis as originally expected.
- 3.3 Actual expenditure at Q4 is slightly lower than expected at £6.195m. As outlined above this has contributed to the year end position of £0.962m underspend. Further information is provided in section 6.13, Financial review.

## 4 Q4 Metrics

The following is a description of performance against the targets for quarter 4. A more detailed narrative is provided in Section 5, Better Care Fund 2016/17 Year End Report.

- 4.1 Non-Elective Admissions (NELs): There were 10,383 NELs in Cheshire East in Q4. This is 265 less than in Q3.
- 4.2 Delayed Transfers of Care (DTOCs): Following a decrease in the number of DTOCs in Q3, Q4 has again seen an increase in the number of DTOCs in both South and Eastern Cheshire.
- 4.3 Injuries Due to Falls in People Aged 65+: Q4 has seen a further reduction in the number of people who have sustained injuries due to falls in Cheshire East. This is the second consecutive quarter which has reported a reduction.
- 4.4 People who Feel Supported to Manage Long-Term Conditions: Q4, which represents the end of year reporting has resulted in a final score of 64.8%, against the target of 65%. Whilst this represents a satisfactory achievement against the target, there is an opportunity to improve performance further in this area in line with the principles of the local transformation programmes e.g. to empower people to self-manage their own conditions more effectively.
- 4.5 Admissions to Residential Care: Q4 has seen a reduction in those admitted to residential care. This saw 113 people admitted into care. This represents 39 less people than in Q3.
- 4.6 Reablement: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services,

the final score for Q4, and thus year end is 82.3% against a target of 88%. This area has not improved in 2016/17 compared with the previous year and more work needs to be completed to address this.

## 5 Better Care Fund 2016/17 Year End Report

The data tables below show the collated data which has been presented to NHS England during the course of 2016/17.

The data shows the outturn at the end of 2015/16 and the end position of 2016/17.

The data is presented firstly for the whole of Cheshire East combined, then for each NHS Eastern Cheshire CCG and NHS South Cheshire CCG.

For reference please note that the data for delayed transfers of care has been collated from NHS Trust data from Mid-Cheshire Hospitals Foundation Trust and East Cheshire Trust (which covers NHS South Cheshire CCG and NHS Eastern Cheshire CCG).

### Combined data for Cheshire East local authority

The data shows the outturn at the end of 2015/16 and the end position of 2016/17.

National Outcome description	2015/16 Outturn	2016/17 Plan	2016/17 Performance					2016/17 Variance to 2015/16
			Q1	Q2	Q3	Q4	Outturn	
Non-elective admissions	42,936	41,820	10,539	10,551	10,648	10,383	42,121	-815
Delayed transfers of care from hospital (per 100,000 people)	4689	4215.4	1421	1731	1456	1545	6,152	1,463
Injuries due to falls, persons 65+	3090	2159.4	595	550	536	513	2,194	-896
People who feel supported managing long term conditions (Weighted annual return data)	65%	65%	65%			64.50%	64.8%	-0.3%
No. Admissions to residential and nursing homes 65+	518	505	192	153	152	113	610	92
No. Admissions to residential and nursing homes 65+ per 100k population	630	598.9	228	181	180	134	723	93
Effectiveness of reablement	85.40%	88.40%				82.30%	82.3%	-3.1%

\* These are provisional figures and may change as final data returns are compiled.  
The population figure used to calculate the 2016/17 rate is based on ONS population projections.

### NHS Eastern Cheshire CCG data

Please note: Where the data is Cheshire East note not CCG data this is noted as being **Cheshire East data** at the time of writing, it is not possible to separate the date at CCG level

National Outcome description	2015/16 Outturn	2016/17 Plan	2016/17 Performance					2016/17 Variance to 2015/16
			Q1	Q2	Q3	Q4	Outturn	
Non-elective admissions	19,254	Data not available	4,846	4,800	4,867	4,666	19,179	-75
Delayed transfers of care from hospital (per 100,000 people)	5,396	Data not available	1,543	1,434	1104	1056	5,137	-260
Injuries due to falls, persons 65+	1,426	Data not available	373	327	307	324	1,331	-95
People who feel supported managing long term conditions (Weighted annual return data)	65%	65%	65%			67.00%	66.0%	1.0%
No. Admissions to residential and nursing homes 65+	293	Data not available	95	58	74	65	292	-1
No. Admissions to residential and nursing homes 65+ per 100k population	641	Data not available	203	124	158	139	623	-18
Effectiveness of reablement	85.40%	88.40%	Data not collected	Data not collected	Data not collected	82.30%	82.3%	-3.1%

Please note the delayed transfers of care and the admissions to residential care measures are expressed as a rate per population. As this is a rate rather than absolute figures, the individual CCG figures will not aggregate to the total Cheshire East figure. This is because the Cheshire East summary figures are weighted to take account of the relevant population of each CCG area.

## NHS South Cheshire CCG data

Please note: Where the data is Cheshire East not CCG data this is noted as being **Cheshire East data** at the time of writing, it is not possible to separate the date at CCG level

National Outcome description	2015/16 Outturn	2016/17 Plan	2016/17 Performance					2016/17 Variance to 15/16
			Q1	Q2	Q3	Q4	Outturn	
Non-elective admissions	23,682	Data not available	5,693	5,751	5,781	5,717	22,942	-740
Delayed transfers of care from hospital (per 100,000 people)	3,906	Data not available	1,284	2,063	1,849	2,092	7,287	3,381
Injuries due to falls, persons 65+	872	Data not available	222	223	229	189	863	-9
People who feel supported managing long term conditions (Weighted annual return data)	65%	65%	65%			61.90%	63.5%	-1.6%
No. Admissions to residential and nursing homes 65+	225	Data not available	97	95	78	48	318	93
No. Admissions to residential and nursing homes 65+ per 100k population	615	Data not available	259	254	209	128	850	235
Effectiveness of reablement	85.40%	88.40%	Data not collected	Data not collected	Data not collected	82.30%	82.3%	-3.1%

5.1 Non-Elective Admissions (NELs):2014/15 and 2015/16

- 5.11 Within Eastern Cheshire there was a significant reduction in A&E attendances and non-elective admissions between 2014/15 and 2015/16. Non-elective admissions reduced by 3.8% (n = 604) leading to a saving of £1.4m. The number of A&E attendances also reduced by 1.6% (n = 629). Despite this A&E costs increased by 7.5% (£313,000). This highlights that resource savings do not always following activity reductions. It is thought that the cost increases are a result of A&E attendances by more complex / dependant patients.



2016/17

For the purposes of national reporting of A&E performance, activity at both Macclesfield District General Hospital and Congleton Minor Injuries Unit is included.

- 5.12 There has been an overall reduction of 2.6% (n = 1,049) in A&E activity in 2016/17 compared with 2015/16. However, this is heavily influenced by the reduction in the less complex 'Type 3' activity at Congleton Minor Injuries Unit (MIU) of 1,846 attendances (39% change in activity at the MIU), which is now being managed within GP Practices in primary care. (Please see Glossary 1 for a for description of Types of Care)
- 5.13 During the same period there has also been an increase in the more complex 'Type 1' activity of 2.2% (n797) at Macclesfield District General Hospital and an increase in overall costs, which shows that patient complexity is likely to have increased.
- 5.14 It is not realistic to expect activity reductions to continue at the same rate in future years against population growth of 3%, with the greatest population increases in the oldest age groups. The impact of growth suppression in response to rising demand for health and social care needs to be factored into future trajectories. For Eastern Cheshire a step-change in activity occurred in 2015/16 and the benefits, in terms of cost reductions for non-elective admissions, were felt in that year. The impact/benefits of subsequent growth suppression of demand for care in future years have not yet been fully evaluated.
- 5.16 Within South Cheshire Non-Elective Admissions reduced by 3.12% (n740) between 2015/16 and 201617. Amongst the over 65 age group, however, there was an increase of 1.53% (n151) between 2015/16 and 2016/17. A&E attendances also increased by 2.32% (n1055) between 2015/16 and 2016/17. There is ongoing pressure in the system with the number of over 65 year olds being admitted.
- 5.17 Statistics show that there will be a 3% rise in population growth. The CCG with Mid-Cheshire Hospitals Foundation Trust (MCHFT) have introduced a primary care streaming model as well as changes to the ambulatory care unit to support reduction in unnecessary admissions.

5.2 Delayed Transfers of Care (DTOCs):

- 5.21 The combined end of year position shows a continuing challenging position for delayed transfers of care in Cheshire East.
- 5.22 Within Eastern Cheshire the 8 High Impact Changes are solely focused on DTOC. NHS Eastern Cheshire CCG and Cheshire East Council have jointly commissioned an independent review of DTOC which is due to be reported to the A&E Delivery Board on 11<sup>th</sup> July 2017.
- 5.23 Eastern Cheshire has the fastest ageing population in the North West, with the greatest population increases in the oldest age groups. People over the age of 85 are forecast to increase by 140% by 2035 (from 6,597 in 2015 to 15,818). Compared to the average age profile of national CCG Peers, Eastern Cheshire has 951 more people over the age of 75, 538 more people over the age of 85 and 72 more people over the age of 95. Older people admitted to rehabilitation services in Eastern Cheshire are significantly more dependent than the national average.
- 5.24 NHS South Cheshire CCG through the A&E Board are focussing on primarily 3 areas these are specifically around 4 hour target and admissions and DTOC. A DTOC trajectory has been agreed by partners and an action plan is being completed for the A&E Delivery Board to agree. We know we have some specific areas that cause an increase in delays such as on going domiciliary care, awaiting care home assessment and ongoing 24 hour placement.
- 5.25 Within South Cheshire there has been a significant increase of DTOCs in 2016/17 compared to 2015/16, an increase of 86.6% (3381 DTOCs per 100,000 people.)
- 5.26 On average, the proportion of delays in hospital transfer that are reported via the SITREP process as being 'social care' delays are approximately a third of all reported delays. Within the social care delays, the most significant issues are accessing domiciliary care and care home placements. Significant work has been undertaken to reduce these delays.
- 5.27 Social care staff have been involved in programmes at Leighton Hospital and Macclesfield District General Hospital focussed on improving performance in relation to delayed transfers of care. This work has included:
- The establishment of the Board Round process – a daily ward meeting to discuss and agree action required for individual patients to leave hospital in a timely and appropriate way. A 'referral triage process' has been introduced to focused on appropriate referrals.

- Revisions to processes to speed up access to relevant services where a more comprehensive assessment can be undertaken
- Increased support to care home providers and families where a care home placement is required
- Review of intermediate care services to ensure more timely access to the service and reduced length of stay
- Review of the CHC assessment process
- Review of the arrangements at the hospital 'front door' to ensure that people that do not need to be admitted and are able to do so return home (with any support identified being provided)
- Development of closer working arrangements with care Sourcing Service to support Integrated Discharge Teams to develop more streamlined processes to secure home care support
- Work with partners in both acute trusts and with community partners to work differently with frail older people as they experience the most risk of being delayed on discharge
- Work is taking place towards Discharge to Assess and building capacity in the home care market.

5.28 Whilst there are issues in relation to placements in care homes, there are a number of factors at work here:

- Where individuals or family's are arranging their own placement, this can take longer than we would like and results in the individual being in hospital for an extended period
- When a placement is agreed, care homes have a responsibility to ensure that they are able to provide the appropriate level of support and this often involves visiting the individual in hospital; this can take a number of days to arrange
- When an individual is deemed eligible for CHC funding (and is therefore the responsibility of the CCG), it can take some time to identify and arrange a placement
- Identifying a care home placement at the agreed Cheshire East contract price (when the local authority are commissioning a placement) can be challenging in the Macclesfield/ Wilmslow area particularly

### 5.3 Injuries Due to Falls in People Aged 65+:

5.31 The number of people aged 65+ who have been injured by falls has fallen from 3090 to 2194 a reduction of 896.

- 5.32 There are more injuries due to falls in the Eastern part of Cheshire East than in South Cheshire, which is may be reflective of the older population and complexity of patients.

5.4 People who Feel Supported to Manage Long-Term Conditions:

- 5.41 The end of year position for Cheshire East represents a 0.5% decrease from the starting position in March 2016, 64.5% compared to 65%.
- 5.42 There is variation within this figure, with Eastern Cheshire residents reporting 67% feeling supported to manage their long term conditions.
- 5.43 61.9% of people in South Cheshire reporting that feel supported to manage their long term conditions.
- 5.44 A root cause analysis will be undertaken to investigate this local variation in order to share best practice during 2017/18.

5.5 Admissions to Residential Care:

- 5.51 The year end position demonstrates that despite a decrease in admissions in Q4 there is an increase on the outturn for 2015/16.
- 5.52 There is a higher rate of permanent admission to residential care in South Cheshire than there is in Eastern Cheshire.
- 5.54 South Cheshire has seen an increase in the number of patients being admitted into 24 hour care, mainly requiring nursing care or dementia beds. There is not at present a clear alternative for patients in the 24hr care offer such as Extra Care or enhanced care at home.
- 5.55 Within South Cheshire there has been an increase of 38%. This equates to an increase of 93 actual admissions.

5.6 Reablement:

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, the final score for Q4, and thus year end is 82.3%. This figure is a decrease from the 2015/16 outturn of 85.4%, and means that the target of 88% of people remaining out of hospital for 91 days has been missed in 2016/17.

6 Evaluation of schemes and implications for 2017/18

- 6.1 Schemes funded by Better Care Funds during 2016/17 were evaluated and/or reviewed by the BCF Governance Group in order to determine their ongoing 'fit' for continuation during 2017/18.

In the future a more holistic review of BCF schemes will be completed to ensure the individual schemes are fully understood along with the collective impact as part of a whole system approach and how they contribute to the wider system of health and social care.

- 6.12 A full overview of the evaluation process can be found in **Appendix 1**.



Below is a summary of the Better Care Funded schemes progress in year (2016/17) and next steps for 2017/18.

Scheme New name in red	Outcome from evaluation meeting	Next steps for 2017/18
STAIRRs Programmes (Reablement programmes)	Not evaluated in 2016/17.	Undertake a full review of all reablement activity in order to create a new offer. Services in scope include physical and mental health including dementia.
Dementia Reablement Service	Service evaluated however, dementia reablement should form part of a core 'reablement offer'	Target: work to be completed within 4 weeks (Meeting to take place by 31/07/17) Links to DTOC trajectory
Assistive Technology	Following evaluation the continuation of assistive technology is subject to redesign in order to continue to be funded under BCF.	Undertake a full service review in order to redesign a new service offer (including the current falls services). jointly across CCGs/CEC and Target: work to be completed by 01/12/2017 Improved identification of target audiences Efficiency saving of 25% against full year spend  NB: CEC currently re-let AT contract and are committed for 3 years
Carers Assessments	Not evaluated as part of Mandatory provision	No further action at this point
Carers Breaks	Following evaluation Carers Breaks will continue, however it was decided that there should be increased support in order to achieve improved outcomes for this area	Undertake a full service review in order to ensure that collectively organisations are providing best use of funding. Target: work to be undertaken within 8 weeks' time to share all best practice relating to carers breaks Cross-cuts other service lines Improved identification of target audiences

<b>Scheme</b> <b>New name in red</b>	<b>Outcome from evaluation meeting</b>	<b>Next steps for 2017/18</b>
Cheshire Care Record	Evaluated within its own governance arrangements	Decision taken to discontinue in 2017/18.
Community Equipment Store - additional contribution  <b>Community Equipment</b>	Service evaluated outside BCF.	No further action required. This service returns to core funding from 2017.
Disabled facilities Grants	Not evaluated during 2016/17 within BCF.	Cheshire East Council is required to pool this funding within BCF
Early Discharge Schemes  <b>Hospital Discharge Scheme</b>	Evaluation was carried out which led to the development of a new service specification	Currently being re-procured by NHS Eastern Cheshire CCG, who have taken on the lead commissioner.
East Community Based Co-ordinated Care (Frailty)  <b>Frailty Approach (East)</b>	Caring Together awaiting outcome of NHS regulator review of service proposals/options (also link to Capped Expenditure Programme outputs). Services within BCF support admission avoidance/patient flow. Internal evaluation on-going and will be shared when complete. in progress	No further action required at this point Service is continuing.
Life Links	Following evaluation in December 2016, it was decided to discontinue the service.	Lessons learned will be undertaken by this pilot.
Program Enablers	Not evaluated as part of Mandatory provision	No further action at this point.
Social Care Act	Not evaluated as part of Mandatory provision	No further action at this point

<b>Scheme New name in red</b>	<b>Outcome from evaluation meeting</b>	<b>Next steps for 2017/18</b>
South Integrated Community Teams  <b>Home First / Intermediate Care</b>	Service not evaluated during 2016/17. Currently in redesign phase	No further action required
Supporting Empowerment	Previously agreed that this should be discontinued.	No further action required.

### Financial Review

- 6.13 The table below shows the final outturn for 2016/17. This demonstrates the size of the fund and the fact this has met the conditions with regard to the total funds pooled as required by central government. After accounting for any individual scheme variances (both over and underspends) in line with the agreed Section 75 agreements, the final bottom line position is an underspend of £0.962m. Cheshire East Council has carried forward it's element of this underspend (£0.441m) into 2017/18 and the deployment of these funds will be agreed with all BCF partners following the methodology set out in Schedule 3 of the S75 agreements that govern the operation of the Pooled Fund.
- 6.14 In broad terms this means bolstering existing provision, funding an additional scheme that will contribute towards the aims of the BCF, funding a planned procurement where this is a commitment in the following year and in the event of all these options having been exhausted, return of funds to the Partner who provided them.

<b>2016/17 Better Care Fund</b>	<b>Total BCF</b>	<b>Total variance</b>
Supporting Empowerment (Care Act)	215,000	(69,000)
Universal access to low level support (Life Links)	352,000	44,674
Assistive technology - telecare	495,000	127,209
Assistive technology - Learning Disability Pilot	248,000	(7,741)
Early Discharge Schemes	358,000	48,726

2016/17 Better Care Fund	Total BCF	Total variance
Dementia Re-ablement	637,000	(123,682)
Social Care Act	390,000	-
Community Equipment Scheme	100,000	61,448
Programme Enablers	295,000	(109,843)
STAIRRS - East	1,764,000	(288,359)
STAIRRS - South	7,431,000	(185,118)
Carers Assessment and Support	319,000	-
Carers Breaks	376,000	(211)
Community Based co-ordinated care (Eastern)	8,166,000	-
Integrated Community Teams – Connecting Care (South)	1,350,000	(451,000)
Disabled Facilities Grant	1,637,000	-
Cheshire Care Record (East)	125,000	-
Cheshire Care Record (South)	146,000	(9,000)
Cheshire Care Record (CEC)	64,000	-
Community Equipment Scheme (East)	386,000	-
Community Equipment Scheme (South)	275,000	-
Community Equipment Scheme (CEC)	381,000	-
<b>TOTAL</b>	<b>25,510,000</b>	<b>(961,897)</b>

## 9 Summary

### Next Steps

9.1 The following are the next steps for the delivery of the Better Care Fund programme in Cheshire East.

- The aforementioned reviews and activity shall be undertaken, which will allow the final confirmation of the 2017/18 Better Care Fund spend.
- The Improved Better Care Fund plan (IBCF) will be shared with partners for agreement and approval. This is a vital step in the process in the 2017/2019 Narrative Plan development.

- A review of the Governance and reporting procedures will be undertaken and finalised to ensure planning for the next 2 year cycle is clear and well led.
- To enable improved data compilation, work will be undertaken between CCGs and the local authority to establish clear reporting procedures for 2017/18. The BCF Manager will work with data analysis teams across partner organisations to co-ordinate this.
- It is anticipated that the formal Narrative Submission for 2017/19 will be expected by NHS England by August 2017.
- The Narrative Submission will be complemented by a full delivery plan for the Better Care Fund nominated schemes, which will be supported by robust contract monitoring to ensure that expected outcomes are achieved.

9.2 The background papers relating to this report can be inspected by contacting:

Name: Emma Leigh  
Designation: Better Care Fund Manager  
Email: [emma.leigh@cheshireeast.gov.uk](mailto:emma.leigh@cheshireeast.gov.uk)



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## National Conditions

Selected Health and Well Being Board:

Cheshire East

The Spending Round established six national conditions for access to the Fund.  
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.  
Further details on the conditions are specified below.  
If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?

Condition	Q1 Submission Response	Q2 Submission Response	Q3 Submission Response	Please Select (Yes or No)	If the answer is 'No', please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?
1) Plans to be jointly agreed	Yes	Yes	Yes	Yes	
2) Maintain provision of social care services	Yes	Yes	Yes	Yes	
3) In respect of 7 Day Services - please confirm:					
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	No - In Progress	No - In Progress	No	In progress
health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	No - In Progress	No - In Progress	No - In Progress	No	In progress
4) In respect of Data Sharing - please confirm:					
i) Is the NHS Number being used as the consistent identifier for health and social care services?	No - In Progress	No - In Progress	No - In Progress	No	In progress
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes	Yes	Yes	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes	Yes	Yes	
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes	Yes	Yes	
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	No - In Progress	No - In Progress	No - In Progress	No	In progress
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes	Yes	Yes	
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes	Yes	Yes	
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	Yes	Yes	Yes	

**National conditions - detailed definitions**

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight national conditions for access to the Fund:

**1) Plans to be jointly agreed**

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund will contribute to a longer term strategic plan. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

**2) Maintain provision of social care services**

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2016-17.

The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

It should also be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013-14:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf)

**3) Agreement for the delivery of 7-day services across health and social care to**

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

- To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week;
- To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (<https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf>).

By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

#### 4) Better data sharing between health and social care, based on the NHS number

The appropriate and lawful sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a consistent identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the consistent identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (<https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf>); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.
- ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review.

The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - <http://systems.hscic.gov.uk/infogov/iga>

#### 5) Ensure a joint approach to assessments and care planning and ensure that,

Local areas should identify which proportion of their population will be receiving case management and named care coordinator, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by care coordinators, for example dementia advisors.

#### 6) Agreement on the consequential impact of the changes on the providers that are

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.

#### 7) Agreement to invest in NHS commissioned out of hospital services, which may

Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.

This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better Care Fund plan; or

- Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16);

This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.

**8) Agreement on local action plan to reduce delayed transfers of care (DTOC)**

Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue.

As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

All local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month.

As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

We would expect plans to:

- Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
- Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
- Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
- Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
- Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
- Demonstrate engagement with the independent and voluntary sector providers.

**Footnotes:**

Source: For each of the condition questions which are pre-populated, the data is from the quarterly data collections previously returned by the HWB.



Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Cheshire East

Income

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,377,500	£6,377,500	£6,377,500	£6,377,500	£25,510,000	£25,509,516
	Forecast	£6,377,500	£6,377,500	£6,377,500	£6,377,500	£25,510,000	
	Actual*	£7,605,250	£5,967,750	£5,877,000			

Q4 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,377,500	£6,377,500	£6,377,500	£6,377,500	£25,510,000	£25,509,516
	Forecast	£6,377,500	£6,377,500	£6,377,500	£6,377,500	£25,510,000	
	Actual*	£7,605,250	£5,967,750	£5,877,000	£6,060,000	£25,510,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	The Disabled Facilities Grant was received in full in May 2016 not quarterly, so over planned income in Q1 but will be under in Q2-Q4
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## Expenditure

### Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,377,500	£6,377,500	£6,377,500	£6,377,500	£25,510,000	£25,509,516
	Forecast	£6,377,500	£6,270,833	£6,194,833	£6,194,833	£25,038,000	
	Actual*	£6,435,945	£5,620,555	£6,011,250			

### Q4 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,377,500	£6,377,500	£6,377,500	£6,377,500	£25,510,000	£25,509,516
	Forecast	£6,377,500	£6,270,833	£6,194,833	£6,194,833	£25,038,000	
	Actual*	£6,435,945	£5,620,555	£6,011,250	£6,480,352	£24,548,102	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	There are Underspends in 2016/17 of £441k for CEC and £521k for South CCG. The CEC underspend has been carried forward in line with the S75 agreeemnt to be used within the BCF in 2017/18
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Commentary on progress against financial plan:	As above
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### Footnotes:

\*Actual figures should be based on the best available information held by Health and Wellbeing Boards.

Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB.

## National and locally defined metrics

Selected Health and Well Being Board:

Cheshire East

<b>Non-Elective Admissions</b>	Reduction in non-elective admissions
--------------------------------	--------------------------------------

Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	There has been a slight reduction in the number of NEL for Q4 10,917 compared to 10,985 for Q3. However this does no reflection an improvement in performance.

<b>Delayed Transfers of Care</b>	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
----------------------------------	--

Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Q4 returns reflect the continued pressures within Cheshire East. Sustained work continues to support teams and also across the redesign of services locally.

<b>Local performance metric as described in your approved BCF plan</b>	Injuries due to falls, persons 65+
--	------------------------------------

Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	The Q4 results shows a reduction in the number of injuries due to falls which demonstrates improved performance overall.

	People who feel supported managing long term conditions (GP Survey)
<b>Local defined patient experience metric as described in your approved BCF plan</b>	
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	

Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Final results at Q4 show that that there has been consistent improvement throughout the year, with the final result being 64.5% compared with the target of 65%.

<b>Admissions to residential care</b>	Rate of permanent admissions to residential care per 100,000 population (65+)

Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Q4 has seen a significant increase to residential care. This means that the end of year position shows that there is no improvement in performance during 2016/17.

<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
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Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Q4 has seen a very slight decrease in the number of people who are still at home after 91 days, however the year end position shows overall no improvement in performance. *NB* This is an early provisional figure. Data is still to be verified and validated as part of end of year returns to NHS Digital.

## Footnotes:

For the local performance metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB.

For the local defined patient experience metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB, except in cases where HWBs provided a definition of the metric for the first time within the Q1 16-17 template.

## Year End Feedback on the Better Care Fund in 2016-17

Selected Health and Well Being Board:

Cheshire East

### Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Agree at a strategic level, and also to some extent at operational level however our BCF has been mostly a label so simply pulls together existing joint working.
2. Our BCF schemes were implemented as planned in 2016/17	Strongly Agree	We did do the things we planned to.
3. The delivery of our BCF plan in 2016/17 had a positive impact on the integration of health and social care in our locality	Agree	Community teams have re-aligned in integrated format across GCG footprint whilst retaining dual management.
4. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Non-Elective Admissions	Neither agree nor disagree	Difficult to ascertain whether levels of growth would have been worse without BCF patient flow and admission avoidance schemes. Although we have schemes in place to support admission avoidance and DTOC. Data shows that the DTOC level especially in South Cheshire is still challenging
5. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Delayed Transfers of Care	Neither agree nor disagree	At this point it is difficult to verify whether there has been an impact as levels of DTOC are still high
6. The delivery of our BCF plan in 2016/17 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Neither agree nor disagree	There is some support to this especially around reablement and intermediate care, however this is not definitive
7. The delivery of our BCF plan in 2016/17 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	

**Part 2: Successes and Challenges**  
Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately

8. What have been your greatest successes in delivering your BCF plan for 2016-17?	Response - Please detail your greatest <b>successes</b>	Response category:
Success 1	Cheshire Joint Care Record Delivered within planned resources Introduction of a primary care mental health hub	10. Managing change
Success 2	Establishment of a new dementia reablement service that manages demand on system and has excellent outcomes. Shadow community teams operational across the patch Implementation of community teams MDT approaches within primary care	10. Managing change
Success 3	Continued expansion of the use of Assistive Technology to prevent demand and enable independence and safe discharge home from hospital Continued expansion of the cheshire care record	7. Digital interoperability and sharing data

9. What have been your greatest challenges in delivering your BCF plan for 2016-17?	Response - Please detail your greatest <b>challenges</b>	Response category:
Challenge 1	Reporting – timing of information (NEL DTOC and finance) makes corrective decision making difficult given multi-layered governance structures and parallel workstreams looking at same issues (eg A&EDB and BCF) Reporting mechanisms and being able to understand how the BCF schemes have directed impacted on reductions in DTOC a/e attendance and 24hr care	2. Shared leadership and governance
Challenge 2	Care Economy finances; deficit positions in NHS and savings challenges in council prevent service change which needs double running. All partner challenges around the use of finances and being able to bring new ideas and programmes into place mid-year.	6. Delivering services across interfaces
Challenge 3	Human Resources; multiple personnel changes have made finalising projects or keeping continuity or vision difficult. Implementing joined up approaches especially with delivery of services	10. Managing change

**Footnotes:**

Question 11 and 12 are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):

1. Shared vision and commitment
2. Shared leadership and governance
3. Collaborative working relationships
4. Integrated workforce planning
5. Evidencing impact and measuring success
6. Delivering services across interfaces
7. Digital interoperability and sharing data
8. Joint contracts and payment mechanisms
9. Sharing risks and benefits
10. Managing change
- Other



## Additional Measures

Selected Health and Well Being Board:

Cheshire East

### 1. Proposed Metric: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	No	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

### 2. Proposed Metric: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via Open API	Shared via Open API	Shared via interim solution	Not currently shared digitally	Shared via Open API	Not currently shared digitally
From Hospital	Shared via Open API	Shared via Open API	Shared via interim solution	Not currently shared digitally	Shared via Open API	Not currently shared digitally
From Social Care	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via Open API	Shared via interim solution	Not currently shared digitally
From Mental Health	Shared via Open API	Shared via Open API	Shared via interim solution	Not currently shared digitally	Shared via Open API	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Live	Live	Live	In development	In development	Live
Projected 'go-live' date (dd/mm/yy)				01/01/2019	01/01/2019	

**3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?**

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway
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**4. Proposed Metric: Number of Personal Health Budgets per 100,000 population**

Total number of PHBs in place at the end of the quarter	53
Rate per 100,000 population	14

Number of new PHBs put in place during the quarter	4
Number of existing PHBs stopped during the quarter	3
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	81%

Population (Mid 2017)	378,233
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**5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams**

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes - in some parts of Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes - in most of the Health and Wellbeing Board area

**Footnotes:**

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).

<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Population figures were updated to the mid-year 2017 estimates as we moved into the new calendar year.

## Better Care fund Evaluation of schemes in 2016/17

### Overview:

- The process used to evaluate the 2016/17 Better Care Fund schemes presents a somewhat fragmented picture, however, all evaluated schemes are contained within this paper to aid decision making for 2017/18.
- The decision was taken not to evaluate MANDATORY schemes, therefore Disabled Facilities Grants, Carers Assessments, the Social Care Act, Programme Enablers have not been subject to formal evaluation.
- CCG colleagues opted NOT to evaluate schemes/services which are currently part of service redesign.

### Evaluation processes used in 2016/17

Date	Process	Action	Outcome
Nov 2016	Initial evaluation template devised	Life Links evaluated (scored 66) 03/11/16	Decision taken at BCF meeting on
Dec 16 / Jan 17	Updated evaluation template devised	Carers Breaks, Assistive technology and Dementia reablement evaluated using this criteria (as below)	Decision outstanding regarding continuation of these schemes into 2017/18
Feb / Mar 17	Review of Mental Health reablement Service	Mental Health Reablement reviewed using NHS Commissioning Intelligence Model, as this scheme required a more detailed review	Decision outstanding regarding the ongoing funding of this scheme

### Context:

Scheme	Prior discussions/agreements from BCF Meetings
STAIRRs Programs	CONTINUE - CCGs considered should continue without formal BCF evaluation at this stage
Dementia Reablement Service	CONTINUE was Reviewed using evaluation matrix and scored very well - final matrix concluded
Early Discharge Schemes	DISCONTINUE AS IS (AGE UK FROM 1/4/17 AND RED CROSS FROM 1/7/17) REDESIGN / REPROCURE - agreed with CCGs at Dec 16 meeting

## Better Care fund Evaluation of schemes in 2016/17

East Community Based Co-ordinated Care	In the process in CCGs of re-design - CCGs consider not appropriate time to consider in BCF group
South Integrated Community Teams	In the process in CCGs of re-design - CCGs consider not appropriate timing for BCF to consider
Carers Assessments	MANDATORY
Social Care Act	MANDATORY
Program Enablers	REDUCE - agreed with CCGs at meeting of Dec 16
Community Equipment Store - additional contribution	REMOVED FROM FUTURE BCF - agreed with CCGs at 6 Jan 17 meeting - only minimum funding to be pooled.
Supporting Empowerment	REVIEWED - DISCONTINUE - agreed with CCGs at Dec 16 meeting
Carers Breaks	REVIEWED - CONTINUE – as part of Care Act provision
Life Links	REVIEWED - DISCONTINUE PILOT AS PLANNED FROM 1/7/17 - agreed with CCGs at Dec 16 meeting.
Assistive Technology	REVIEWED - scored well against new evaluation matrix - needs final discussion with regards to continuation

### Schemes evaluated using updated evaluation template:

Schemes evaluated using updated template			Carers breaks	Assistive Technology	Dementia reablement
Grouping	Factor		£376,000	£734,000	£637,000
<b>Strategic Goals and Innovation</b> (Scores out of 10)	1.1	<b>Strategic Goals:</b> Will project contribute to joint strategic goals or wider footprint strategic goals?	4	6	6
	1.2	<b>Hospital Avoidance:</b> What level of impact can be attributed to this service/proposal to hospital admission avoidance?	1	6	6
	1.3	<b>Innovation:</b> What level of evidenced innovation can be attributed to this service/proposal to reduce DTOC, NEL admissions, admissions to nursing or	2	6	2.5



## Better Care fund Evaluation of schemes in 2016/17

		residential care?			
Quality and Effectiveness (Scores out of 35)					
	2.1	<b>Strength of Evidence:</b> What is the strongest evidence that the proposed service / intervention has a positive effect in reducing DTOC, NEL admissions, admissions to nursing or residential care? Please be specific as to which metric.	3	4	3
	2.2	<b>Magnitude of the Clinical Benefit:</b> To the individual	2	2	4
	2.3	<b>Numbers of people that will benefit</b> OR impact on low numbers but complex needs therefore high impact for system	4	4	2
	2.5	<b>Quality of Life:</b> E.g. disability reduction, independence, pain reduction, improving social relationships	4	4	5
	2.6	<b>Access and Equity:</b> Enables more equitable access to health care and/or reduces health inequalities benefiting the system outcomes	4	3	2
	2.7	<b>Prevention:</b> the proposal significantly reduces ill health and/or need for further health and care services	3	4	3
Risk (Scores out of 25)					
	3.1	<b>Risk of not achieving BCF Metrics relating to reductions in DTOC, NEL Admissions and Admissions to residential and nursing homes if this project does not go ahead? Be specific as to metric.</b>	5	4.5	3
	3.2	<b>Health and Social Care Economy Financial risk:</b> what is the risk if the project does not go ahead?	4	2.5	4

## Better Care fund Evaluation of schemes in 2016/17



	3.3	<b>Political / reputational risk:</b> what is the risk if the project does not go ahead?	5	2.5	4
	3.4	<b>Clinical risk:</b> what is the risk if the project does not go ahead?	1	2	4
	3.5	<b>Impact on other services:</b> What is the impact on other services or providers if the service goes ahead?	4	2	4
<b>Finance and Productivity</b> <b>(Scores out of 15)</b>	5.1	<b>Validated savings across health and social care</b>	1	8	6
	5.2	<b>Rate of return:</b> How quickly can the identified system savings (both financial and performance) project be delivered?	4	4	1
	5.3	<b>Increasing Productivity: What evidenced increases in service productivity will be realised by the scheme/project?</b>	1	1	0
	5.4	<b>Return on investment:</b> How quickly will the initial investment be paid back?	4	4	3
<b>Totals (from a possible 85)</b>			<b>56</b>	<b>69.5</b>	<b>62.5</b>

For reference, full scheme evaluations:

Scheme	Full evaluation
Life Links (evaluated on old template)	 Life Links BCF Evaluation 201617.xl
Carers Breaks	 Carer Breaks BCF Evaluation 201617.xl



## Better Care fund Evaluation of schemes in 2016/17

Assistive Technology	 Assistive technology BCF Evaluation 20161
Dementia Reablement	 Dementia Reablement BCF Eval

### National conditions

- 1) National Condition 1: a jointly agreed plan
- 2) National Condition 2: NHS contribution to social care is maintained in line with inflation
- 3) National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services
- 4) National condition 4 Implementation of the High Impact Change Model for Managing

### National metrics

- a) Non-elective admissions (General and Acute)
- b) Admissions to residential and care homes
- c) Effectiveness of reablement
- d) Delayed transfers of care (reducing Delayed Transfers of Care (DToc) nationally to 3.5% of occupied bed days by September 2017)

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## Health and Wellbeing Board July 2017

### Glossary 1

#### Types of care

##### Type 1 A&E department

A consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients

##### Type 2 A&E department

A consultant led single specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients

##### Type 3 A&E department / Type 4 A&E department / Urgent Care Centre

Other type of A&E/minor injury units (MIUs)/Walk-in Centres (WiCs)/Urgent Care Centre, primarily designed for the receiving of accident and emergency patients. A type 3 department may be doctor led or nurse led. It may be co-located with a major A&E or sited in the community. A defining characteristic of a service qualifying as a type 3 department is that it treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment. An appointment based service (for example an outpatient clinic) or one mainly or entirely accessed via telephone or other referral (for example most out of hours services), or a dedicated primary care service (such as GP practice or GP-led health centre) is not a type 3 A&E service even though it may treat a number of patients with minor illness or injury.

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# Cheshire East

## Health and Wellbeing Board

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<b>Date of Meeting:</b>	25 <sup>th</sup> July 2017
<b>Report of:</b>	Linda Couchman, Acting Strategic Director of Adult Social Care and Health
<b>Subject/Title:</b>	Improved Better Care Fund (iBCF) 2017 to 2020
<b>Portfolio Holder:</b>	Cllr Janet Clowes: Adult Social Care & Integration Cllr Liz Wardlaw: Health

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### 1. Report Summary

- 1.1. This report describes the areas of activity and the proposed expenditure for the additional grant money being received directly by Cheshire East Council in 2017/18 through the Improved Better Care Fund (iBCF) monies for 2017 to 2020. The background and context is detailed in section 5 of this report.
- 1.2. It identifies a number of schemes and rationale of how they meet the needs and demands of the local care and health economy, the national conditions applied to the grant and to collectively support the clinical commissioning groups and NHS Providers to implement the 'High Impact Change Model,' to manage more effective transfers of care between hospital and home.
- 1.3. In January 2017 a report for the Adult Social Care and Health Overview and Scrutiny Committee was prepared using the Eight Step High Impact Change Model of Managing Transfer of Care. A Parliamentary style Select Committee Approach was used to gather information to explore the issues of Managing Transfer of Care.
- 1.4. As set out in the guidance, iBCF monies can be used to support existing adult social care services, as well as investing in new services. The proposals include investment in a combination of new and existing services essential to managing demand, maintaining Care Act compliance, protecting existing key services, maintaining the adult care statutory duties whilst also enhancing NHS community and primary care services to facilitate hospital discharges. These proposed schemes will help to promote the sustainability of adult social care and other care services within the care economy as a whole.
- 1.5. The grant will be paid directly to the council under section 31 of the Local Government Act 2003 for adult social care and related services, not through a Section 256 agreement. The following conditions are applied to

recipient authorities:- 'The grant may only be used for the purposes of meeting the adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care market is supported'

- 1.6. It is intended that schemes funded through the iBCF are consistent with the joint strategic needs assessment which identifies the health and well-being needs and inequalities of the local population. The schemes also align with the two local transformation programmes Caring Together and Connecting Care and the Cheshire and Wirral Local Delivery System plans (LDS) which form part of the Cheshire and Merseyside Sustainability and Transformation Plan (STP) particularly pertinent to health and care partners.

## 2. Recommendation

- 2.1. The recommendation is that the Health and Wellbeing Board endorses and agrees the proposed schemes as set out in 2.2 to 2.8. It is proposed that each scheme will have a more detailed business case produced that articulates the associated benefits and impacts of each scheme and that these will be approved and sanctioned through the existing Better Care Fund governance group.
- 2.2. **Scheme 1: Care Home assessments at the weekend: National Metric 4: Grant Condition Criteria 1/2/3/4:** Work has been undertaken with the care home sector to ensure that any individual who is fit for discharge over the weekend period can be assessed and returned to their care home. This will form part of our contracts with care homes and we have estimated that around 500 provider hours are used to deliver this support, at a care manager rate of £33.78 this would cost approximately £16,890k per year. This meets the requirements of the 'High Impact Change Model' for managing Transfers of Care in particular seven day working and reducing the pressure on the NHS.
- 2.3. **Scheme 2: Care Package Retention for 7 days: National Metric 4: Grant Condition Criteria 1/2/3/4:** Cheshire East Council have an agreement with extra care housing schemes and domiciliary care providers to pay a retainer to the care provider in order to keep the care provision open whilst the individual is absent for a period of time for example in hospital. The retainer ensures that the individual's existing care provider is kept available for a period of up to 7 days to resume the existing care package when the person is fit or ready to return home. If the person is in hospital this should facilitate a timelier and appropriate discharge. The estimated cost is £550k per year.
- 2.4. **Scheme 3: Increased capacity in the Care Sourcing Team and Social Work Team over Bank Holiday weekends: National Metric 2/3/4: Grant Condition Criteria 1/3/4:** This is to ensure patient flow and assisting in reducing the pressure on the NHS can be maintained over a seven day period. Cheshire East will provide 2 social workers and 2 care arrangers (split between the 2 hospitals) that cover the weekends and bank holidays.



Working on a 62 week year (to cover holidays etc.) that would be 124 days for the weekends and another 8 days for bank holidays giving 132 days each per year at a cost of £159k per year.

- 2.5. **Scheme 4: Funding of additional social care staff to support 'Discharge to Assess initiatives: National Metric 4: Grant Condition Criteria 1/3/4:** Funding of additional staff to support the local transformation programmes Caring Together and Connecting Care in implementing a 'Discharge to assess' model. This builds on the existing initiative with Eastern Cheshire where funding is being targeted at continuing to provide a team manager, social worker and occupational therapist, plus the roll out across mid Cheshire at an approximate cost of £290k per year.
- 2.6. **Scheme 5: Sustain the capacity, capability and quality within the social care market place: National Metric 2/3/4: Grant Condition Criteria 1/2/3/4** Cheshire East Council has a duty under Section 5 of the Care Act to promote the efficient and effective operation and sustainability of a market in services for meeting the care and support needs of individuals. There are increasing financial pressures on the social care market, for example National Living Wage, recruitment and retention issues which is resulting in a rise in care costs. Cheshire East Council is undertaking a review of fees to ensure capacity and capability in the marketplace.

The demand for care services will be significant over the next few years, and as a result of this and the need to ensure the transfers of care are undertaken in a timely manner to meet NHSE targets of 3.5%; therefore will be a requirement for investment into community resources and increases in care packages, in order to sustain and stabilise both the domiciliary care markets and care home markets. This means transforming the care and support offer to ensure Cheshire East has greater capacity and an improved range of services. It is intended that The CCGs together with Cheshire East Council jointly commission the new offer and include: discharge to assess beds, step up/step down beds, more specialist provision for complex needs and care at home services that promote quality of care under the system beds programme and Fusion 28.

The joining up of commissioning and contracting with provide partners with an opportunity to promote and champion a single and shared view of high-quality care and support. With our partners we need to ensure that health and social care services provide people with safe, effective, compassionate, high quality care and that as partners we encourage care services to improve, this may include quality payment premiums to providers. We have anticipated the cost of this to be in the region of £16 million over 3 years implemented in April 2018 and the proposal is to utilise circa £4 million of the iBCF towards this.

- 2.7. **Scheme 6: Creation of an Innovation and Transformation Fund: National Metric 1/2/3/4: Grant Condition Criteria 1/3/4** In order to support the 'Caring Together' and 'Connecting Care' transformation plans.

Cheshire East Council will create a fund that the NHS and partners can access to support initiatives that promote the move towards integrated working (community teams) to achieve better outcomes for the residents of Cheshire East. The fund will amount to £500k one off fund. This fund will be maintained and monitored through the existing BCF governance group.

- 2.8. **Scheme 7: The use of 'Live Well' Online information and advice resource: National Metric 1/2: Grant Condition Criteria 1/2/3.** Cheshire East Council has embarked on a programme to deliver a new online resource to the public: Live Well Cheshire East. It is designed to give citizens greater choice and control by providing information and advice about care and support services in the region and beyond. This new digital channel went live in June, initially offering information and advice and a directory of local services in one place covering Adult, Children, Community and Public Health services. Both Clinical Commissioning Groups have expressed a desire to utilise this platform and expand the offer to create a community infrastructure that maps all existing assets for use of professional staff alongside members of the public. This will be a project under the Better Care Fund. Cheshire East will continue to maintain and update the platform at an approximate cost of approximately £103k per year.
- 2.9. For all schemes the existing BCF Governance Group will review and agree the business cases mentioned in 2.1. This includes agreeing relevant metrics to measure implementation and the outcomes achieved from the investment as well as then monitoring these metrics.

### 3. Other Options Considered

- 3.1. Do Nothing- This is clearly not an option as Social Care is under constant pressure to meet the needs of our communities both in transition and older people.
- 3.2. Use the money to mitigate growth- this has not been done. The money is to transform and at the same time deal with the current demand/pressure and support system resilience across Cheshire East.

### 4. Reasons for Recommendation

- 4.1. Cheshire East Council is committed to co-production with its partners and wants to be open and transparent on how the iBCF is going to be spent and articulate how these proposed schemes contribute towards avoiding unnecessary admission to hospital and care homes, reducing Delayed Transfers of Care to meet the 3,5% target and to support the implementation of the High Impact Change Model
- 4.2. The key risk is to Social Care is maintaining the quality, capacity and sustainability of the care market. Any market failure or disruption will have a huge impact not only on delayed transfers of care but the critical care provided in the community to thousands of vulnerable individuals.

## **5. Background/Chronology**

- 5.1. At the 2017-18 Government budget a total of £2.021 billion was announced as supplementary funding to the improved Better Care Fund (iBCF). This is to be distributed as £1.01 billion in 2017-18, £674 million in 2018-19 and £337 million in 2019-20 and will be given to councils in England over the next 3 years for adult social care.
- 5.2. The Grant allocation for Cheshire East Council for 2017/18 totals £10.8 million. This will be paid directly to the council under section 31 of the Local Government Act 2003 for adult social care. The following conditions are applied to recipient authorities:- 'The grant may only be used for the purposes of meeting the adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care market is supported'(Integration and Better Care Fund policy framework 2017).
- 5.3. The Government made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in the local care systems. Local Authorities are therefore able to spend the money, including to commission care subject to the grant conditions set out in the determination. The Council can undertake this as soon as plans for spending the grant have been locally agreed with Clinical Commissioning Groups involved in agreeing the Improved Better Care Fund plan.
- 5.4. Informal conversations have taken place with the two Clinical Commissioning Groups and local providers to ensure co-production, agreeing priorities and putting the quality and safety of services at the heart of all we do.

## **6. Wards Affected and Local Ward Members**

- 6.1. The proposal will affect all wards.

## **7. Implications of Recommendation**

### **7.1. Policy Implications**

- 7.1.1. This is in line with the Care Act 2014, and The Better Care Fund Policy Guidance, and the Local Government Act 2003 for Adult Social Care and the NHS Five Year Forward View.

### **7.2. Legal Implications**

- 7.2.1. This is in line with the Care Act 2014, and The Better Care Fund Policy Guidance and the Local Government Act 2003 for adult social care.

### 7.3. Financial Implications

7.4. As described in 2.6 the financial pressure from an increasing demand and market pressures means the IBCF only partially helps address the pressures being experienced across health and social care,

Scheme	Description	National Metrics*	Current Condition Criteria**	Financial Implication 2017/18 £(m)	2018/19	2019/20
1	Care Home assessments at the weekend	4	2/3/4	0.017	0.017	0.017
2	Care Package Retention for 7 days	4	2/3/4	0.550	0.550	0.550
3	Increased capacity in the Care Sourcing Team	2/3/4	3/4	0.159	0.159	0.159
4	Funding of additional social care staff (DTC)	4	3/4	0.290	0.290	0.290
5	Sustain the capacity & capability within market place	2/3/4	2/3/4	8.300	4.000	4.000
6	Creation of an Innovation & Transformation fund	1/2/3/4	3/4	0.500		
7	'Live Well' Online Information & Advice	1/2	2/3	0.103	0.103	0.103
	<b>Total</b>			<b>9.919,000</b>	<b>5.119,000</b>	<b>5.119,000</b>
	<b>iBCF Allocation</b>			<b>4,693,134</b>	<b>4,092,441</b>	<b>2,042,422</b>
<b>*National Metrics</b>						
1	Non-Elective Admissions					
2	Admissions to residential care homes					
3	Effectiveness of reablement					
4	Delayed Transfers of Care					
<b>** Grant Condition Criteria</b>						
1	Jointly agreed plans					
2	Maintain social care					
3	Invest in NHS commissioned OOH services					
4	Manage Transfers of Care					

### 7.5. Equality Implications

7.5.1. The schemes are anticipated to impact positively on many groups but particularly on older people and those of any working adult age with multiple and/or long term health conditions.

7.5.2. The schemes will take account of any gaps or disparities in provision which require to be addressed to advance equality of opportunity.

### 7.6. Rural Community Implications

7.6.1. A risk identified for the rural communities is in maintaining and incentivising care and support agencies to pick up packages of care. Care agencies are reporting difficulty in the recruitment and retention of care workers specifically in the rural areas.

### 7.7. Human Resources Implications

7.7.1. Any impact for Cheshire East employees will be as a result of the need for greater integration in care delivery and commissioning in terms of

restructures or changes to job roles. These will be dealt in accordance with the Councils policy and procedures. This could be due to a number of factors- seven day working policy, change in terms and conditions, geographical location of staff. Any identified implication will have a full impact assessment completed and assurance that all employment legislation is adhered to.

#### **7.8. Public Health Implications**

7.8.1. Reducing the demand for health and care services, by enabling people to enjoy a healthy and active life within their communities, is a key priority for the NHS and social care system.

7.8.2. The Better Care Fund has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

7.8.3. Health and care that supports better health and wellbeing for all, and a closing of health inequalities.

#### **7.9. Implications for Children and Young People**

7.9.1. Some children and young people are classed as carers, and it is important that these individuals are recognised and supported through the existing better care fund.

#### **7.10. Other Implications (Please Specify)**

7.10.1. None known.

### **8. Risk Management**

- Increased pressures and demands across both the health and social care economy creating instability in the system.
- Risk of not reducing the delayed transfers of care.
- Risk of market failure and/or disruption due to increasing care costs.
- Risk that all funded proposals are not approved within the NHS England framework.
- That the strategic priorities of all partners are not met.
- Risk that the schemes lead to an increase in the number of admissions to residential and care homes.
- Manage the risk to the clinical commissioning groups of sustaining services where the hospital trusts face significant financial pressures.
- There is a risk in the ability to achieve integration in the current provider landscape and there will need to be careful market management and ensuring capacity in the whole system.
- Risk of the consequence of failing to achieve proposed changes in activity levels and a plan to mitigate these.

## 9. Access to Information/Bibliography

- 2017-19 Integration and Better Care Fund Policy Framework (DoH, DCLG 2017)
- NHS Five Year Forward View (2014)
- Next Steps on the NHS Five Year Forward View (NHS 2017)
- Care Act (DoH 2014)
- High impact Change Model – Managing transfers of care between hospital and home (LGA 2017).

## 10. Contact Information

Contact details for this report are as follows:

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## REPORT TO: Health and Wellbeing Board

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**Date of Meeting:** Health and Wellbeing Board  
**Report of:** Mark Palethorpe, Acting Executive Director of People  
**Subject/Title:** Social Care Precept 2017/18

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### 1 Report Summary

- 1.1) This report describes the impact of the social care precept for 2017/18, a 3% increase in council tax producing a yield of £5.4m, which was and continues to be invested into adult social care to benefit our service users and those who care for them.
- 1.2) However it is anticipated that the costs of providing care and support for adults in Cheshire East will exceed this additional funding and that Cheshire East Council will continue to need to protect its front line care services when compared with other Council departments.

### 2 Recommendations

- 2.1) That the Health and Wellbeing Board note that the social care precept is welcomed but not sufficient to meet the rising complexities and demands of meeting care and support needs in Cheshire East.

### 3 Reasons for Recommendations

- 3.1) Council tax is worth £179m in Cheshire East, The Council, due to it's statutory social care responsibilities is allowed to levy an increased precept specifically for Adult Social Care. This increase must not exceed 6% over a 3 year period from 2017/18 and must not exceed 3% in any single year. Cheshire East Council levied a 3% increase in 2017/18 and in line with the regulations has confirmed to central government this will be fully utilised in support of Adult Social Care.
- 3.2) It is important to consider this money generated through this precept alongside other investments in the Social Care and Health economy, most notably the Better Care Fund, which is considered elsewhere on this agenda.

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- 3.3) This increased precept funding has enabled the council to continue to ensure that there is no charge to carers, free telecare equipment for all residents over 85 who live alone and investment in new information systems to enable joined up care.
- 3.4) However the cost of care is rising due to a number of factors, including the national living wage and the need to maintain appropriate wage differentials. In April 2016 Cheshire East Council implemented an increase in fees to care providers to ensure the sustainability of the care and support market. An increase for 2017 reflecting the recent further increase to the NLW is under consideration.
- 3.5) Rising demand and complexity for both older people and people with learning disabilities when coupled with a volatile labour market in which health and care professionals are increasingly opting for more lucrative agency and contract work means that adult social care both in Cheshire East, and nationally, face financial challenges.
- 3.6) Cheshire East Council introduced Community Care Boards towards the end of the 2016 calendar year. These Boards agree all new care packages to ensure fairness / consistency and that the needs of service users are met. In the first 3 months period of operation these Boards recorded an increase of costs of £1.2m which translates to a full year impact approaching £5m. This would have been in excess of £6m had the Board not found innovative ways of delivering care packages. This surge in costs is not specific to Cheshire East, Social Care authorities nationally are consistently reporting year on year increases in costs of 3%.
- 3.7) This pressure is exacerbated by reductions in central funding to the council with £40m of Revenue Support Grant being withdrawn by Central Government by 2020. Reductions being applied to social care budget are a fraction of the reductions being applied to both the Place and Corporate Departments of the Council. Full details of these reductions can be found in the Council's budget book published on the Council's website.
- 3.8) In addition, financial deficits faced by health partners within the borough have lead to difficult decisions being taken, including reductions in funding for services from mental health reablement to continuing health

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care. These actions are illustrative of the severity of the financial outlook for the health and care economy across the borough.

- 3.9) Cheshire East Council remains committed to supporting local people to live well and for longer. To continue to do this, Cheshire East and health and care partners, from commissioners to providers, need to continue to work together to manage our funding focussing on whole system implications.

#### **4 Impact on Health and Wellbeing Strategy Priorities**

- 4.1) Our ambition is that people live well and for longer. We are mitigating the financial pressures described above; not only via the social care precept, but by changing how we work to ensure that we provide personalised care that maximises independence and wellbeing and hence reduce reliance on public sector support.
- 4.2) Better uses of technology such as the Cheshire Care Record and integrating practice around the people who need care and support in Cheshire East as well as adopting efficient, best practice processes are crucial to achieving this and mitigating the impact of financial pressures.

#### **5 Background and Options**

- 5.1) n/a

#### **6 Access to Information**

- 6.1) For more information see the Cheshire East Council Tax booklet  
<http://www.cheshireeast.gov.uk/pdf/council-tax/your-cheshire-east-booklet-2017-18.pdf>
- 6.2) Cheshire East Council's budget information is available online here:  
[http://www.cheshireeast.gov.uk/council\\_and\\_democracy/your\\_council/council\\_finance\\_and\\_governance/cheshire\\_east\\_budget/cheshire\\_east\\_budget.aspx](http://www.cheshireeast.gov.uk/council_and_democracy/your_council/council_finance_and_governance/cheshire_east_budget/cheshire_east_budget.aspx)  
 Or type 'budget book' into the search box on [www.cheshireeast.gov.uk](http://www.cheshireeast.gov.uk)



The background papers relating to this report can be inspected by contacting the report writer:

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## REPORT TO: Health and Wellbeing Board

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**Date of Meeting:** 25<sup>th</sup> July 2017  
**Report of:** Fiona Reynolds, Director of Public Health  
**Subject/Title:** Seasonal flu vaccination for front line social care workers

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### 1 Report Summary

1.1 Flu vaccination of front line health and social care workers is an important Public Health action to protect vulnerable groups. The report outlines the programme approach for the flu season 2017/18 for front line social care staff within the Council workforce. It sets out how the Council's responsibilities will be met.

1.2 The wider seasonal flu vaccination programme is not considered within this paper. For information:

- NHS England commissions the flu vaccination programme from GP practices, for their registered eligible patients.
- Community pharmacies are also commissioned to provide the vaccine to those eligible who are aged 18 years and over, primarily to increase uptake in those aged under 65 and in at-risk groups.
- Children aged 2 to 7 years are also eligible either via their GP or school health provider.

### 2 Recommendations

2.1 That the HWBB supports the Council's aim to achieve year on year increases in flu vaccination uptake amongst their front-line social care employees, (estimated to be around 20-30% over the 2016/17 season).

2.2 That the HWBB endorses the Council's approach to provide a combination of opportunities to access flu vaccination – via the current Occupational Health provider service (PAM – People Asset Management), and also via a service commissioned through local community pharmacies. It is anticipated that the split between the two could be 25% via PAM and 75% via community pharmacy provision with an expectation that at least 30% of our eligible social care employees are vaccinated against flu in the 2017/18 programme.

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### **3 Reasons for Recommendations**

- 3.1 Although the uptake may be considered low/ unambitious, our aim should be to build upon the baseline and increase uptake amongst our frontline care staff year by year. Nationally there is no target expected of Local Authorities for the vaccination of their social care staff, and other councils have informally reported similarly low uptake not least due to difficulties in recording.
- 3.2 NHS trusts are expected to achieve 75% uptake, and there have been financial incentives to reach that target. Despite this, some health trusts, particularly in London and SE England, are continuing to report uptake of between 20-30%. Locally, performance has ranged from 35%-75%.
- 3.3 The previous system, used by Cheshire East Council, of offering “pre-paid” vouchers to eligible staff is felt to be unwieldy and bureaucratic, without sufficient assurance that staff are vaccinated nor adequate information about uptake.
- 3.4 Using the Council’s occupational health service could be the most cost effective option. However this would require co-ordination of attendance for vaccination at current clinic locations. It would also need to be balanced with the opportunity cost of occupational health appointments that would need to be diverted from standard occupational health provision to become appointments for flu vaccination.
- 3.5 Commissioning provision via Community Pharmacies has worked successfully elsewhere, including Bradford and Cheshire West and Chester, and it is believed that this approach would have the support of the Local Pharmaceutical Committee.
- 3.6 NHS England are also using this service to provide vaccination to eligible adults (e.g. the over 75s and adults with long term health conditions). A system called PharmOutcomes is used to manage payments and track numbers of staff attending.
- 3.7 As this contract would be offered to all local community pharmacies it would be classed as spot purchasing, and hence no formal procurement process is likely to be required.

### **4 Impact on Health and Wellbeing Strategy Priorities**

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- 4.1 Flu vaccination of front line care staff supports the aims of the HWBB which includes “enabling people to be happier, healthier, and independent for longer”. Flu vaccination is one of a number of approaches that helps reduce the spread of flu virus infection, by reducing the risk that care staff could unknowingly pass the virus to our most vulnerable residents.
- 4.2 This work also fits with the Councils Corporate Plan 2016 – 2020 Health – Safeguarding the vulnerable and providing appropriate care that helps people live well and for longer

## **5 Background and Options**

### **5.1 National Context**

- 5.2 Each year a national flu plan is published. As in previous years, the version for winter 2017/18 expects employers to offer vaccination to all frontline health and social care workers as part of their occupational health responsibility for the prevention of transmission of infection (influenza) to protect patients, service users and staff. In addition, front line health and social care workers have a duty of care to protect their patients and service users from infection.
- 5.3 NHS England is responsible for commissioning vaccination programmes for vulnerable groups within the general population. The role of the Council includes the promotion of the flu vaccination programme, providing supportive national campaign materials designed to encourage all those eligible to be vaccinated. Employees, particularly those working in adults and children’s services, are asked to champion the promotion of the flu vaccination programme amongst their service users. Members of the Public Health team link into the Extreme Weather/ Winter Wellbeing Group.
- 5.4 Public Health Teams are responsible for providing information and advice to relevant bodies within their areas to protect the population’s health. The assurance role involves providing independent challenge of the arrangements of NHS England, Public Health England, and providers in the delivery of the flu vaccination programme. This role will be achieved through the Health Protection Forum as a sub group of Cheshire East’s Health and Wellbeing Board

### **5.5 Local Approach**

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- 5.6 Last year the Corporate Health and Safety Team administered and purchased Flu Vaccination vouchers from a pharmacy chain for Council employees who work directly with service users. Overall uptake was poor, although it was not possible to accurately monitor the number of staff who were vaccinated.
- 5.7 The total number of vouchers purchased and issued last year was 399, with a total voucher cost of £2,993 (£7.50 per voucher). This cost does not include the administration involved by the Health & Safety team, and Team Managers of front line teams. However, due to the way the scheme works, 40 of those vouchers returned without being taken up by staff, and only 63 staff told their managers that they'd attended for vaccination. It is not possible to trace whether the vouchers are used by staff as they could attend a number of different pharmacies across a wide area.
- 5.8 Proposed Approach
- 5.9 People Asset Management (PAM) is the provider of Occupational Health Services for the Council. A contract variation could be used to add the delivery of the flu vaccination programme for 2017/18. PAM has experience of delivering a flu vaccination programme elsewhere. The vaccination cost would be £7.50 for each vaccination and the programme could be delivered through their clinic bases where capacity allows (Crewe Municipal Building, Macclesfield Town Hall and Westfields, Sandbach). They would also have an option of attending team bases for an additional £220 plus vaccination costs.
- 5.10 We have sought confirmation from Children and Adult services on the maximum workforce numbers who would be eligible to access the flu vaccination programme, the estimate being 1210. Based on last year's uptake, (including evidence from elsewhere), and actual use of any flu vaccination vouchers given out, we would recommend working to a minimum uptake percentage figure of 20-30%.
- 5.11 Based on estimated numbers of social care staff who are working in eligible front-line roles (approximately 1200) and an uptake of 30% that has been achieved elsewhere this would result in 360 staff being vaccinated.
- 5.12 The potential cost is in the region of £4050. That is based on the cost of 90 staff vaccinated by the PAM occupation health provision being £675 (£7.50 x 90) plus the cost of 270 staff being vaccinated via a service commissioned by community pharmacies being £3375 (£12.50 x 270).

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- 5.13 We have consulted with colleagues at Cheshire West and Chester Council to discuss its learning. It has managed its workforce flu vaccination delivery by commissioning pharmacies to fulfil their vaccination programme for the last three years (2014/15, 2015/16 and 2016/17). Last winter approximately 400 staff exchanged their CWaC voucher for a flu vaccination. Based on a £12.50 per vaccination, the overall spend was £5000. Again this does not include the administration involved by the Public Health team and operational teams. There was also Public Health capacity to undertake the health promotion aspects of the flu vaccination programme for the workforce.

## **6 Access to Information**

- 6.1 The national flu immunisation programme 2017/18 guidance and Flu Plan: <https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

The background papers relating to this report can be inspected by contacting the report writer:

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