

Adults and Health Committee

Agenda

Date: Tuesday, 16th November, 2021
Time: 10.30 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

PLEASE NOTE – This meeting is open to the public and anyone attending this meeting will need to wear a face covering upon entering and leaving the venue. This may only be removed when seated.

The importance of undertaking a lateral flow test in advance of attending any committee meeting. Lateral Flow Testing: Towards the end of May, test kits were sent to all Members; the purpose being to ensure that Members had a ready supply of kits to facilitate self-testing prior to formal face to face meetings. Anyone attending is asked to undertake a lateral flow test on the day of any meeting before embarking upon the journey to the venue. Please note that it can take up to 30 minutes for the true result to show on a lateral flow test. If your test shows a positive result, then you must not attend the meeting, and must follow the advice which can be found here: https://www.cheshireeast.gov.uk/council_and_democracy/council_information/coronavirus/testing-for-covid-19.aspx

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 top of each report.

It should be noted that Part 1 items of Cheshire East Council decision making meetings are audio recorded and the recordings will be uploaded to the Council's website

For requests for further information

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

1. Apologies for Absence

To note any apologies for absence from Members.

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 5 - 12)

To approve as a correct record the minutes of the previous meeting held on 27 September 2021.

4. Public Speaking/Open Session

In accordance with paragraph 2.24 of the Council's Committee Procedure Rules and Appendix on Public Speaking, set out in the [Constitution](#), a total period of 15 minutes is allocated for members of the public to put questions to the committee on any matter relating to this agenda. Each member of the public will be allowed up to two minutes each to speak, and the Chair will have discretion to vary this where they consider it appropriate.

Members of the public wishing to speak are required to provide notice of this at least three clear working days' in advance of the meeting.

5. Adult Social Care Winter Plan 2021-22 (Pages 13 - 26)

To receive an update on the schemes and actions being deployed to address winter pressures.

6. All-Age Sensory Impairment Strategy (Pages 27 - 94)

To consider a report on the All-Age Sensory Impairment Strategy.

7. Cheshire East Day Opportunities Strategy (Pages 95 - 142)

To consider a report on the co-produced Day Opportunities Strategy.

8. Cheshire East Place Dementia Strategy (Pages 143 - 264)

To consider a report in respect of the Cheshire East Place Dementia Strategy which has been developed in partnership with the Cheshire Clinical Commissioning Group (CCG).

9. Cheshire East Joint Market Position Statement (Pages 265 - 342)

To consider the final version of the Cheshire East Joint Market Position Statement 2021-25.

10. **Recommissioning of the Assistive Technology Service** (Pages 343 - 366)

To note the details provided of the revised model for the Assistive Technology Service.

11. **Cheshire East Local Account for Adult Social Care 2020-21** (Pages 367 - 396)

To consider the Local Account for Adult Social Care 2020/21.

12. **Work Programme** (Pages 397 - 398)

To consider the Work Programme and determine any required amendments.

13. **Minutes of Sub-Committees** (Pages 399 - 404)

To receive the minutes of the following sub-committees of the Adults and Health Committee:

Cheshire East Health and Wellbeing Board – 7 September 2021

Membership: Councillors P Butterill, J Clowes, A Critchley, B Evans, S Gardiner, L Jeuda, A Kolker, A Moran (Vice-Chair), D Murphy, J Rhodes (Chair), R Vernon, J Weatherill and N Wylie

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Adults and Health Committee**
held on Monday, 27th September, 2021 at The Ballroom, Sandbach Town
Hall, High Street, Sandbach, CW11 1AX

PRESENT

Councillor J Rhodes (Chair)
Councillor A Moran (Vice-Chair)

Councillors P Butterill, J Clowes, A Critchley, S Gardiner, A Kolker, D Murphy,
J Weatherill, N Wylie and C Bulman

OFFICERS IN ATTENDANCE

Roisin Beressi, Senior Solicitor – Adults and Education
Jill Broomhall, Director of Adult Social Care
Shelley Brough, Head of Integrated Commissioning
Paul Goodwin, Head of Financial Services
Nichola Thompson, Director of Commissioning
Karen Shuker, Democratic Services
Matt Tyrer, Director of Public Health

11 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors B Evans, L Jeuda
and R Vernon. Councillors C Bulman, D Edwardes and K Flavell attended
as substitutes.

12 DECLARATIONS OF INTEREST

In the interest of openness Councillor A Kolker declared an interest in
respect of the fact that he was a Trustee of ESAR, a health and sport
charity.

It was noted that Councillor A Kolker made this declaration after minute
no.19.

13 MINUTES OF PREVIOUS MEETING**RESOLVED:**

That the minutes of the meeting held on 13 July 2021 be approved as a
correct record.

14 PUBLIC SPEAKING/OPEN SESSION

There were no public speakers.

15 PERFORMANCE SCORECARD - QUARTER 1 (2021/22)

Consideration was given to a report that outlined the performance data and measures related to services that fell within the responsibility of the Adults and Health Committee, from Quarter 1 of 2021/22. The committee asked questions and put comments in relation to a number of the performance measures including

- The rising numbers of Residential Admissions;
- When would the new legislation be published;
- Would there be a balanced budget;
- The number of Contacts resulting in a New Referral;
- The number of mental health act assessments completed;
- The number of new Safeguarding Concerns received in a period.

RESOLVED

That the report be noted.

16 ADULT SOCIAL CARE IMPROVEMENT PLAN - LEARNING FROM COVID-19

During consideration of the item Councillor A Kolker arrived to the meeting.

The committee received an update in respect of the Adult Social Care Improvement Plan and learning from Covid-19. Reflections on the response to Covid-19 by Adult Social Care would inform the development of social care recovery plans and would contribute to wider whole system recovery, which would support the health and wellbeing of the local population.

The recovery plan would be used to inform longer term plans for the 'new normal' ensuring that the key principles of the Cheshire East Corporate Plan would be taken in to account.

In response to questions and comments from members, officers reported that:

- If IT assessments hadn't been possible for some individuals, face to face assessments had taken place;
- Mental health act assessments would always be face to face as undertaking these using IT solutions would have been illegal. As stated in the Care Act all assessments were undertaken in proportionate and appropriate manner;
- Staffing levels had been monitored regularly during the height of the pandemic; data was available which analysed the reasons for

absence, the number who had been affected by Covid either through contracting it or having to self isolate, those suffering with long Covid;

- The Power Business Intelligence system used for data analysis had allowed managers to review performance of their staff regularly; it was reported that during the pandemic the same standard of service had been maintained despite staff working in isolation. New staff members had been supported in the office with their peers and managers as part of their induction;
- A report would be produced on the impact of Covid-19 on staffing in due course;
- Although there had been some relaxation in restrictions to visiting care homes, these would be reintroduced should there be an increase in the number of cases;
- There had been a positive response to the vaccination programme in care homes; of the 132 staff who hadn't received the vaccination, 68 of those were medically exempt. Work was being undertaken with care homes to encourage uptake and emphasis was being given on the importance of working to ensure that anyone entering a care home was double vaccinated.

RESOLVED: That:

- (a) the update be noted;
- (b) a presentation in respect of the case studies on the personalised services provided by adult social care be brought back to committee.

17 ADVOCACY SERVICE RECOMMISSION

The committee considered a report on the arrangements to recommission advocacy services, in response to changes in legislation (LPS).

The report set out the background to the current Statutory Advocacy Contract and Partnership Agreement which was a jointly commissioned service between Cheshire West and Chester Council and Cheshire East Council.

The current contract would cease on the 31 May 2022, and to align with new Liberty Protection Safeguard legislation which was being introduced it was proposed that the current Statutory Advocacy contract be extended and that a new service be re commissioned jointly with Cheshire West and Cheshire Council.

As the new legislation would have wider scope than the current Deprivation of Liberty Safeguards (DoLS) and would apply to several settings it would result in an overall increase in demand for statutory advocacy support.

It was proposed and seconded that the recommendations in the report be approved, subject to the amendments made to the wording in recommendations 2.1.2 and 2.1.3 as listed below, which would provide assurance to the committee that they fully understood what they would be approving.

A further recommendation was proposed and seconded that the Adults and Health Committee request that the Director of Adults Social Care, the Chief Executive and the Director of Commissioning to send a jointly signed letter to the Secretary of State for Health and Social Care to ask when it was expected the legislation would be implemented as it was causing issues for the Council in operation terms in respect of recommissioning services.

RESOLVED: That the Committee

- (a) approve 2.1.1 to extend and, if necessary update of the current statutory Advocacy Contract (by way of modification) and overarching Partnership Agreement with Cheshire West and Chester Council by a maximum of 15 months;
- (b) approve 2.1.2 subject to the rewording of the recommendation to read
“delegates authority to the Director of Commissioning in consultation with the Director of Governance and Compliance to commence jointly with Cheshire West and Chester Council, and if beneficial with other relevant organisations and the Cheshire Clinical Commissioning Group to undertake the engagement work and resultant new service specification that will inform the recommissioning at a future date of the statutory advisory service, in alignment with the new Liberty Protection Safeguard legislation when it is introduced”;
- (c) approve 2.1.3 subject to the rewording of the recommendation to read
“would give consideration to the completed service specification at a future meeting of the Adults and Health Committee to provide assurance prior to proceeding to recommissioning the service”.
- (d) approve the recommendation of 2.1.4 requesting the Director of Adults Social Care, the Chief Executive and the Director of Commissioning to send a jointly signed letter to the Secretary of State for Health and Social Care to ask when it was expected the new legislation would be.

18 ASSISTIVE TECHNOLOGY RECOMMISSION

The committee considered a report on the recommissioning of the Assistive Technology Service which enabled the Council to meet its statutory duties under the Care Act.

The committee agreed that it was a good service, and it should be maintained.

In response to questions and comments from members in respect of funding, joint working arrangements, and the need for more information around the specification, officers reported that:

- The report the committee had been asked to consider had previously been to the Better Care Fund Governance group to gather views and input from health colleagues; a joint arrangement for commissioning was in place and a joint project group for every commission undertaken.
- Acknowledgement that it was a very traditional service that was provided therefore benchmarking across other local authorities had taken place.
- Legal clarification would be required on the contract specifications which would be discussed outside of the meeting with the recommendation to bring back a report to committee prior to any contract being awarded.

RESOLVED That the committee:

- (a) approves the recommission of the Assistive Technology service in principle;
- (b) delegates authority to the Director of Commissioning to award the contract(s) subject to approval being given to a report being brought to committee, once the consultation and engagement process around the Assistive Technology recommission has been completed.

19 NHS HEALTH CHECKS RECOMMISSION

The committee considered a report on the recommission of NHS Health Checks which were currently undertaken by General Practices. Due to General Practices having the data required to establish patient eligibility it was recommended that the delivery of NHS Health Checks should continue to take place via General Practices.

In response to questions and comments from members in respect of what an alternative model would like, whether or not enough was being done to get people through the door, had exploration with other bodies been considered, officers reported that

- engagement and consultation work carried out during the pandemic showed that GPs were interested in continuing delivering the health checks despite the issues caused by the pandemic;

- As income generated activity it did support GP practices and their delivery; benefits were identified through the health checks
- Research undertaken by Public Health England demonstrated the model of provision through GP practices as best practice.

RESOLVED That the committee

- (a) approves the recommission the NHS Health Checks service;
- (b) delegates authority to the Director of Commissioning to award the contracts.

The Committee adjourned for a short break at 12.15pm and reconvened at 12.20pm.

20 ALL AGE CARERS HUB AND STRATEGY

The committee received a report on the draft carer's strategy and the recommissioning of the All-Age Carers Hub contract.

The report was welcomed by the committee and it was noted that the draft policy formed from a joint approach had proved invaluable.

The report had been considered at the Better Care Fund Governance group; funding had been approved and it had mainly been funded by the Cheshire Clinical Commissioning Group.

RESOLVED That the committee

- (a) approve the draft carers strategy as outlined in Appendix 2 for the basis of consultation;
- (b) following consultation of the strategy, note that the final version of the All-Age Carers Strategy will be presented for approval to the Adults and Health Committee, and Children and Families Committee;
- (c) approve the recommission of the All-Age Carers Hub contract which ends in December 2022, with Cheshire West and Chester Local Authority, and Cheshire Clinical Commissioning Group;
- (d) delegates authority to the Director of Commissioning to award the jointly commissioned All Age Carers Hub contract subject to a report being brought to committee in March following the recommissioning process.

21 ASSISTIVE TECHNOLOGY CHARGING POLICY

The committee considered a report on the consultation on the Assistive Technology Charging Policy. The Council would like to develop the current service by increasing the number of people who would be able to access it, and the range of devices they would be able to obtain to address their care needs more effectively. Prior to implementing any change, a review was undertaken in respect of the charging structure for the service.

The report considered consultation feedback received from stakeholders in respect of the proposal that people aged 85 and over who live alone would be charged £5 per week for the Assistive Technology Service. This would be the same levy as for all other users of Assistive Technology and would allow the service to be sustainable in the longer term and be accessed by additional vulnerable people. This would be subject to users being able to ask for a financial assessment which would check their ability to pay.

In response to questions and comments from members in respect of whether the new system would be fairer for all, would it be sustainable, missing data around the success or otherwise of the population health approach and whether it would be a saving or false economy, officers reported that:

- Assessments would be proportionate and based on the ability of people to pay; if they can't afford to pay, they won't as the Care Act states it's about "*fairness and equality*".
- If there was no charge implemented for those who currently received the service for free there would be a chance that those who did pay for the service would see an increase.
- There had been no change in emergency hospital admissions for 2019/20 for Cheshire East in respect of falls; this was below the English average. Future work to prevent falls in the first place would be considered.

RESOLVED That the Committee:

Agrees to implement the consultation proposal that people aged 85 and over who are living alone are charged £5 per week for the Assistive Technology Service. This would be the same levy as for all other users of Assistive Technology. This will be subject to users being able to ask for a financial assessment, which would check their ability to pay. People with a cognitive impairment will be appropriately supported in this process.

22 REFERRAL OF NOTICE OF MOTION: RIGHT TO FOOD

The committee considered a report in response to a Notice of Motion submitted by Councillor Critchley to Council on 22 June 2021 that the 'Right to Food' be incorporated in to the 'National Food Strategy'; and referred to the Adults and Health Committee.

The report provided further information on the request which had included asking the Chief Executive, Lorraine O'Donnell to write to Henry Dimbleby to further the request to support the notion.

The committee heard that by working together with residents and partners to support people and communities to reduce health inequalities across the borough it would ensure food poverty wouldn't become prevalent across the borough.

Councillor Critchley welcomed the report and the work that had been undertaken following the Council meeting. It was requested that recommendation 2.1 *“to consider if Chief Executive, Lorraine O’Donnell, should write to Henry Dimbleby to incorporate the ‘Right to Food’ movement into the ‘National Food Strategy’ by emailing foodstrategy@defra.gov.uk”* be removed and that a proposal to amend the wording in recommendation 2.3 to include undertaking a spotlight review to develop the strategy be considered.

RESOLVED that the committee:

- (a) Agree to remove recommendation 2.1 *“to consider if Chief Executive, Lorraine O’Donnell, should write to Henry Dimbleby to incorporate the ‘Right to Food’ movement into the ‘National Food Strategy’*;
- (b) Acknowledge the services and provision in Cheshire East which address and prevent food poverty and food insecurity;
- (c) Agree that the Council should develop its own Right to Food Strategy that meets local anticipated need over the next 4 years which aligns to the Corporate plan; to include a spotlight review to develop the strategy.

23 WORK PROGRAMME

The committee considered an updated work programme.

The following amendments were reported:

Accommodation with Care Recommission item be removed from the November meeting to allow for the extension of the current contract. An update would be brought back to committee in 2022.

The Live Well for Longer Strategy be moved to the January committee.

The committee made a request that officers review the process in which committee members received the agenda to ensure the committee has time to read and digest the information.

RESOLVED That:

- (a) the work programme be approved subject to the inclusion of the amendments outlined above;
- (b) Officers review the process of how committee members received agendas for committee meetings.

The meeting commenced at 10.30 am and concluded at 1.10 pm

Councillor J Rhodes (Chair)



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BRIEFING REPORT

Adults and Health Committee

Date of Meeting: 16 November 2021

Report Title: Winter Plan 2020-21

Report of: Helen Charlesworth-May, Executive Director for Adults, Health and Integration

1. Executive Summary

- 1.1.** The following report sets out the schemes and actions which are being deployed through 2021-22 to address winter pressures. Over the last few months there have been significant emerging pressures in the social care market. This is highlighted through the performance information shown in this report as well as the position in respect of COVID-19 cases.
- 1.2.** The report sets out that a number of schemes have been funded by the Better Care Fund to address these pressures; Block booked beds, Spot purchase beds, Care at Home Hospital Retainer, Rapid response, Social worker support, Flu vaccinations for Care Homes, Domiciliary providers, Complex provider and Extra Care Housing staff, One You falls prevention. Separately the council also funds the Cheshire East People Helping People service.
- 1.3.** In addition to those funded schemes listed, the report also references the actions being undertaken to address these pressures; the deployment of 7-day services, flu vaccine actions, PPE preparations, market and provider sustainability.
- 1.4.** This report supports the strategic aims of the Council's Corporate Plan 2021-25. One of the council's strategic aims is that it empowers and cares about people.
- 1.5.** The winter schemes noted in this report supports the specific actions noted in the corporate plan which are:
 - To prioritise Home First for patients discharged from hospital. Where possible patients are discharged to a home of their choice.
 - Vulnerable and older people live safely and maintain independence within community settings.

2. Background

- 2.1.** Each year a range of schemes are deployed through the Better Care Fund to help alleviate the additional pressures faced by health and social care services through the winter period.
- 2.2.** As part of the monitoring arrangements for the Better Care Fund this report has been produced to inform the Adults and Health Committee of the actions being undertaken by Adult Social Care in Cheshire East for the period 2021-22.
- 2.3.** This report follows a number of annual updates in respect of the schemes deployed and the winter pressures faced. In 2019 a report was presented to Health and Adult Social Care Overview and Scrutiny Committee which detailed the progress achieved across Cheshire East in reducing Delayed Transfers of Care (DTOC) following a 'Deep dive' in 2017. This was followed with a further update in 2020 and the production of the Adult social care: our COVID-19 winter plan 2020 to 2021.

3. Briefing Information

3.1. Winter planning 2021/22

- 3.2.** The winter plan for 2021/22 includes a number of components:
 - Background information
 - Performance information
 - COVID-19 Cases and vaccinations
 - COVID vaccination uptake in care homes
 - Winter schemes
 - 7-day services
 - Flu Vaccine actions for the period 2021/22
 - Mandated vaccines for frontline health and social care staff
 - Personal Protective Equipment (PPE) preparations
 - Market and Provider Sustainability
- 3.3.** The health and social care system in Cheshire East has faced unprecedented pressure as a result of the COVID-19 pandemic. We have seen the very real impact on people's lives.
- 3.4.** Cheshire East Council has through the Better Care Fund established a number of schemes to support the health and social care system through the winter period. The schemes include securing block booked beds, implementing a care at home hospital retainer, rapid response, social work support, People Helping People, increased flu vaccinations, safe steps to reduce falls in care homes, a review of double handling care and spot purchasing additional care beds.
- 3.5.** Thousands of people across Cheshire East rely on the care sector to provide them with the support they require to live their everyday lives. Nationally, two

thirds of people living in care homes for the over 65's are over 85, with around 70% living with dementia. Over a quarter of a million people under 65 also receive support, whether for Mental Health, for Physical Support or Support Living with Learning Disabilities.

- 3.6.** A number of winter plans have been developed and will be enacted as part of the process of responding to increased demand for services through the coming months. This also includes increased pressure as a result of COVID-19. These plans include seasonal flu and winter resilience plans.
- 3.7.** A regional seasonal flu plan has been developed, every year NHS England commission a seasonal Influenza vaccination programme to protect individuals from the flu, preventing severe illness and avoidable deaths, as well as avoiding the occurrence of a flu pandemic which would have a severe impact on NHS services. This plan ensures that there is a comprehensive seasonal 'business as usual' plan and is not the pandemic flu plan.
- 3.8.** On Friday 18th September 2020 the policy paper entitled 'Adult social care: our COVID-19 winter plan 2020 to 2021' was published by the government. The document focused on the required actions for; Local Authorities, the NHS and Adult Social Care providers when approaching the expected challenges that COVID-19 will create during this period.
- 3.9.** The plan set out the government's three overarching priorities for the sector during this period which were:
- Ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period.
 - Protecting people who need care, support or safeguards, the social care workforce, and carers from infections including COVID-19.
 - Making sure that people who need care, support or safeguards remain connected to essential services and their loved ones whilst protecting individuals from infections including COVID-19.
- 3.10.** The plan sets out how it intends to do this by:
- Detailing what the government's national support will be.
 - Establishing expectations of other parts of the system, including local authorities, NHS organisations, and care providers.
 - Putting into practice the recommendations of the Social Care Sector COVID-19 Support Taskforce.
 - Providing a stimulus for further local winter planning and preparedness.
- 3.11.** The plan included the following key areas:
- Guidance on Infection Prevention and Outbreak Management
 - Managing Staff Movement
 - Personal Protective Equipment
 - COVID-19 Testing
 - Seasonal Flu Vaccines
 - Safe Discharge from NHS settings and Preventing Avoidable Admissions
 - Social Prescribing

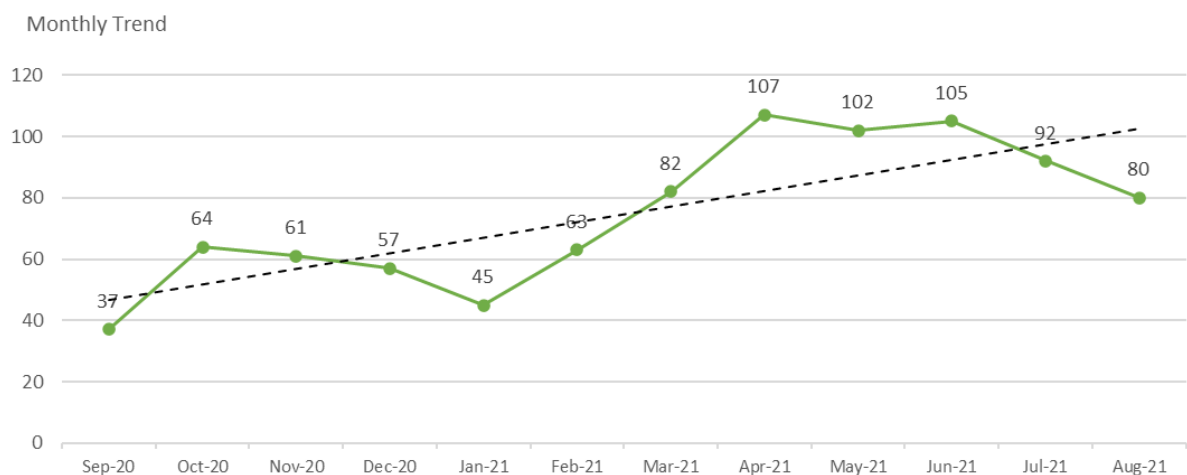
- Visiting Guidance
- Direct Payments
- Support for Unpaid Carers
- End-of-life Care
- Care Act Easements
- Supporting the workforce
- Workforce Capacity
- Shielding and People who are Clinically Extremely Vulnerable
- Social Work and other Professional Leadership
- Funding
- Market and Provider Sustainability
- CQC Support: Emergency Support Framework and Sharing Best Practice
- Local, Regional and National Oversight and Support
- Enhanced Health in Care Homes
- Technology and Digital Support
- Acute Hospital Admissions

3.12. Performance information

3.13. The following performance information shows the demand for adult social care services for the period September 2020 to August 2021. This performance information covers demand for care at home/ home care services, Brokerage Support Plan Tasks (01/09/2020 – 31/08/2021) where the comments relate to Care at Home/Home Care, hospital discharge early brokerage referrals. Overall, the data shows that there is increased demand for services and requests for services from hospital between the period September 2020 and August 2021, there has been an increase for care at home/ home care services from hospital whilst at the same time a decrease in service requests from the community.

3.14. Graph 1 - Brokerage Support Plan Tasks (01/09/2020 – 31/08/2021) where the client was in hospital at the start date of the task and the comments relate to Care at Home/Home Care

3.15. The following graph shows a trend of increasing demand for care at home/ home care services where the client is in hospital.

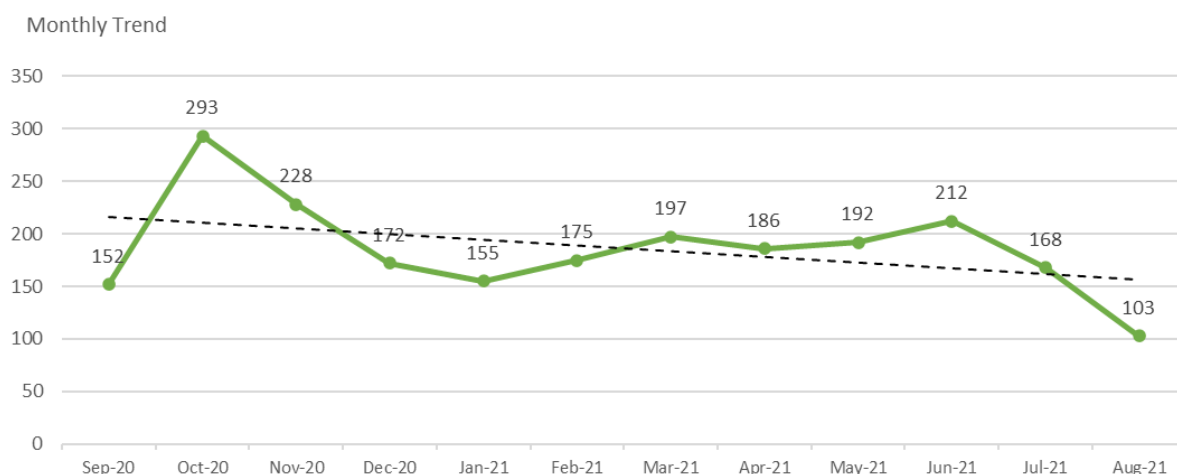


- 3.16.** The report includes data on 'Draft Adults Support Plan Care Brokerage Team' task where the client was in hospital at the start date of the task. It also includes data on 'Draft Reablement Plan Care Brokerage Team' tasks and 'New Case In/Action' tasks. Data as of 14/09/21 **Task Start Date** (is on or after 01 September 2020 and is before 01 September 2021).

Month Started	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21
Tasks	37	64	61	57	45	63	82	107	102	105	92	80

- 3.17.** **Graph 2 - Brokerage Support Plan Tasks (01/09/2020 – 31/08/2021)** where the comments relate to Care at Home/Home Care (excludes records where the client was in hospital at the time)

- 3.18.** The following graph shows a trend of reduced number of Brokerage Support Plan Tasks where the comments relate to Care at Home/Home Care excluding those in the hospital.



- 3.19.** Data as of 14/09/21 **Task Start Date** (is on or after 01 September 2020 and is before 01 September 2021).

Month Started	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21
Tasks	152	293	228	172	155	175	197	186	192	212	168	103

3.20. Graph 3 - Action Plans (01/09/2020 – 31/08/2021) where the Action Plan Type is 'Hospital Discharge (Urgent Cases Only) Early Brokerage Referral'

3.21. The following graph shows an increasing trend of hospital discharge early brokerage referrals for the period September 2020 until August 2021.

Monthly Trend



3.22. Data as of 13/09/21, Action Date (is on or after 01 September 2020 and is before 01 September 2021), Action Type (is Hospital Discharge (Urgent Cases Only) Early Brokerage Referral).

	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021
Action Plans	77	74	81	86	65	83	65	66	80	102	122	145

3.23. COVID-19 Cases and vaccinations

3.24. The following section provides an overview of COVID-19 cases by area (last 7 days), cases by area (whole pandemic) and vaccinations.

3.25. Cases by area (last 7 days)

3.26. As at 14/09/2021 there were 1,384 people (357.9 per 100,000 population) in Cheshire East with at least one positive COVID-19 test result, either lab-reported or lateral flow device (England only) in the most recent 7-day period.¹

3.27. Cases by area (whole pandemic)

3.28. As at 14/09/2021 there had been 36,767 people (9,508.7 per 1000,000 population) in Cheshire East with at least one positive COVID-19 test result, either lab-reported or lateral flow device (England only) since the start of the pandemic.²

¹ <https://coronavirus.data.gov.uk/details/cases>

² <https://coronavirus.data.gov.uk/details/cases>

3.29. Vaccinations

3.30. Nationally as at 14/09/2021 48,439,272 people had received the first dose of COVID-19 vaccine, 44,048,093 people had received a second dose of COVID-19 vaccine. In total 92,487,365 vaccines had been administered.

3.31. In Cheshire East the number of people who had received the first and second dose of the COVID-19 vaccine is listed as a percentage. Government reporting notes that 86.3% of residents in Cheshire East had received a first dose and 80.2% of residents had received a second dose of the COVID-19 vaccine.³

3.32. COVID vaccination uptake in care homes

3.33. As at the week ending 10/09/2021 Cheshire East Council has contracts with 94 care homes to provide accommodation with care services. Of these there are a total of 4930 staff employed, 4615 staff have received a first dose of the COVID-19 vaccination. 4397 staff have also received a second dose of the COVID-19 vaccination. Across the 94 care homes there are some 3247 residents and of these 3207 have received a first dose of the COVID-19 vaccination and 3182 have also received their second dose of the COVID-19 vaccination.

3.34. Winter schemes

3.35. The performance information shows increased demand for community services especially care at home and accommodation with care. A number of the winter schemes are aimed at delivering that additional required capacity, for example the rapid response service will provide additional capacity in the domiciliary care sector, the hospital retainer will also ensure that packages remain open and service users can return to their packages of care following a hospital stay. The council has also commissioned block booked beds to support hospital discharge and prevent admission.

3.36. The planned winter schemes for 2021/22 are as follows:

3.37. Scheme one - Block booked beds £363,297

3.38. Direct award of short-term contracts for 8 winter pressure beds to support COVID-19 pressures, winter pressures, supporting hospital discharges or preventing admission. The rationale for completing a direct award was as follows: an anticipated second wave of COVID-19, non COVID-19 related elective surgery and procedures which were cancelled/postponed are currently being reinstated in hospitals which will increase demand, residents have avoided accessing primary care services and we anticipate a surge in demand on these beds due to people's conditions deteriorating due to lack of treatment, we are now seeing the demand on A & E services in our hospitals rapidly increasing.

³ <https://coronavirus.data.gov.uk/details/interactive-map/vaccinations>

3.39. Scheme two – Spot purchase beds £520,463

3.40. In order to facilitate hospital discharges and prevent unnecessary hospital admissions spot purchase care home beds are deployed.

3.41. All current long term provision is commissioned on a 'spot purchase' basis. Providers are signed up to standard terms and conditions called a 'Pre Placement Agreement' and receive individual placement agreements for each resident placed by Cheshire East Council. The accommodation with care market in Cheshire East is composed of a good mix of small and medium sized providers (SMEs) as well as a number of large, national organisations.

3.42. Scheme three - Care at Home Hospital Retainer £40,000

3.43. Since the implementation of the new Care at Home contract in November 2018 the Council does not pay a retainer fee for the first 7 days for hospital admission or respite; however, the provider is contractually obligated to hold open the care packages for this time. In order to assist with service continuity there may be instances upon agreement from the Contracts Manager where a retainer fee will be paid for up to the following 7 days. (i.e. day 8 to 14). In certain circumstances there may be cases where a Service User is only a few days from being discharged from hospital and so to support a smooth transition a retainer fee may be paid for a nominal number of days. This is only in exceptional cases and needs authorising in partnership with Contracts and Operational Locality Managers.

3.44. Scheme four - Rapid response £797,473

3.45. The Rapid Response Service will facilitate the safe and effective discharge of service users from hospital who have been declared as medically fit for discharge but who may still have care needs that can be met in the service user's own home. The service will seek to prevent readmission to hospital by ensuring wrap around services are in place in the first 48 hours following hospital discharge. The Service will also provide support to service users with complex health needs and end of life support at a level. Through the provision of 7 day working, the service will ensure a timely response to hospital discharge to reduce delayed transfers of care and create capacity and throughput for non-elective admissions.

3.46. Scheme five - Social worker support £112,000

3.47. Social Worker (x1) dedicated to the Discharge to assess beds at Station House, Crewe. Social Care Assistants (x2) additional assessment and care management capacity to support the revised processes around hospital discharge using reablement exclusively for this purpose (East locality).

3.48. Scheme six - Cheshire East People Helping People

3.49. We recognise this is still a challenging time for everyone, so we want to continue to help local people to support one another by harnessing and

supporting the fantastic work already being done in communities across the borough. We are working collaboratively with our partners and local volunteers to channel community-based support to meet the needs of our residents who find themselves isolated without family, friends or a support network. Our service is delivered for the local community, by the local community, with options including:

- Telephone support, advice and reassurance
- Signposting to local and national services equipped to meet specific support needs
- Access to essential food and medical supplies
- Access to priority online shopping slots
- A regular friendly phone call to lift your spirits
- Transportation from hospital to home

3.50. Scheme seven – Flu vaccinations for Care Homes, Domiciliary providers, Complex provider and Extra Care Housing staff

- 3.51.** For older people or those with long-term health conditions, the effects of flu can be much more serious, and in some cases even fatal. For those working in a care home or health and care environment where there are many vulnerable people, it is incredibly important to have the flu vaccine. This not only helps to protect the staff themselves and their immediate families, but also helps to protect very vulnerable residents who might not respond well to vaccination. As well as keeping staff and residents safe and well, reducing the threat of flu also helps you to ensure business continuity; reducing the likelihood of staff being ill and off work and the associated costs of providing bank or agency cover for them.
- 3.52.** Vaccination is also of benefit as it helps to reduce transmission to the wider public and in times of increased pressure on health and social care services, helps to reduce the burden of ill health, and therefore demand on the wider health system at a time when services are already under pressure.
- 3.53.** To ensure social care services to take up the offer of free flu vaccinations, the Cheshire East Council contracts team will work with home and care provider managers to identify a Flu champions in their organisations to highlight the immunize programme and encourage colleagues to participate in the voluntary programme to be immunised. The flu champion will work alongside the aligned GP surgery to get either the District Nurse in for a full day to immunise the work force during their shift. Alternatively the flu champion can book a day with the Community Pharmacy to have this done on site.
- 3.54. Scheme eight - One You falls prevention £20,000**
- 3.55.** The aim of the project is to work with 150-180 individuals to reduce the risk of falls, as a result of the pandemic, there is a backlog of individuals waiting to access the One You Cheshire East strength and balance classes. The

One You programme takes an evidenced based approach to the prevention of falls which is aligned to the national falls consensus statement. This has been shown to reduce risk of falling by 35-54%. As such, the methodology used has also been found to offer a substantial return on investment by Public Health England, for instance in comparison to costs for hospital admission and treatment. Furthermore, classes offer the additional benefit to older people of reduced social isolation. This has been identified as a particularly significant problem recently due to the pandemic.

3.56. 7-day services

3.57. The Cheshire East Better Care Fund intends to implement a 7-day working plan to increase 7 day working across health and social care across the Cheshire Health and Wellbeing footprint. The Cheshire East Better Care Fund allocated £700,000 to support a range of projects from health and social care partners.

3.58. The refreshed national high impact change model notes in relation to seven-day working it can deliver improved flow of people through the system. For the seven-day working approach to be successful the model notes that it should consider the systems demand, capacity and bottlenecks, it should be pragmatic it doesn't need to be 24/7 across all services. It should include engagement with partners and practitioners. Finally, that the approach should consider the patient and those staff that could be asked to work the weekend.

3.59. A workshop with partners was held on 15/07/2021 to look at the schemes and proposals which had been developed to date, the next steps identified include sign-off through governance and implementation of those schemes.

3.60. Flu Vaccine actions for the period 2021/22

3.61. The annual Flu report was presented to the Adults and Health Committee on 13/07/2021. The Flu report takes a backward look at the 2020/21 flu season and presented planned work to be undertaken during the upcoming Flu season. The aim of Flu vaccination programme in Cheshire East is to ensure high vaccination uptake and preparedness for what was expected to be a challenging winter flu period. The report outlined the following planned work:

3.62. Continue to offer free flu vaccination to all CEC staff, in a way which is most accessible and COVID-secure. This is most likely to continue the use of ID badges rather than vouchers, but this is flexible depending on how staff return to the office.

3.63. Deliver 'A Conversation With' sessions with the director of public health and/or health protection lead to dispel concerns and myths about Flu; but also, to educate and inform about details of the 2021/22 Flu Programme.

3.64. Engage managers to identify staff in the 50-64 cohort and front-line health and social care (as defined), before the start of the next Flu Season. Whilst

we are committed to vaccinating these staff, they will be invited by their GP, therefore it is critical this is communicated to minimise uncertainty.

- 3.65.** Engage the Community Voluntary Sector and the commissioned service Change Grow Live (CGL) to establish vaccination routes for underserved communities who may not be registered with a GP.
- 3.66.** Emphasise and reinforce key infection prevention and control messages (hands, face, space) throughout the winter season.
- 3.67.** Target at risk and underserved population groups to increase uptake working collaboratively with our partners in the NHS.
- 3.68. Mandated vaccines for frontline health and social care staff**
- 3.69.** On 9th September the Government conducted a six-week consultation on protecting patients by mandating vaccination for frontline health and social care staff in England. The key points from the briefing were as follows:
- Consultation launched on 9th September on making vaccination a condition of deployment for frontline workers in health and care settings
 - Staff may be required to have COVID-19 and flu vaccines to protect patients from infection, serious illness or death
 - Consultation will run for 6 weeks and will look at whether requirements should apply for health and wider social care workers: those in contact with patients and people receiving care.
 - If the Government were to implement this proposal, it would mean only those who are fully vaccinated, unless medically exempt, could be deployed to deliver health and care services.
 - The consultation will also seek views on whether flu vaccines should be a requirement for health and care workers.
 - The consultation will seek views on the proposals, its scope and any potential impact it could have on staffing and safety.
- 3.70.** The Secretary of State for Health & Social Care on announcing the launch of the consultation went on to state: “Many patients being treated in Hospitals and other clinical settings are most at risk of suffering serious consequences of COVID-19 and we must do what we can to protect them. We will consider the responses to the consultation carefully but, whatever happens, I urge the small minority of NHS staff who have not yet been jabbed to consider getting vaccinated – for their own health as well as those around them”
- 3.71. Personal Protective Equipment (PPE) preparations**
- 3.72.** All registered providers can still access PPE from the national PPE portal.
- 3.73.** The council’s role in providing PPE has been scaled back, the council only provides PPE to the internal Care4CE service and to registered providers in exceptional circumstances. Government issued guidance to the care sector

as at 19/07/2021 still recommends the use of PPE in a number of scenarios. The guidance notes that until the government is satisfied that the virus is under control it is vital that providers adopt the PPE practises to help limit infections.

3.74. Market and Provider Sustainability

3.75. As part of the system's ongoing efforts to ensure market and provider sustainability the following activities are undertaken:

- Cheshire EAST System Flow Group - The Cheshire Urgent Care System Management Group known as the Cheshire System Flow Group was established in accordance with the Clinical Commissioning Groups' (CCGs) constitution as part of the response to the COVID-19 pandemic to support the five Cheshire and Merseyside Local System Management Groups which were established in response to the COVID-19 outbreak and subsequent pandemic. The Cheshire System Flow Group aims to develop and oversee a Cheshire Urgent Care System work programme to include:
 - Oversee the implementation of the Home First model across the Integrated Care Partnerships (ICP).
 - Work collaboratively to ensure best use of resources and barriers to change are reduced.
 - Ensure local economy system winter and seasonal plans are integrated and fit for purpose.
 - Utilise co-ordinated demand information to inform decisions on future capacity.
 - Understand how cross border localities influence and impact the local system economy.
 - Align funding opportunities through such mechanisms at the Better Care Fund (BCF) to address fluctuations in capacity and demand.
 - Work with providers and partners to ensure that safe care can be provided to all people, through the establishment of hot hubs and other national step-up, step-down initiatives.
 - Identification and management of risks and mitigations, providing assurance to the Cheshire A&E Delivery Board.
- Strategic care home meeting – health and social care professionals meet on a bi-weekly basis to look at any risks and issues which relate to care homes as a result of COVID-19. The group also considers the latest guidance issued by government and will provide communication to the local care sector.
- COVID-19 Highlight reporting – A COVID-19 highlight report is produced on a bi-weekly basis, the highlight report monitors the number of cases of COVID-19 in care homes and the care at home market. A number of services also report the recent impact of COVID-

19 on service delivery which includes complex care, extra care, care at home, care homes, rapid response and brokerage.

- Provider briefing – a provider briefing is distributed to adult social care providers on a bi-weekly basis to provide an update on the number of COVID cases, the latest government guidance relating to COVID-19, information and advice.

4. Implications

4.1. Legal

- 4.1.1. The Rapid Response Service, Winter Pressure (block) beds and the Care at Home Services (Prime Provider and Framework Agreements) have all been commissioned following compliant procurement exercises. Any amendments to those contracts, or additional contracts that are proposed in response to the findings of and suggestions in this report will need to comply with the Public Contracts Regulations 2015 and the Council's own internal rules.

4.2. Finance

- 4.2.1. The costs of the actions listed above are met by the council and the CCG sometimes separately through base budget funding and sometimes working in partnership, for example, through funding from the much larger BCF. At the present time the funding is available to cover these without the need for any change to the Council's Medium-Term Financial Strategy (MTFS).

4.3. Human Resources

- 4.3.1. To ensure that the staff resource is in place to deliver on the winter plan. For any staff who are recruited into a fixed term contract consideration needs to be given as to potential redundancy costs if the contract term exceeds 2 years.

Access to Information	
Contact Officer:	Alex Jones, BCF Programme manager Alex.t.jones@cheshireeast.gov.uk 07803846231
Appendices:	Not applicable
Background Papers:	https://coronavirus.data.gov.uk/details/cases https://coronavirus.data.gov.uk/details/interactive-map/vaccinations https://www.cheshireeast.gov.uk/pdf/council-and-democracy/corporate-plans/cec-corporate-plan-2021-to-2025.pdf

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Working for a brighter future together

Adults and Health Committee

Date of Meeting:	16 November 2021
Report Title:	All Age Sensory Impairment Strategy
Report of:	Helen Charlesworth-May, Executive Director for Adults, Health and Integration
Report Reference No:	AH/12/21-22
Ward(s) Affected:	All

1. Executive Summary

- 1.1.** Over the last 12 months, the Council has worked in partnership with Cheshire Clinical Commissioning Group to develop an All-Age Sensory Impairment Strategy. Sensory impairment is an umbrella term that encompasses anyone living with a hearing and/or visual impairment including those with a dual sensory loss (also referred to as deafblind). Note – the needs of children and young people with multi-sensory impairment (MSI) are addressed separately through the Special Educational Needs and Disabilities Strategy and Local Offer.
- 1.2.** The development of the Sensory Impairment Strategy involved a strategic review of the pathways of support for children, young people and adults with a hearing or visual impairment. This involved collaborative working and engagement with health, education and social care professionals and other local stakeholders. Extensive engagement has also taken place with children, young people and adults, and their families and carers, to identify local needs that helped shape and inform the priority areas.
- 1.3.** Formal public consultation on the draft strategy took place between 20th July and 19th September. The feedback received has been reflected in this version of the strategy presented here for approval (Appendix 1).
- 1.4.** The strategy places a strong emphasis on prevention and early intervention. It supports Cheshire East Council's Corporate Plan (2021 – 2025) and aligns with the priority, "A Council which empowers and cares about people".

- 1.5. An action plan sits alongside the strategy which will be implemented as part of the adoption of the strategy. The strategy will also inform future commissioning intentions.
- 1.6. The provision of sensory impairment services allows the Council to meet its duties under the Care Act 2014 and the Children and Families Act 2014.

2. Recommendations

- 2.1. That the Adults and Health Committee and Children and Families Committee approve the All Age Sensory Impairment Strategy.

3. Reasons for Recommendations

- 3.1. The All Age Sensory Impairment Strategy 2021 – 2024 (Appendix 1) sets out a strong and shared commitment to improve the lives of children, young people and adults living with a visual and/ or hearing impairment, and their families and carers. This approach aligns with the priority within the Corporate Plan of “A Council which empowers and cares about people”. It also places a strong emphasis on prevention and early intervention to enable people to receive the help they need in a timely way thereby increasing their independence, health and wellbeing. The strategy will enable us to work in partnership to support children and young people in the most effective way.
- 3.2. The Children and Families Act 2014 sets out the implications of sensory impairment on the child’s learning and development. ‘The Special Educational Needs and Disability Code of Practice’ require Education, Health and Care Plans for children and young people to fully take account of the implications of sensory impairment for teaching and learning on the child’s development.

4. Other Options Considered

- 4.1. Not having approval for the strategy will limit the ability to integrate and make best use of the resources available to support people of all ages with a sensory impairment. This will lead to worse outcomes for children and young people.

5. Background

- 5.1. The Council has worked in partnership with Cheshire Clinical Commissioning Group to develop a Cheshire East All Age Sensory Impairment Strategy for children, young people and adults, living with a hearing and/or visual impairment. This followed extensive engagement and consultation with children, young people and adults with sensory impairments and local stakeholders to understand local issues and areas for improvement.
- 5.2. The shared vision presented in the strategy “is for children, young people and adults in Cheshire East living with a sensory impairment to achieve their individual aspirations and ambitions and contribute positively to their

community”. Six key priority areas have been identified for development over the next 3 years (2021 – 2024):

- The provision of accessible information and advice
- Integrated service provision and improved co-ordination of care
- Support for children and young people when preparing for adulthood (transition)
- Keeping your independence (including use of equipment and assistive technologies)
- Emotional and peer support
- Awareness and understanding of sensory impairments.

- 5.3.** There are significant numbers of people with sensory impairments living in Cheshire East with numbers forecast to grow substantially over the coming decades due to the ageing population. As we get older, we are increasingly likely to experience hearing loss or sight loss or both, known as dual sensory loss.
- 5.4.** Current estimates show that in 2020, there were 15,200 adults living with a visual impairment in Cheshire East. This included 2,070 with severe sight loss (blindness) and 13,170 with partial sight¹. 88,244 adults were estimated to be living with a hearing loss in Cheshire East. This included 8,613 with severe hearing loss and 79,631 with some hearing loss³. Nearly 3,000 people have a dual sensory loss (combined hearing and sight loss) in Cheshire East. Of these, an estimated that 1,150 are living with severe dual sensory loss².
- 5.5.** The numbers of children and young people living with a sensory impairment, are substantially lower than the adult population, but still significant. Latest estimates indicate around 200 blind and partially sighted children and young people², 262 with a permanent hearing loss and less than 20 with a dual sensory loss⁴.
- 5.6.** Sensory loss can create significant challenges for individuals. Communication is one of the biggest barriers and causes of social isolation for D/deaf people ('D' in deaf indicates people who are deaf from birth or early childhood and often use British Sign Language). This is a vital component of health and social care and is a key factor in creating and delivering high quality services. Good communication makes D/deaf people feel valued and supported.
- 5.7.** Having a visual impairment can limit a person's ability to perform everyday tasks, to interact with others and to get about unaided.
- 5.8.** Dual sensory loss presents a new level of challenge, having a significant impact on a person's daily function and quality of life. Getting the proper help for a person with dual sensory loss begins with awareness. There is a need to ensure services are provided by appropriately trained staff, who know how to correctly and comprehensively understand the impact the condition is having on their wellbeing.

- 5.9.** Consequently, sensory impairment can have an enormous personal, social and economic impact throughout a person's life but with the right support systems in place; children, young people and adults can excel in all areas including daily living, education, employment and leisure and take an active part in their community. A strengths-based approach to supporting people with strategies to promote independence in a holistic way can greatly improve their quality of life.

6. Consultation and Engagement

- 6.1.** The new Sensory Impairment Strategy was drafted after extensive engagement and consultation with a wide variety of stakeholders. This included:
- A survey of stakeholders including East Cheshire NHS Trust, Mid-Cheshire Hospital NHS Trust, the voluntary sector, and Cheshire East Council (13 responses).
 - Two Sensory Workshops held with health, social care, education and voluntary sector professionals (average of 35 attendees at each).
 - A survey of children and young people with visual impairments (8 responses).
 - A survey of children and young people with hearing impairments (19 responses).
 - A survey of adults with visual impairments (43 responses).
 - A survey of adults with hearing impairments (49 responses).
 - A face-to-face interview with a deafblind current service user (1 response).
 - Telephone interviews with adults with visual impairments (2 responses).
 - Attendance in person at a walking group for visually impaired adults.
 - Attendance via Teams at a visual impairment forum, Children's Hearing Services Working Group and Parent Carer Group.
- 6.2.** A period of formal consultation on the strategy took place between 20th July and 19th September and was widely promoted on the Council's website, through partner organisations and on social media. Measures were taken to support people to take part in the consultation. This included providing materials in large print and using local sensory impairments organisations to engage with users over the strategy. A short video explaining the strategy, was also available on the Council website and YouTube.
- 6.3.** The strategy consultation attracted a fair response given it is a relatively niche area of work. In summary, this included 27 responses to the survey questionnaire, 117 video views and 7 direct contacts via email/phone.

- 6.4.** Overall, the findings were positive with a large proportion of respondents agreeing that the overall strategy is relevant (83%), good (67%) and comprehensive (61%). Large proportions of respondents felt that the vision was relevant (89%), appropriate (85%) and comprehensive (77%). The six priorities were also rated as “good,” with 78% rating the priority “integrated service provision and improved co-ordination of care” to 65% rating the priority “emotional and peer support” as good.
- 6.5.** Among the comments received, some wanted to understand how the strategy will be implemented and resourced. Some raised the importance of making the strategy more accessible to those with sensory impairments, for example, British Sign Language users. A few comments were made about the need to include references to safeguarding and domestic abuse.
- 6.6.** The final draft strategy presented here has been updated in response to the feedback received and includes additional sections on safeguarding and domestic abuse. Further detail is also presented about how the priorities will be achieved. A multi-agency Sensory Impairment Strategy working group has been established with a view to implementing the action plan and monitoring progress on the six key priority areas over the next three years (see Appendix 1). This will seek to maximise the impact of resources through joined up working.

7. Implications

7.1. Legal

- 7.1.1.** Under Section 9 of the Care Act 2014, the local authority has a statutory duty to carry out an assessment of an adult’s needs for care and support. Under Regulation 6 of the Care and Support (Assessment) Regulations an assessment which relates to an individual who is deafblind must be carried out by a person who has specific training and expertise relating to individuals who are deafblind.
- 7.1.2.** Under Section 77(1) of the Care Act 2014 the local authority has a statutory duty to maintain a register of sight-impaired and severely sight-impaired adults who are ordinarily resident in its area.
- 7.1.3.** Under the Children and Families Act 2014 the local authority has a statutory duty to make provision for children with special educational needs. The accompanying Special Educational Needs and Disability Code of Practice (January 2015) requires account to be taken of the implications of sensory impairment for teaching and learning on the child’s development (paragraph 6.34).
- 7.1.4.** Under Section 20 of the Equality Act 2010 the local authority has a statutory duty to make reasonable adjustments to its services to ensure that they are accessible to everyone, including those with a sensory impairment.

- 7.1.5.** All organisations which provide NHS care or adult social care are legally required to follow the Accessible Information Standard (2016). The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and are provided with support so they can communicate effectively with health and social care services.

7.2. Finance

- 7.2.1.** The budget will remain the same for sensory impairment but using Health and Local Authority resources more effectively through partnership work (thus removing duplication) will bring greater value for money.

7.3. Policy

- 7.3.1.** The All-Age Sensory Impairment Strategy provides a strategic approach to addressing the support and services for people with sensory impairments in Cheshire East.

7.4. Equality

- 7.4.1.** An Equality Impact Assessment is available as Appendix 2.

7.5. Human Resources

- 7.5.1.** There are no direct implications arising from the strategy itself.

7.6. Risk Management

- 7.6.1.** The successful implementation of the strategy will be achieved through statutory and voluntary sector organisations working together effectively to deliver the actions identified. Any significant risk will be controlled for and escalated for action where appropriate.

7.7. Rural Communities

- 7.7.1.** The strategy will inform the way services to support people with sensory impairments are commissioned in the future. Access to community-based support is particularly useful for individuals in rural communities who may find it harder to access support networks and public transport and can often experience difficulties getting out and about due their sensory impairment. This will ensure they receive equitable and timely services.

7.8. Children and Young People/Cared for Children

- 7.8.1.** This is an all-age strategy that includes children and young people, and their families and carers.
- 7.8.2.** A key priority of the strategy is support for children and young people when preparing for adulthood.

7.9. Public Health

- 7.9.1.** The strategy makes a commitment to improving the outcomes of people with sensory impairments by increasing their independence, wellbeing, safety and quality of life. It will also raise awareness of the importance of routine health assessments and treatments.

7.10. Climate Change

- 7.10.1.** The strategy sets out a collaborative approach to working which will improve efficiencies. It will also inform the way services to support people with sensory impairments are commissioned in the future. This will include social value questions including one specific to the environment.

Access to Information	
Contact Officer:	Nichola Thompson, Director of Commissioning Nichola.Thompson@cheshireeast.gov.uk
Appendices:	<ol style="list-style-type: none"> 1. Sensory Impairment Strategy Final Draft 2. Equality Impact Assessment 3. Consultation Report
Background Papers:	<ol style="list-style-type: none"> 1. Cheshire East Council Corporate Plan 2. Care Act 2014 3. Children and Families Act 2014

References

¹ RNIB Data Tool, <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool>

² Royal National Institute for the Blind (RNIB)

³ Projecting Adult Needs and Service Information, <https://www.pansi.org.uk>

⁴ CEC return (2021) for Consortium for Research into Deaf Education (CRID)

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Cheshire East Sensory Impairment Strategy 2021-24



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Foreword

This strategy has been developed in partnership between Cheshire East Council and Cheshire Clinical Commissioning Group (CCCG). It has involved co-production and engagement with our local partners and stakeholders; and importantly children, young people and adults living with a sensory impairment, their families and carers, to understand local needs. Throughout this strategy, where we refer to “people” we include everyone with a sensory impairment across all ages.

The circumstances and experiences of people living with a sensory impairment are unique to each individual. The challenges they experience can range from being able to get out and about safely, accessing education, employment and leisure, and being able to participate in their community. The emotional impacts of living with a sight or hearing loss can be distressing, frustrating and isolating. With the right support, children, young people and adults can excel in all areas of life, including education, work, leisure and sport.

The aim of this strategy is to work to improve the health, wellbeing and quality of life for people with a visual, hearing impairment or dual sensory loss. It will enable us to develop new ways of working, maximise the impact of what we do and think creatively about how we can work together in Cheshire East. The strategy is supported by an Action Plan which will be updated throughout the lifespan of the strategy.

We would like to thank all who have contributed to its development at a particularly challenging time during the Covid-19 pandemic. The strategy provides an opportunity to make a significant difference to the lives of people living with a sensory impairment.

Executive Summary

The Cheshire East All Age Sensory Impairment Strategy makes a shared commitment to improving the lives of children, young people and adults with a visual and/or hearing impairment, and their families and carers. The strategy acts as a roadmap for service re-design and improvement initiatives throughout its lifespan.

Sensory loss can have an enormous personal, social and economic impact throughout a person's life. It will become an even bigger challenge over the next decade due to the ageing population. It is therefore essential that we have an all-age strategy which enables us to work in partnership to support people with sensory impairments in the most effective way.

The strategy places a strong emphasis on prevention and early intervention and supports the provision of flexible, responsive services so people get the help they need in a timely way. A strengths-based approach to supporting people with strategies to promote independence in a holistic way can greatly improve their quality of life.

To steer and inform the strategy, consultation and engagement has taken place with a wide range of professionals from across social care, education, health and the voluntary sector. We have also engaged and collected the experiences, thoughts and suggestions of adults and parents of children and young people with sensory impairments to understand what needs to be improved in line with the TOGETHER co-production approach and principles. Combining this with recent national and local evidence and best practice guidance, we have identified key themes and priorities which are explored throughout this strategy.

Introduction

The Cheshire East All-Age Sensory Impairment Strategy is for children, young people and adults, living with a sensory impairment and their families and carers. Sensory impairment or “sensory loss” refers to everyone who has a visual and/or hearing impairment (also known as d/Deaf and deafblind). The additional needs of children and young people with multi-sensory impairment (MSI) are addressed separately through the SEND (Special Educational Needs and Disabilities) Strategy and Local Offer for SEND. Further details of the terms relating to sensory impairment are given in Appendix 1.

There are currently a range of local services supporting people with sensory impairments across health, education, social care and the voluntary sector. We acknowledge the critical role of these services and the importance of working together to provide a holistic, multidisciplinary approach.

The strategy gives an overview of where we are now; what really matters to people; and what we can do to remove or overcome barriers that exist locally and improve outcomes for people.

It sets out how we will deliver the improvements that will make the most difference while recognising the challenges in public funding and needs of an ageing population.

The strategy supports the work of other key local documents including:

- Cheshire East Council's Corporate Plan (2021 – 2025)
- Cheshire East's Joint Health and Well Being Strategy (2018- 2021)
- NHS Cheshire CCG Strategic Objectives (2020 – 2023)
- Cheshire East SEND Preparing for Adulthood Strategy (2021– 2023), SEND Strategy (2021 – 2024) and Local Offer for SEND.

Our Vision

In Cheshire East, we are committed to improving the lives of individuals with a sensory impairment. The strategy is intended to provide more consistent and effective early intervention support to children, young people and adults, and their families and carers. The purpose of this strategy is to guide us towards achieving our vision over the next three years, by setting the direction to improve outcomes. Our ambitions and the success of the priorities are dependent on partner organisations working in an integrated way to achieve these goals.

Our shared vision is for children, young people and adults in Cheshire East living with a sensory impairment to be able to achieve their individual aspirations and ambitions and contribute positively to their community. This partnership approach will improve awareness and access to information, services and support that are inclusive and appropriate to meet their individual and unique needs.

We will work to enable an individual with a sensory impairment to be as safe and independent as possible and in control of their health and daily life.

The values and principles that underpin the work to achieve this include:

- A joint commitment to work together to improve outcomes for anyone living with a sensory impairment
- Listening to what people tell us
- Taking account of the vision and priorities set out in the SEND and Preparing for Adulthood Strategies and TOGETHER principles working with children and young people
- Having an emphasis on prevention and early help
- Making sure services are co-ordinated so people are offered the right information and support when they need it.
- Building a community where treatments and preventative measures are known about, available and routinely accessed.
- Making best use of finite resources.

Our Priorities

In order to meet the ambitions set out within this strategy, we have agreed a number of key priorities, which have been co-produced through extensive engagement and working with people with sensory impairments and professionals within the sector.

The six key priority areas for next 3 years (2021 – 2024) are:

- ❖ The provision of accessible information and advice
- ❖ Integrated service provision and improved co-ordination of care
- ❖ Support for children and young people when preparing for adulthood (transition)
- ❖ Keeping your independence (including use of equipment and assistive technology)
- ❖ Emotional and peer support
- ❖ Awareness and understanding of sensory impairment.

Background

People with visual impairments

Almost 2 million people in the UK are living with sight loss and 360,000 are registered as visually impaired. Sight loss can affect us at any age but it is common for our vision to get worse as we get older. An estimated 79% of people aged over 64 are living with some degree of sight loss¹.

Locally, 15,200 people were estimated to be living with sight loss in Cheshire East in 2020 (4% of the population) compared to 3.2% nationally. This included 2,070 with severe sight loss (blindness) and 13,170 with partial sight².

In 2020, the RNIB³ estimated that there were 191 blind and partially sighted children and young people under 18 living in Cheshire East.

Certificate and registration

People registered as partially sighted or blind are issued with a Certificate of Visual Impairment (CVI) which is a legal document provided by an Ophthalmic Consultant at the time of registration. In May 2021, there were almost 2,000 people registered as blind or partially sighted in Cheshire East.

Not everyone with a sight loss is registered as sight impaired but our aim is to ensure that all services are available to anyone with a visual impairment, whether or not they are registered.

People with Hearing Impairments

In the UK, there are 12 million adults with a hearing loss, equivalent to one in five adults. Of these, an estimated 900,000 have a severe or profound hearing loss⁴. Hearing loss increases sharply with age, affecting about 71% of people aged over 70.

Locally, 88,244 adults were estimated to be living with a hearing loss in Cheshire East in 2020. This includes 8,613 with severe hearing loss and 79,631 with some hearing loss⁵.

The latest figures show there were 262 children and young people under 20 in 2021 with permanent hearing loss living in Cheshire East⁶.

People with Dual Sensory Loss

It is estimated that there are nearly 400,000 deafblind people in the UK⁷. Dual sensory loss, or deafblindness is a combination of both sight and hearing loss. This may have been from birth or due to deterioration later in life. It affects people of all ages but is more common in older people as sight and hearing naturally worsen as we get older. Dual sensory loss affects a person's ability to communicate, access information and get around.

The RNIB states that an estimated 2,920 people are living with some degree of dual sensory loss in Cheshire East. Of these people, it is estimated that 1,150 are living with severe dual sensory loss. Among children and young people, there are estimated to be less than 20.

The National Context

This strategy has been informed by the statutory and best practice guidance for people with visual and hearing impairments and dual sensory loss. The specific statutory duty for deafblind people is given below with other relevant legislation outlined in Appendix 3. There are national initiatives underpinning the need for improvements in services for people with sensory impairments. The key documents are listed below.

The UK Vision Strategy (2013-18) set out a strategic framework for improving the UK's eye health and outcomes for people with sight impairment. It sought to achieve three outcomes which are still relevant today:

1. Everyone in the UK looks after their eyes and their sight
2. Everyone with an eye condition receives timely treatment and, if permanent sight loss occurs, early and appropriate support
3. A society in which people with sight loss can fully participate.

'Seeing it my way' underpinned the UK Vision Strategy and set out ten outcomes that visually impaired people say are important to them:

The "Seeing it my way" outcomes are:

- That I understand my eye condition and the registration process
- That I have someone to talk to
- That I can look after myself, my health, my home and my family
- That I receive statutory benefits and information and support that I need
- That I can make the best use of the sight I have
- That I can access information making the most of the advantages that technology brings
- That I can get out and about
- That I have the tools, skills and confidence to communicate
- That I have equal access to education and life-long learning
- That I can work and volunteer.

The importance of these outcomes was reflected locally, and we have used them in this strategy to link to our key priorities and actions later in the document.

Action Plan on Hearing Loss (2015) set out the case for action to tackle the rising prevalence and personal, social and economic costs of uncorrected hearing loss. It proposed addressing this growing challenge by promoting prevention of hearing loss, improving the integration of services, providing innovative models of care and ensuring that people of all ages with hearing loss are supported and empowered to lead the lives they want for themselves and their families.

The Action Plan set out five key objectives:

- Prevention
- Early diagnosis
- Integrated, patient centred management
- Ensuring those diagnosed do not need unscheduled care or become isolated
- Ability to partake in everyday activities.

The **Children and Families Act 2014** and its supporting document, “The Special Educational Needs and Disability Code of Practice” describe how, where an Education, Health and Care (EHC) Plan is required for a child or young person with SEN relating to sensory impairment needs, the EHC Plan is required to fully take account of the implications of the sensory impairment for teaching and learning on the child/young person’s development. The **National Deaf Children’s Society (NDCS)** provides support and guidance on the provision of children’s services.

Deafblind people: Guidance for Local Authorities

Local authorities are required to act on guidance under Section 7 of the Local Authority Social Services Act 1970 (for children) and section 78 of the Care Act 2014 (for adults).

They have to:

1. make contact and keep a record of all deafblind children and adults
2. ensure assessments of need for care and support are carried out by people with specific training and expertise
3. provide appropriate services for deafblind people
4. provide specially trained one-to-one support workers when necessary
5. provide accessible information for deafblind people
6. ensure that a Director-level member of the local authority senior team has overall responsibility for deafblind services.

National Drivers

The strategy has been informed by a number of drivers:

- The Care Act 2014
- The Children and Families Act 2014
- Equality Act 2010
- Accessible Information Standard 2016
- Public Health Outcomes Framework: Preventable sight loss indicators
- The UK Vision Strategy 2013 – 2018
- Call to Action for Visual Impairment
- Seeing it my Way 2013 – 2018
- ADASS position statement on vision rehabilitation
- RNIB Guiding principles for vision rehabilitation support
- Action Plan on Hearing Loss 2015

How this Strategy was developed

What people told us

The development of the strategy has been informed through consultation with children, young people and adults with sensory impairments, their families and carers, to seek their views. We also engaged with a range of professionals working in this field. Details of all user engagement undertaken is outlined in Appendix 2. This included workshops, surveys and face to face conversations. Public consultation on the strategy was conducted between July and September 2021.

The following common themes and issues emerged which have informed and shaped the key priorities of this strategy for children, young people and adults.

Prevention and early intervention

Prevention and early intervention were identified as key themes running throughout this strategy. This will be achieved through raising awareness; promoting independence and self-care; and early diagnosis and intervention to improve peoples' outcomes.

Information and advice

Local people told us how important it is to have more accessible information about what services and options are available to them. Accessible information should be offered wherever possible to meet an individual's needs. Offers of information and referrals should be made at appropriate points both at the time of a diagnosis and when people feel ready. It is important that people are made aware of the support available locally wherever they first seek help. Ongoing publicity about the support and activities available locally will support this.

Co-ordinated services

Collaborative working, established during the development of this strategy, will improve the co-ordination and communication between services. This will help to achieve greater consistency in provision and

ensure people receive the most appropriate support and services to meet their individual needs. The pathways for referral, assessment and service provision are currently being reviewed and are included in the action plan later in the document.

Support for children and young people when preparing for adulthood (transition)

The links between health, education and social care services in supporting children and young people are well developed in Cheshire East. Local engagement with parents and carers of children and young people with sensory impairments identified the need for additional information when preparing for adulthood. This was particularly in relation to the transition from children's services to adult services to ensure young people are supported and able to fulfil their potential. Children and young people with sensory impairments are all known to the Sensory Inclusion Service (Education) at Cheshire East Council and the links with other services were identified as being very positive.

The Cheshire East SEND Partnership has recently launched a new Preparing for Adulthood Strategy which outlines its vision to ensure young people with SEND (Special Educational Needs and Disabilities) are prepared for adulthood to achieve their individual aspirations. The strategy has been written through the Working TOGETHER principles with young people, parents and carers and professionals representing a wide range of partner organisations. The SEND Partnership has also undertaken work to co-produce a refreshed SEND Strategy. The Cheshire East Local Offer for SEND (available online at www.cheshireeast.gov.uk/localoffer) provides information about the support and provision that families can expect from a wide of agencies for children and young people with SEND.

Staying independent

The importance of having good access (and training) to equipment and assistive technology was a common theme across all age groups. Current barriers included awareness of what is available, affordability and access, and how to use items effectively.

Local people with a visual impairment told us that having access to support, as early as possible, to learn new ways of doing daily tasks and training to remain mobile and get out and about is important for rebuilding confidence and staying connected. The service provided by the council's Rehabilitation Officers for Visual Impairment (ROVIs) was well regarded in this respect. More information and support for those who want to undertake training and gain skills to provide greater employment opportunities was identified, particularly among working age adults.

Emotional support

Access to emotional support, peer support and group social activities was highlighted across all age groups but most noticeably among children and young people. It was identified that additional support for working age adults and those experiencing sudden sight loss would be beneficial.

Families and Carers

The important role of families and carers in the support they provide to their children, siblings and adult family members with sensory impairments is widely recognised. This vital support can range from helping with daily living tasks, getting out and about and providing emotional support. Many talked about the impact that having a sensory impairment has on the rest of the family. It is important that families and carers feel supported in their caring role and have access to advice and support in their own right.

Cheshire East Carers' Hub provides a single point of access for all carers including both young and adult carers offering information and support.

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

Raising awareness

There are many people with a sensory impairment who are not known to services. Living with a sensory impairment is complicated and each

person has a different story; some people are born blind or deaf; some are not aware they have lost part of their sight and/or hearing and some people have a visual or hearing impairment secondary to other conditions such as stroke, dementia or a learning disability.

Local feedback told us there is a lack of awareness and understanding of the impact and challenges of living with a sight and/or hearing impairment among professionals and the wider community. By improving awareness and making services more accessible, everyone should be able to get the right support when they need it. For children and young people, this will be provided through the Cheshire East Local Offer for SEND, by ensuring clear, comprehensive, accessible and up-to-date information about the available provision and how to access it.

Safeguarding and Domestic Abuse

Everyone has the right to be safe and to live a life free from abuse. All persons are entitled to this right regardless of their circumstances. People with a physical disability, learning disability, sensory impairment or frail due to age and ill-health may be more vulnerable.

The Cheshire East Domestic Abuse Hub (CEDAH) is a 24 hour point of contact for anyone experiencing domestic abuse or anyone concerned for others. For more information and to report abuse: Telephone: 0300 123 5101 or visit the website:

[Domestic Abuse Getting Help \(cheshireeast.gov.uk\)](https://cheshireeast.gov.uk/domestic-abuse-getting-help)

My CWA deliver a 'whole family, whole journey' service to local families affected by domestic abuse.

<https://www.mycwa.org.uk>

The Cheshire East Safeguarding Children's Partnership (CESCP) includes agencies such as Cheshire East Council, Police, Health Services and others that oversee services that safeguard and protect children in Cheshire East.

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

Delivering Our Priorities for 2021 - 2024

Using the national and local evidence, six key priorities have been identified to help us achieve our vision over the next 3 years.

There is a commitment to work collectively to deliver and implement the changes required. During the lifetime of the strategy, we will aim to ensure the following actions are undertaken under each of the following priority areas. The priorities identified below apply across all age groups.

Priorities for 2021-2024

1. The provision of accessible information and advice	
Our ambition	We will provide accessible information and advice about services and support available in Cheshire East.
We plan to:	<ul style="list-style-type: none"> • Work together to improve awareness and access to information and advice at an early stage to ensure people feel more informed. • Ensure information is provided in a range of media and in accessible formats including the Council's Live Well pages. • Promote information more widely to health, education and social care professionals on the availability of services and through the Local Offer for SEND for children and young people.
Outcome	Children, young people and adults, their family and carers, and professionals report increased awareness of the services and support available.

2. Integrated service provision and improved co-ordination of care	
Our ambition:	We will work together to ensure access to co-ordinated services that provide the right support at the right time.
We plan to:	<ul style="list-style-type: none"> • Work with local partners to improve communication and awareness of roles and functions and improve co-ordination between services. • Ensure people have access to the most effective support in an equitable and timely way, both at the time of their diagnosis and throughout their journey. • Develop simple pathways to show how local services work together in a co-ordinated way to support people with sensory impairments. • Review and understand where any gaps in services exist to inform future commissioning decision-making. • Ensure families and carers are identified and supported in their caring role. • Ensure the safety of children and adults through collaboration with specialist services and integrated provision in respect of safeguarding and domestic abuse.
Outcome:	Children, young people and adults, their family and carers can access the support they need in an appropriate and timely way.

3. Support for Children and Young People when preparing for adulthood (transition)	
Our ambition:	We will ensure children and young people receive the best support when moving to the next stages of their lives and preparing for adulthood, including transition between children's and adult services.
We plan to:	<ul style="list-style-type: none"> • Develop clear transition pathways from children's to adults social care to ensure seamless support. • Ensure that all young people leaving school, along with their families and carers, are supported and given the information they need to make informed choices about the range of options available. • Ensure that young people are supported to access further education, training and employment opportunities as appropriate.
Outcome:	<p>We aim to ensure children and young people, and their families and carers, have access to the right support within any educational or training setting. This will enable them to achieve their full potential and lead to greater employment opportunities.</p> <p>We will continually support through the child and young person's transition and preparation for adulthood.</p>

4. Keeping your independence (including use of equipment and assistive technology)	
Our ambition:	We will increase awareness and use of available equipment and assistive technology to improve independence. We aim to inspire people to achieve their personal goals and will offer support and training by appropriately qualified people.
We plan to:	<ul style="list-style-type: none"> • Review the provision of equipment with local partners to improve the co-ordination and accessibility of equipment and assistive technology. • Review and develop opportunities for training, advice and support on how to use equipment, new technology and apps. • Promote greater awareness of rehabilitation support alongside other interventions for children, young people and adults with visual impairments/dual sensory loss. • Work with local organisations to raise awareness of the importance of consulting local people with sensory impairments about changes in their local community, for example, road/pavement alterations, community building design, public transport routes etc.
Outcome:	Children, young people and adults with a sensory impairment have access to the right equipment and can benefit from the latest technology, online services, applications and daily living strategies to increase their independence and connections to social, educational and employment opportunities.

5. Emotional and peer support	
Our ambition:	We will ensure that people who need counselling, emotional and peer support can access this when they feel the time is right for them.
We plan to:	<ul style="list-style-type: none"> • Identify opportunities for the development of emotional support services and peer support groups, particularly for young people, working-age adults and people experiencing sudden sight/hearing loss. • Provide more support for families and carers of people with a sensory impairment. • Review access to emotional support services including counselling and psychological therapies.
Outcome:	Improve access to emotional support services to enable people to be supported in the most appropriate way.

6. Awareness and understanding of sensory impairment	
Our ambition:	<p>We will increase awareness and understanding of sensory impairment among our staff and the importance of delivering accessible services.</p> <p>We will promote greater awareness in the wider community and improve public health information.</p>
We plan to:	<ul style="list-style-type: none"> • Promote greater access to sensory awareness training to staff within the council, including front-facing services including “first point of contact teams” and libraries. • Develop and deliver an e-learning programme to improve sensory impairment awareness for staff. • Feed into the Council’s Digital Strategy to ensure accessibility and affordability of digital technologies. • Ensure children, young people and adults with a sensory impairment are involved in guiding the development of services and sharing their experiences. • Develop and promote work with minority ethnic groups and communities such as Gypsy Roma Traveller communities. • Raise awareness of the importance of routine sight and hearing tests and associated health screening programmes through public health campaigns.
Outcome:	<p>To ensure children, young people and adults with a sensory impairment have the best access to services and support and are treated with dignity, understanding and respect.</p>

Appendix 1: Terminology

Sensory impairment or “sensory loss” are umbrella terms used to describe loss of sight and hearing senses. As such, it encompasses the following conditions:

Visual impairment includes people who are born blind or who acquire a visual impairment. **Partially sighted** is where the level of sight loss is moderate and **severe sight impairment (blindness)** is where the level is so severe that activities that rely on eyesight become impossible.

Hearing impairment, or hearing loss, occurs when a person loses part or all of their ability to hear. It refers to anyone with a hearing loss who is Deaf, deaf, deafened or hard of hearing.

The term d/Deaf is used to include people who are Deaf from birth or early childhood and may use British Sign Language (BSL). The ‘D’ in Deaf indicates that they have their own sign language, culture and identity. Those who are “deaf” include people who are hard of hearing or deafened, losing hearing later in life.

Deafblindness is a combination of sight and hearing loss that affects a person's ability to communicate, access information and get around. It's often also referred to as "dual sensory loss" or "dual sensory impairment". This includes ‘progressive’ sight and hearing loss where sight and hearing may deteriorate over a period of time.

Multi-Sensory Impaired (MSI) is a term used to describe the loss of sight and hearing. Children with MSI may also have cognitive, medical or physical disabilities, and challenges which affect other senses.

Service users are people with sensory impairments who access council services and support.

Appendix 2: Development of the Strategy

Sensory Project Group

A sensory project group comprising health, social care and education operational managers, commissioners and practitioners set the overall strategic direction and steered the development of the strategy.

Stakeholder Professional Group Engagement

Engagement took place with local specialist providers including East Cheshire Eye Society, Iris Vision, Deafness Support Network, Cheshire East Deaf Children's Society, and other voluntary and community representatives. In addition, staff from Cheshire East Council (including the Rehabilitation Officers for Visual Impairment, Sensory Inclusion Service, Children's Disability Team, Youth Support Service and Participation Team), Cheshire Clinical Commissioning Group, East Cheshire and Mid Cheshire NHS Trusts Ophthalmology and Audiology Departments advised on the formation of the strategy. They were consulted by holding:

- Two sensory workshops
- One-to-one meetings.
- Online stakeholder survey

Service user engagement

The aims of consulting with service users were to:

- Gather their personal views and experiences
- Ask them about the barriers they face and how we can change and improve things
- Explore how they receive information and advice

Qualitative approaches used included semi-structured interviews, online surveys and attendance at a local forum meeting. In total, 100 adults and 27 children and young people with a visual impairment and/or hearing impairment (including some with dual sensory loss) responded via the above methods.

The engagement work was conducted over the Autumn and Winter of 2020/21 during the Covid-19 pandemic and as a result most took place virtually which was challenging for people with visual and hearing impairments. We wish to express our thanks to our partners for assisting with the engagement work.

Public consultation on the draft strategy

A period of formal consultation on the strategy took place between 20th July and 19th September 2021 and was widely promoted on the Council and Cheshire CCG websites, through partner organisations, in libraries and on social media. A short video explaining the strategy, was also available on the websites and YouTube.

The full results can be found here: [Consultation Results \(cheshireeast.gov.uk\)](https://cheshireeast.gov.uk/consultation-results)

Appendix 3: National Legislation

The Care Act (2014) (section 9) places some specific duties on Local Authorities to improve services for deafblind people and requires the sight impairment registration process.

<https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

The Children and Families Act 2014 includes the implications of sensory impairment on the child's learning and development.

<https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

The Equality Act 2010 requires all organisations that provide a service to the public to make reasonable adjustments to ensure they are accessible to everyone.

<https://www.gov.uk/guidance/equality-act-2010-guidance>

Accessible Information Standard (2016) requires people who have a sensory loss to be provided with information that they can easily read or understand including support so they can communicate effectively with health and social care services.

<https://www.england.nhs.uk/2016/08/accessible-information-standard/>

References

¹ RNIB Data Tool, <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool>

² Projecting Adult Needs and Service Information, <https://www.pansi.org.uk>

³ Royal National Institute for the Blind (RNIB)

⁴ RNID prevalence estimates using ONS population data (2018).

⁵ Projecting Adult Needs and Service Information, Project Older People Population Info, <https://www.poppi.org.uk/> and <https://www.pansi.org.uk>

⁶ CEC return (2021) for Consortium for Research into Deaf Education (CRIDE)

⁷ Deafblind UK, <https://deafblind.org.uk/>

EQUALITY IMPACT ASSESSMENT FORM



Equality impact assessment is a requirement for all strategies, plans, functions, policies, procedures and services under the Equalities Act 2010. We are also required to publish assessments so that we can demonstrate how we have considered the impact of proposals.

Section 1: Description

Department	People's Directorate		Lead officer responsible for assessment		Nik Darwin	
Service	Cheshire East All-Age Sensory Impairment Strategy		Other members of team undertaking assessment		Helen Clark	
Date	March 2021		Version 1			
Type of document (mark as appropriate)	Strategy	Plan	Function	Policy	Procedure	Service
Is this a new/existing/revision of an existing document (mark as appropriate)	New		Existing		Revision	
<p>Title and subject of the impact assessment (include a brief description of the aims, outcomes , operational issues as appropriate and how it fits in with the wider aims of the organisation)</p> <p>Please attach a copy of the strategy/plan/function/policy/procedure/service</p>	<p>Cheshire East All-Age Sensory Impairment Strategy 2021 – 2024</p> <p>The Cheshire East All-Age Sensory Impairment Strategy is for children, young people and adults in Cheshire East living with visual and/or hearing impairment (also known as d/Deaf, deafblind or have a visual impairment).</p> <p>Vision</p> <p><i>Our shared vision is for children, young people and adults in Cheshire East living with a sensory impairment to be able to live their best lives and be inspired to achieve their hopes and ambitions and contribute positively to their community. We will work in partnership to improve awareness and access to information, services and support that are inclusive and appropriate to their individual and unique needs.</i></p> <p><i>This collective approach should enable a person with a sensory impairment to be as safe and as independent as possible and in control of their health and daily life.</i></p>					

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Draft Priorities (2021/24)

The following six draft priorities will form the basis of an action plan:

1. Providing accessible information and advice

Our ambition: We will fulfil our responsibilities to provide accessible information and advice about services available in Cheshire East.

2. Integrated service provision and improved co-ordination of care

Our ambition: We will work together to ensure access to co-ordinated services that provide the right support and the right time.

3. Support for children and young people/Preparing for Adulthood (Transition)

Our ambition: We will ensure children and young people receive the best support when moving to the next stages of their lives and preparing for adulthood, including transition between children's and adult services.

4. Keeping your independence

Our ambition: We will increase awareness and use of available equipment and assistive technology to improve independence. We aim to inspire people to achieve their personal goals and will offer support and training by appropriately qualified people.

5. Emotional and peer support

Our ambition: We will ensure that people who need counselling, emotional and peer support can access this when they feel the time is right for them.

6. Awareness and understanding of sensory impairment

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	<p>Our ambition: We will educate our workforces on the impact of sensory impairments and their obligations in making services accessible. We will promote greater awareness within the general population and improve public health information.</p>
<p>Who are the main stakeholders? (e.g. general public, employees, Councillors, partners, specific audiences)</p>	<ul style="list-style-type: none"> • Children, young people and adults with sensory impairments, and their families and carers • Service user and patients of sensory treatment and support services • General public and residents of Cheshire East • Cheshire East Council – education and social care services • Cheshire Clinical Commissioning Group • East Cheshire NHS Trust Ophthalmology and Audiology Departments • Mid Cheshire NHS Trust Ophthalmology and Audiology Departments • Local specialist sensory voluntary organisations and wider community groups • Councillors • GP Practices • AQP Providers for sensory services

Section 2: Initial screening

<p>Who is affected? (This may or may not include the stakeholders listed above)</p>	<ul style="list-style-type: none"> • Children, young people and adults with sensory impairments, and their families and carers • Service user and patients of sensory treatment and support services • General public and residents of Cheshire East Council • Councillors • Cheshire East Council – education and social care services • East Cheshire NHS Trust Ophthalmology and Audiology Departments • Mid Cheshire NHS Trust Ophthalmology and Audiology Departments • Local specialist sensory voluntary organisations and wider community groups • GP Practices
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Who is intended to benefit and how?	<ul style="list-style-type: none"> The intended benefit and aim of the strategy is to enable children, young people and adults with a visual and/or hearing impairment, and their families and carers, to be as independent as possible and in control of their health and daily life. The strategy and action plan will implement the improvements identified based on the 6 key priority areas that have arisen from the pre-engagement and co-production work with stakeholders, service users and professionals. 										
Could there be a different impact or outcome for some groups?	<p>Yes – this will include children, young people and adults with a hearing impairment, visual impairment or dual sensory loss. Older people are disproportionately affected as sensory impairments increase sharply with age. Some people have a visual or hearing impairment that is associated with other conditions such as stroke, dementia, learning disabilities and mental health problems. For people with multi-sensory needs, particularly children and young people, their needs will be addressed through the SEND Strategy and Partnership.</p>										
Does it include making decisions based on individual characteristics, needs or circumstances?	<p>Yes – the strategy and action plan set out the vision and priorities for improvements to services and support for people with a sensory impairment by working together across health, education, social care and the voluntary sector. This will reflect the needs of those affected by sight or hearing loss and oversee the implementation of these actions.</p>										
Are relations between different groups or communities likely to be affected? (e.g. will it favour one particular group or deny opportunities for others?)	<p>The strategy is inclusive and committed to improving services and support for people of all ages affected by a visual or hearing impairment or dual sensory loss. Older people make up the highest proportion of people with sensory impairment as the incidence rises with ageing. There is a greater likelihood that they will also be physically frail or have other physical disabilities and health conditions. This will potentially be exacerbated by their sensory impairment limiting their mobility and opportunities for wider social and recreational activities and “staying connected” in their communities.</p>										
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?	<p>No specific target action required</p>										
Is there an actual or potential negative impact on these specific characteristics? (Please tick)											
Age	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Marriage & civil partnership	<input type="checkbox"/> Y	<input type="checkbox"/> N	Religion & belief	<input type="checkbox"/> Y	<input type="checkbox"/> N	Carers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N

EQUALITY IMPACT ASSESSMENT FORM

Disability	Y	N	Pregnancy & maternity	Y	N	Sex	Y	N	Socio-economic status	Y	N	
Gender reassignment	Y	N	Race	Y	N	Sexual orientation	Y	N				
<p>What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts</p> <p>The draft Strategy has been developed and co-produced with service users and professionals working across health, education, social care and the voluntary sector.</p> <p>Based on the results of the engagement and national good practice evidence, six draft priority areas have been identified that will form the action plan. These include:</p> <ol style="list-style-type: none"> 1. Accessible information and advice 2. Integrated service provision 3. Support for Children and young people (transition) 4. Keeping your independence 5. Emotional and peer support 6. Awareness and understanding of sensory impairment 									<p>Consultation/involvement carried out</p> <p>Extensive pre-engagement work has involved an online stakeholder survey, two sensory workshops, semi-structured interviews and online surveys with service users including adults, children and young people with HI/VI and their families and carers.</p>			
									Yes	No		
Age			<p>Older people make up a large proportion of those in need of support. In the UK, 79% of people over 64 are living with some degree of sight loss. Nearly 42% of those aged over 50 years have hearing loss, increasing to about 71% of people aged 70+.</p> <p>In Cheshire East, there were an estimated 15,200 people with a visual impairment</p>								<p>Yes –</p>	

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EQUALITY IMPACT ASSESSMENT FORM

	<p>in 2020 in including 2,070 with severe sight loss. There were 191 blind and partially sighted children and young people under 18 in 2020.</p> <p>There were an estimated 88,244 adults with a hearing impairment in 2020 including 8,613 with a severe hearing loss. There were estimated to be 262 children and young people under 20 in 2021 with a severe hearing impairment in Cheshire East.</p>	<p>telephone survey with adults with a visual impairment. Online surveys with adults with HI, children and young people with VI and HI. Also face to face interviews.</p>	
Disability	Sensory impairments are recognised as a physical disability. They are often a “hidden” disability that may not be immediately obvious. Due to the greater incidence of sight and hearing loss among older people, they may also be physically frail or have other physical disabilities and health conditions.	Yes – children/young people and adults with VI/HI	
Gender reassignment	There is no known element in the proposals which is likely to lead to the discrimination on the basis of this protected characteristic.		No
Marriage & civil partnership	There is no known element in the proposals which is likely to lead to the discrimination on the basis of this protected characteristic.		No
Pregnancy & maternity	There is no known element in the proposals which is likely to lead to the discrimination on the basis of this protected characteristic.		No
Race	This may adversely affect people from BAME communities who may not be aware of sensory support services or where to go for help.	Yes – equality monitoring was included on the survey forms	

EQUALITY IMPACT ASSESSMENT FORM

Religion & belief	There is no known element in the proposals which is likely to lead to the discrimination on the basis of this protected characteristic.			No
Sex	None directly although as sight and hearing loss increase with ageing, more women may be affected in the oldest age categories.		Yes – equality monitoring was included on the survey questionnaires.	
Sexual orientation	There is no known element in the proposals which is likely to lead to the discrimination on the basis of this protected characteristic.			No
Carers	Carers and families of people living with a sensory impairment need access to support in their own right. The council contracts the Cheshire East Carers' Hub to provide services for all carers including adults, parent and young carers.			No
Socio-economic status	This may adversely affect those people in lower income households who may not have access to the equipment and technology to support their independence e.g. internet access, laptops, iPads and other aids.			No
Proceed to full impact assessment? (Please tick)	Yes	No	Date	

If yes, please proceed to Section 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

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EQUALITY IMPACT ASSESSMENT FORM

Section 3: Identifying impacts and evidence

This section identifies if there are impacts on equality, diversity and cohesion, what evidence there is to support the conclusion and what further action is needed

Protected characteristics	Is the policy (function etc....) likely to have an adverse impact on any of the groups? Please include evidence (qualitative & quantitative) and consultations	Are there any positive impacts of the policy (function etc....) on any of the groups? Please include evidence (qualitative & quantitative) and consultations	Please rate the impact taking into account any measures already in place to reduce the impacts identified High: Significant potential impact; history of complaints; no mitigating measures in place; need for consultation Medium: Some potential impact; some mitigating measures in place, lack of evidence to show effectiveness of measures Low: Little/no identified impacts; heavily legislation-led; limited public facing aspect	Further action (only an outline needs to be included here. A full action plan can be included at Section 4)
Age	No direct impacts have been raised to date. The new Sensory Impairment Strategy should have a positive impact on people of all ages with a visual and/or hearing impairment.	<p>The surveys conducted with children, young people and adults identified barriers to independence and the changes or improvements needed to improve peoples' outcomes.</p> <ul style="list-style-type: none"> Improved information and advice <p>When surveyed, 75% of children/young people with VI/HI said they had been given enough information and support at diagnosis. This compared to 31% of</p>	<p>High – the service pathways for children and young people are well-established across health, education and social care. However, clear processes are needed around transition to Adult Services where appropriate.</p> <p>For adults, some gaps in the service pathways have been identified. Further work will be undertaken to make the improvements needed through</p>	<p>A new cross-partnership Sensory Impairment Strategy Working Group has been established. This group will oversee and co-ordinate the Strategy action plan. Three task and finish groups have been set up to look at the priority areas of:</p> <ul style="list-style-type: none"> Information and awareness of sensory impairments Equipment and Technology

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		<p>adults with a VI. 55% said they didn't get enough information and support.</p> <p>Top three changes or improvements needed (Children/YP with HI)</p> <ul style="list-style-type: none"> • More information about what services are available • More access to counselling and emotional support • Better access to equipment <p>Top three changes or improvements needed (Children/YP with VI)</p> <ul style="list-style-type: none"> • Better access to equipment • More support for families and carers <p>Top three changes or improvements needed (Adults with VI)</p>	<p>the action plan.</p>	<ul style="list-style-type: none"> • Children and Young People pathways and support (Transition)
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		<ul style="list-style-type: none"> Knowing where to go for more help More information about what services are available Getting help in a timely way <p>Top three changes or improvements needed (Adults with HI)</p> <ul style="list-style-type: none"> More information about what services are available Knowing where to go if I need more help More social and group activities 		
Disability	No direct impacts have been raised to date. The new Sensory Impairment Strategy should have a positive impact by improving the understanding and awareness of people with a sensory impairment.	Having a visual and/or hearing impairment is often referred to as a “hidden” disability. A key priority is to improve the understanding and awareness of the impact of having a sensory impairment among staff and the wider community.	High – The aim of the Strategy and action plan is to improve the lives of people with a sensory impairment by ensuring they get the right help and support at the right time.	See above- this will be addressed through the action plan and sub-groups.

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Gender reassignment	No impacts have been raised to date. As such the effects of this plan are currently deemed as neutral on this protected characteristic.	No specific action has been identified around this protected characteristic.	Low	See above
Marriage & civil partnership	No impacts have been raised to date. As such the effects of this plan are currently deemed as neutral on this protected characteristic.	No specific action has been identified around this protected characteristic.	Low	See above
Pregnancy and maternity	No impacts have been raised to date. As such the effects of this plan are currently deemed as neutral on this protected characteristic.	All new-born babies are screened at birth for hearing and there are well established processes in place for babies and their parents/carers.	Low	See above
Race	No impacts have been raised to date. As such the effects of this plan are currently deemed as neutral on this protected characteristic.	Further work will be explored through the Strategy Action Plan to address the communication/language needs of people from minority ethnic groups with visual and/or hearing impairments.	Medium	See above
Religion & belief	No impacts have been raised to date. As such the effects of this	No specific action has been identified around this protected	Low	See above

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	plan are currently deemed as neutral on this protected characteristic.	characteristic.		
Sex	No direct impacts have been raised to date. The new Sensory Impairment Strategy should have a positive impact by improving the understanding and awareness of people with a sensory impairment	The incidence of sight and hearing impairments increase with ageing, there may be more women disproportionately affected in the oldest age categories.	Low	See above
Sexual orientation	No impacts have been raised to date. As such the effects of this plan are currently deemed as neutral on this protected characteristic.	No specific action has been identified around this protected characteristic.	Low	See above
Carers	No direct impacts have been raised to date. The new Sensory Impairment Strategy should have a positive impact by improving the understanding and awareness of people with a sensory impairment.	Through the engagement work to develop the Strategy, it has been identified that families and carers of people with a visual and/or hearing impairment need to be recognised and offered support in their own right.	Medium	This will be addressed through the Strategy action plan.
Socio-economics	No direct impacts have been raised to date. The new Sensory Impairment Strategy should have	Access to and training to use appropriate equipment and assistive technology has been	Medium	A review of equipment and assistive technology will be undertaken by a dedicated sub-

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	a positive impact by improving the understanding and awareness of people with a sensory impairment. It will also consider equipment and assistive technology.	recognised as a need across all age groups. People may be disproportionately affected if they are required to purchase their own equipment and may not have the means to access the internet and other technology.		group to understand what equipment is currently available through the council and health and how to improve access to training and other support.
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Is this project due to be carried out wholly or partly by contractors? If yes, please indicate how you have ensured that the partner organisation complies with equality legislation (e.g. tendering, awards process, contract, monitoring and performance measures)

It is currently anticipated that some services could be commissioned later in the year once progress has been made on the action plan and the Strategy has been ratified by the Council. Contracted services are subject to comprehensive performance monitoring.

Section 4: Review and conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed

The Strategy Action Plan and task and finish groups will prioritise progress on the following three areas over the next 6 months:

- Accessible information and awareness
- Equipment and assistive technology
- Children's and Young People (pathways and transition)

This will consider the gaps identified and improvements needed from the pre-engagement work.

Specific actions to be taken to reduce, justify or	How will this be monitored?	Officer responsible	Target date
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remove any adverse impacts			
<p>Formal public consultation on the draft Strategy is scheduled to take place from June 2021. This will be in a range of media to ensure it is as accessible as possible.</p> <p>We will take account of all the views and comments received following the engagement and the final Strategy will be updated in light of this.</p>	Project plan and scheduled timeline	Helen Clark	August 2021
Approval sought on Final Strategy following public consultation at Health and Social Care Committee and Children and Families Committee	Project plan and scheduled timeline	Nik Darwin/Helen Clark	September 2021
Strategy Action Plan and tasks to make improvements identified.	This will be co-ordinated and monitored by the Sensory Impairment Strategy Working Group.	Nik Darwin/Helen Clark	November 2021
Please provide details and link to full action plan for actions	Draft action plan will sit alongside the Strategy Document – this is currently being drafted		
When will this assessment be reviewed?	October 2021		
Are there any additional assessments that need to be undertaken in relation to this assessment?	No		
Lead officer signoff	Nik Darwin	Date	08/06/21

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Head of service signoff		Date	24/06/21
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Please publish this completed EIA form on your website

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A summary of responses to Cheshire East Council's

Sensory Impairment Strategy Consultation



Summary of responses

Consultation engagement and response

The consultation on the strategy was widely promoted on the council's website, through partner organisations and on social media, with consultation feedback received in the following ways:

- 27 survey responses
- 6 email responses
- 1 telephone response
- 117 consultation video views
- Social media comments

The strategy being consulted on is a fairly niche document and large numbers of responses would not necessarily be expected – however care must be taken when interpreting results due to the low numbers of responses as they may not be wholly representative of all stakeholders who may have an interest in this issue.

It should also be noted the strategy was drafted after much engagement with a wide range of stakeholders.

The overall strategy

Whilst a very large proportion of respondents agreed the overall strategy is relevant (83%), slightly smaller proportions agreed the overall strategy is good (67%) and comprehensive (61%).

Some felt the strategy was lacking clarity and detail about how the strategy will be funded and resourced, while others felt it needed more focus on safeguarding and domestic abuse.

The vision

Large proportions of survey respondents felt the vision is:

- Relevant (89%).
- Appropriate (85%).
- Comprehensive (77%).

The priorities

Significant proportions of survey respondents rated each of the 6 priorities as good – from 78% rating the priority “Integrated service provision and improved co-ordination of care” as good, down to 65% rating the priority “emotional and peer support” as good.

Comments about each of the priorities were received, and are printed throughout this report.

Email responses

6 email consultation responses were also received, and these are printed verbatim towards the end of the report.

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Survey feedback – The priorities	11
Survey feedback – The overall strategy	7
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Report produced 4 October 2021 by the Research and Consultation Team, Cheshire East Council. Email RandC@cheshireeast.gov.uk for further information.

Introduction

Purpose of the consultation

Between 20 July and 19 August 2021 Cheshire East Council consulted on a newly drafted Sensory Impairment Strategy for 2021 – 2024, which had been drafted in partnership with Cheshire Clinical Commissioning Group (CCCG).

This strategy set out how both organisations will work in partnership to provide the right services at the right time for children, young people and adults living with sensory impairments.

The council consulted on the draft strategy to see what stakeholders thought of it, and to see how they felt it might be improved, before it is adopted by the council.

Pre-consultation research

The new Sensory Impairment Strategy for 2021 – 2024 had been drafted after much engagement with a wide variety of stakeholders, including:

- A survey for organisations including East Cheshire NHS Trust, Mid- Cheshire Hospital NHS Trust, voluntary sector, CEC (13 responses)
- Two Sensory Workshops held with health, social care, education and voluntary sector professionals (average of 35 attendees at each)
- A survey of adults with visual impairments (43 responses)
- A survey of children and young people with visual impairments (8 responses)
- A survey of adults with hearing impairments (49 responses)
- A survey of children and young people with hearing impairments (19 responses)
- A face-to-face interview with a deafblind current service users (1 response)
- Telephone interviews with adults with visual impairments (2 responses)
- Attendance in person at a walking group for visually impaired adults
- Attendance via Teams at visual impairment forum
- Attendance at the Children's Hearing Services Working Group
- Attendance at the Parent Carer Group

Consultation promotion and responses

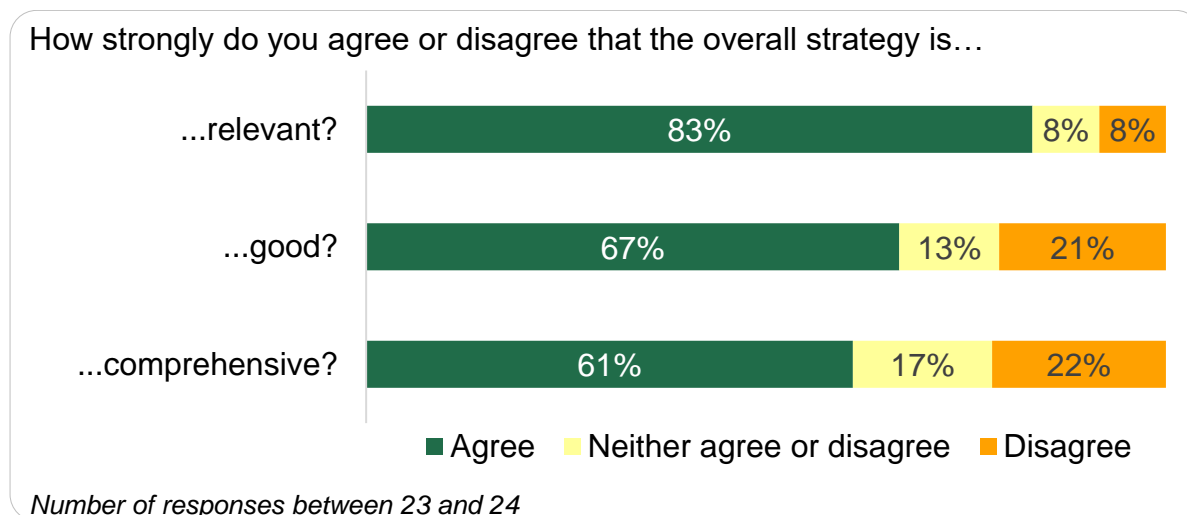
The consultation on the strategy was widely promoted on the council's website, through partner organisations and on social media, with consultation feedback received in the following ways:

- 27 survey responses
- 6 email responses

- 1 telephone response
- 117 consultation video views
- Social media comments

Survey feedback – The overall strategy

Whilst a very large proportion of respondents agreed the overall strategy is relevant (83%), slightly smaller proportions agreed the overall strategy is good (67%) and comprehensive (61%).



Comments on things that were felt to be missing from the strategy included:

- Clarity, priority and commitment are sadly absent. Cliche is well recognised but meaningless. Far too much public money has been wasted on initiatives designed for personal gain!
- General updates to systems, including ICT. How are you sending this out to the impaired community- nobody can access it which is a bit of a failure. Thank you to all that support in the community!
- How does anyone know if it is actually attainable in terms of cost and manpower?
- I have seen lots of these strategies and been asked to comment on them throughout my caring journey. I can't say any of them has made any difference to the daily lived experience of a person with sensory impairment. The funds expended on extensive "Consultants" and wordy documents could be spent subsidising public transport to enable people with sensory impairments to get out. It would also be better spent setting up peer support groups in localities where people live instead of signposting people to groups (voluntary groups) held at opposite ends of the county.
- I suspect very strongly that this initiative has more to do with saving money than improving the quality of provision for those with a sensory impairment.
- Impact on individuals Carers/family support stream. Very little mentioned, the role they play and impact of sight loss on them
- Independent work

- It would be helpful to reference Safeguarding and Domestic Abuse issues. Also please consider communities such as Gypsy Roma Traveller Communities.
- Many individuals rely on GPs for their care. Also phone calls to service users from Deafness Hub i.e. hear appointments, to ask if the appointment is still necessary or can it be cancelled is poor, so even though the strategy might be robust, there needs to be a better delivery mechanism. Especially if a person lives on their own, and is not mobile, as there is currently no outreach/home appointments, so service users will do without. As with most offers, there is a waiting list, and those with sensory impairments, will have reduced independence until equipment or re assessments can be carried out.
- Maximising opportunities for support with funding. Not thinking about whole person. Seeing disability and not ability. Focus on pointing out requirements rather than positives and working on strengths. Not signs of safety.
- People with sensory impairments are far more likely to experience domestic abuse (reference SafeLives spotlight report <https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>) and the abuse suffered by people with impairments lasts longer and is more severe. Despite these statistics we see a very low number of referrals into specialist domestic abuse services and Marac (high risk forum) for people with sensory impairments and disability. It would be great to see some reference in this strategy to work in collaboration with domestic abuse specialists to address this and ensure people get the right support at the right time.
- Relevant, comprehensive? This isn't suitable for deaf people as they don't understand meaning of words. Make sure you use basic English or possibly smiley and sad faces or something that is more visual.
- That all organisations you contract with also make this commitment to accessible information. Accessible information is when it fits the individuals need e.g. not every visually impaired person can read braille. So there has to be a commitment to finding out what an individual needs rather than assumptions. With more and more services online like the livewell website, I believe there needs to be an alternative for those who are digitally excluded. Also correspondence by letter etc needs to be provided in large print etc as individual needs dictate. It is challenging so a true commitment to providing accessible information is very welcome.
- There is no review or understanding of the current situation – I am a Deaf sign language user with zero access to any information or services. I only found out about this strategy at the last moment.
- There is not enough emphasis on safeguarding and the importance of services being able to recognise safeguarding issues quickly and effectively. There is no mention of domestic abuse but disabled people are disproportionately affected by domestic abuse. The safe in the vision needs to track through to the strategy

and identify the critical issues such as domestic and sexual abuse and disability hate crimes that have such a huge impact on our lives

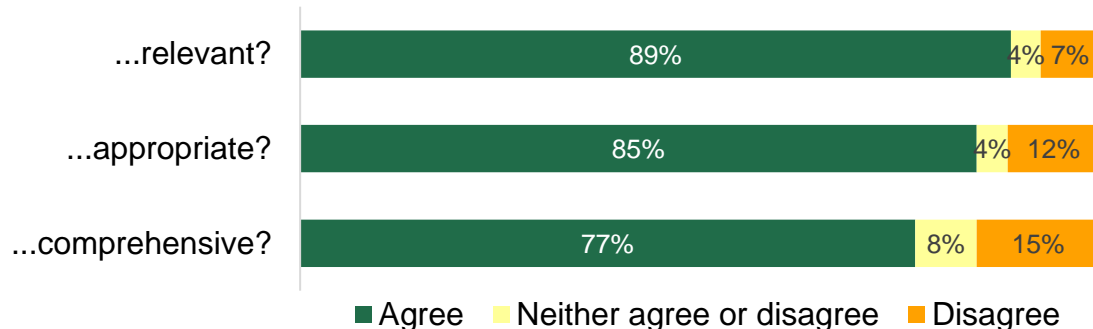
- Thinking about the whole person e.g. sensory impairment part of their life but so are other factors e.g. domestic abuse. How are these connected / joined up?
- Very doubtful that it will be implemented, in reality

Survey feedback – The vision

Large proportions of survey respondents felt the vision is:

- Relevant (89%).
- Appropriate (85%).
- Comprehensive (77%).

How strongly do you agree or disagree that this vision is...



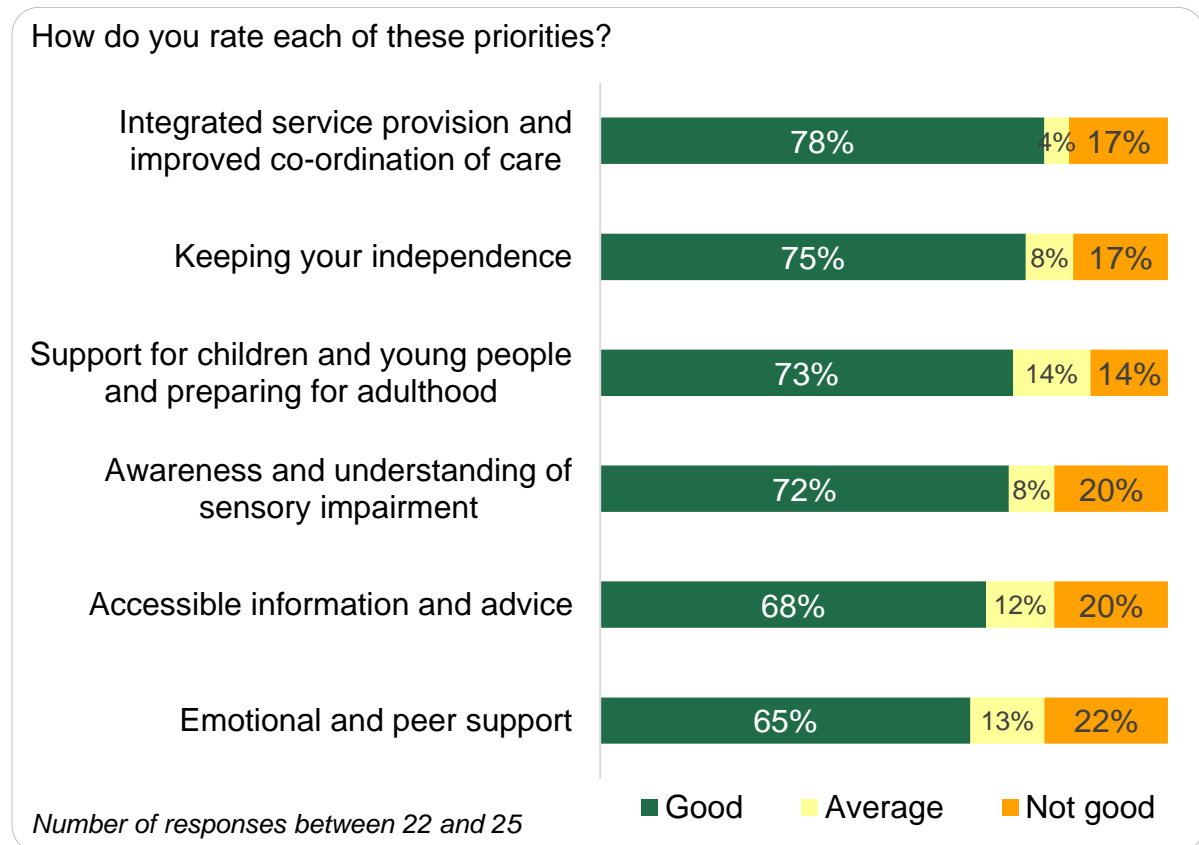
Number of responses between 26 and 27

Survey comments received on the vision included:

- Comprehensive but unfocused, a muddled mixture of health and welfare without clarity or commitment.
- How this ambition is to be achieved will make the most impact and improvement in the lives of those with sensory impairment
- I am concerned that you do not have the resources to achieve this vision.
- I want my child to be as independent as possible and make normal life
- Maybe parents/children could be sent a newsletter or email regularly to inform them of new things and existing things available. Parents shouldn't have to spent hours on the phone or computer search for help. For instance, I only saw the consultation because my sister saw it on your Facebook page. It should have been shared to parent carer groups etc.
- The "Vision" is rather woolly and vague including "best lives" and "should" instead of actual targets.
- The overarching vision is good. However, having read the Strategy there are no references to Safeguarding or Domestic Abuse. People with sensory impairment could require care and support services and experience abuse or neglect. This needs to be embedded into the strategy
- There is no information in sign language about the consultation or its aims. There is nothing for Deaf people who are working and need to engage / meet with others.
- This is fine on paper, the reality for peoples to receive this is another issue
- What is meant by comprehensive?

Survey feedback – The priorities

Large proportions of survey respondents rated each of the priorities as good – from 78% rating the priority “Integrated service provision and improved co-ordination of care” as good, down to 65% rating the priority “emotional and peer support” as good.



Survey comments received on each of the priorities are printed below verbatim.

Integrated service provision and improved co-ordination of care:

- Parents not being included is coordination of care and support. Limited contact from support agencies e.g. emails only. No phone calls, face to face visits / virtual meetings etc
- Ensuring each service is aware of and refers to others which is reliant on them understanding each other's provision
- Help for the elderly to access these if live alone and are not mobile
- make sure its accessible for Deaf people (nothing mention about making access to information easily?)
- Need to include sign posting information re support with safeguarding or domestic abuse

- People with a sensory impairment experience disproportionately higher rates of domestic abuse, would it be possible to include specific reference to integrated provision with specialist services for people experiencing abuse
- Should be a priority.
- Those with sensory impairment do not need to be passed from 'pillar to post' but their enquiries and needs dealt with by one qualified, knowledgeable and person.
- We need Remark! Communities in Cheshire

Keeping your independence:

- Again reliant on timely intervention at time of needed
- Important to all.
- No information available about services
- Should be a priority
- Vital
- Where possible ,but care needs need to be in place
- With next to no public transport in Cheshire East particularly Macclesfield there is little opportunity for independence.

Support for children and young people and preparing for adulthood:

- Are these including deaf children?
- How does this link in with commissioned services and KPI's
- I have no understanding of what is currently available for young people. Things have changed a lot for the better I'm sure.
- limited opportunities for young people to be together
- Needs to be put in practice
- Remark! provide services for young people - we need this in Cheshire
- Remember that EHCP goes up to age 25. Good quality preparation for adulthood is very important
- The leap from being in school to adulthood is a huge one and there is a gaping chasm in the provision between children's services and adult services.

Awareness and understanding of sensory impairment:

- Again this should be for all organisations you contract with, they should be able to evidence they have the skills knowledge and time to do this.
- Are they Deaf aware and aware of written English as not every Deaf person are able to under written English fully.
- Awareness of issues needs further work particularly in schools -having been told that my child who has hearing impairment doesn't have issues
- Cannot always adhere to on-line systems?? which individuals are always referred too

- Need to highlight how to report abuse
- Needs in practice
- This area needs improvement
- This is written from a negative - should be a more positive focus about the benefits that people can bring as well.
- Training and good quality training which involves practical experience is needed for all sectors.
- Very poor awareness especially in hospital reception staff or volunteers. Deaf Awareness training is available from Deafness Support
- Vitally important to aid communication and intervention when accessing any council, NHS service

Accessible information and advice:

- British Sign Language (BSL)
- Fine on paper, needs to be in practice
- Interestingly, this form didn't load with my accessible browser so a friend helping me to complete. Irony!
- It doesn't think about the whole person -what about other needs eg safeguarding and domestic abuse. How are these services linked in?
- Need to consider information re adult abuse or domestic violence
- not thinking about whole person, and involving parents eg Teacher of Deaf not providing reports directly to parents, only to schools. The schools then don't routinely pass this information on to parents. Delay
- Provision in a timely manner
- Seeing in action ,not just on paper
- There is no information about services available
- This is very time consuming and specialist. Will all organisations you contract with be able to offer truly accessible information too. All services should be accessible with accessible information, not just services about sensory impairments specifically.
- This needs to be widespread

Emotional and peer support:

- Accessibility key
- Awareness of issues re social inclusion for young people particularly in school, support with developing friendships with non hearing aid children. wider understanding and appreciation of hearing issues
- Is it fully accessible? and will an interpreter be provided?
- Needs in practice
- The only peer support for young adults with hearing impairment is in Chester DeafActive. this is provided by a volunteer run charity and there is no statutory

provision . The social opportunities are run by Deafness support and Cheshire East Council directories do not include organisations such as Cochlear Implanted Children's Societies. There are no support groups in this area. Schools with Hearing Impaired Units could do a lot more to bring deaf children together with other pupils in mainstream settings or ex-pupils as they are geographically dispersed.

- There is a need to include parents in this when working with children
- This area needs improvement

Email feedback

Anonymous response #1

In general I think [the Strategy] is good, however, I have commented on some aspects which may have been omitted – particularly around Safeguarding and Domestic Abuse. I couldn't see any references in the consultation – and also impacts on groups such as Gypsy Roma and Traveller Communities.

Anonymous response #2

[The group] welcomes the Draft Sensory Impairment Strategy document and supports the identified priorities. [We] are also grateful for the opportunity to be represented on the Group which worked on the development of the Strategy.

[The group] would like to make four observations regarding the Draft Strategy.

Firstly, [the group] has concerns at the effectiveness of this and earlier consultations and whether service users were given an adequate opportunity to engage given the difficulties, particularly for the visually impaired community, where material is presented in a visual format. What was the level of feedback at each stage?

Secondly, does the authority have sufficient appropriately qualified staff to meet the aims of the Strategy and its responsibilities under the Care Act?

Thirdly, although the document sets out a strategy there will be a need (which we understand will be addressed through an Action Plan or similar) to define how the identified priorities are to be met. What services are to be made available, who will be the providers, and how they will be funded.

Finally, the Strategy makes several references to the role of the voluntary/ charitable sector in meeting the needs of the sensory impaired community. The sector can often meet those needs in ways that are localised, accessible and economical. However, the sector cannot survive on goodwill and recognition alone. Both the local authority and the clinical commissioning group will need to identify what role they see played by the sector and enter into appropriate arrangements for financial and other support to allow service providers to operate sustainably to the benefit of service users.

Anonymous response #3

It [the Strategy] disappointingly does not reference safeguarding or domestic abuse.

Anonymous response #4

I am really passionate about raising awareness of hearing loss and getting people tested in the community due to the long term benefits it has in particular to those individuals who have care needs and develop later onset of dementia.

Anonymous response #5

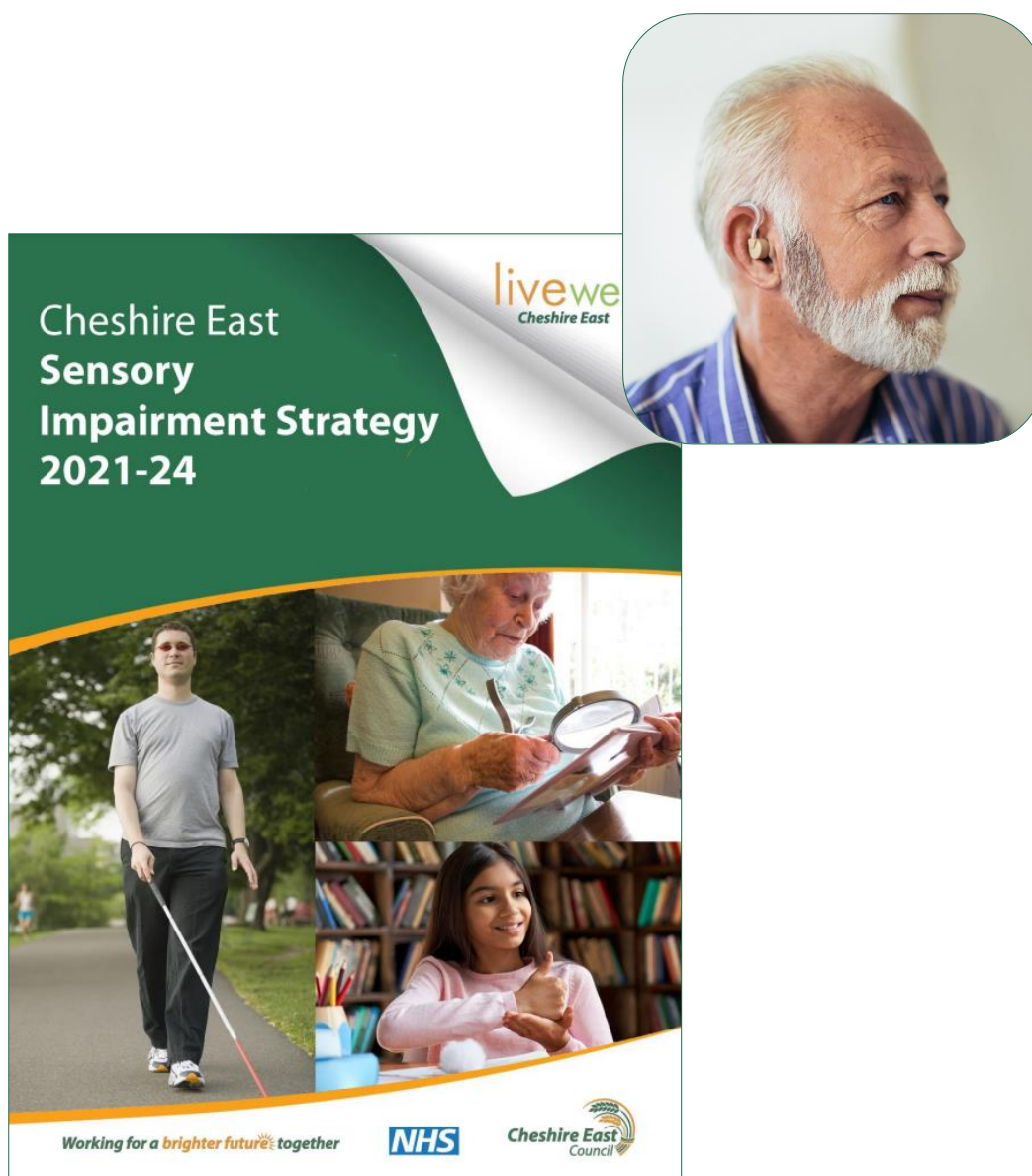
Obviously working in the eye clinic we support and welcome the aims of this. There are several areas in our department where the service we provide is lacking for patients with visual impairment specifically:

- no access to low visual aid service - the only support we have to direct our patients to is the IRIS centre
- no access to ECLO (eye clinic liaison officer) - most eye departments have an individual they can refer patients to for advice and support related to visual loss. We do not have this facility.

Obviously one would hope this strategy document will lead to some changes on the ground to meet its aims. I would suggest investment in these 2 areas would significantly improve the service we provide to visually impaired patients.

Anonymous response #6 (notes from a telephone call)

General comments about difficulties of having a visual impairment. Finds it difficult to get out and about. Using the buses and being able to read the timetables is a real barrier. They also talked about how we are going to action and progress with the priorities outlined in the strategy.



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Working for a brighter future together

Adults and Health Committee

Date of Meeting: 16 November 2021

Report Title: Cheshire East Day Opportunities Strategy

Report of: Helen Charlesworth-May, Executive Director for Adults, Health and Integration

Report Reference No: AH/19/21-22

Ward(s) Affected: All Wards

1. Executive Summary

- 1.1.** At the Cabinet Meeting on 2 February 2021, Cheshire East Council approved the development of a co-produced Day Opportunities Strategy and a redesign of the current day opportunities services offer across the borough.
- 1.2.** As part of the development of the strategy a comprehensive consultation and engagement process has been undertaken. Through this process we have received feedback from a wide range of stakeholders including people who attend day opportunities services and their carers, providers and staff.
- 1.3.** The Cheshire East Day Opportunities Strategy (the Strategy) seeks to promote and support safe, purposeful, and personalised activities that enable citizens to play a valued role in their community and to live as independently as they choose. It also aims to ensure that vulnerable adults can access activities appropriate to their needs, choice, and control.
- 1.4.** The Strategy recommends further engagement with the provider market, individuals, and families/carers to explore commissioning options including the potential to develop a Day Opportunities Framework Agreement to greatly improve Cheshire East Councils' options in relation to the commissioning of day opportunities. This will also ensure we can meet the requirements of the Care Act (2014) and the needs of local people via appropriate services and support the priorities within the Cheshire East Council Corporate Plan 2021-25 (see sections 3 and 7).

- 1.5. The Strategy also builds on the learning from the impact of COVID-19 on day opportunities services. During the lockdowns many services and buildings have been closed and this has meant that providers have adopted new ways of supporting the most vulnerable people within the community, including the uses of technology to provide virtual support.
- 1.6. This report outlines the consultation, engagement, review, and development of the Strategy and seeks approval from Adults and Health Committee on the co-produced strategy.

2. Recommendations

- 2.1. That the Adults and Health Committee approve the co-produced Cheshire East Day Opportunities Strategy 2022-2027.

3. Reasons for Recommendations

- 3.1. These recommendations are made based on alignment with the following priorities within the Council's Corporate Plan 2021-25.
 - **Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services** – The strategy seeks to widen the offer and develop day opportunities provision across the borough which makes best use of existing community assets.
 - **A commitment to protect the most vulnerable people in our communities** – We seek to ensure that day opportunities services are safe, person-centred and outcome focused.
 - **Increase the life opportunities for young adults and adults with additional needs** – We will look for future day opportunities to promote employment, volunteering, and skills development opportunities as an alternative to traditional day opportunities services.
- 3.2. The Care Act (2014) places a duty on Local Authorities to help make sure there are a range of different types of services and support available. The future strategic direction of day opportunities provision advocates widening the offer and ensuring that the level of support provided meets the requirements of those with different levels of support needs.
- 3.3. The Strategy is a co-produced strategy that recognises that the needs of people who access day opportunities, carers and providers. Central to making the strategy a success will be continued engagement and development of the market, effective planning, measurement, and monitoring on how we will deliver the priorities detailed within this document, which will be achieved through the outlined Delivery Plan within each strategic priority.
- 3.4. There are no official frameworks or service specifications for Day Opportunities services. Therefore, this is an area of the market which is

largely underdeveloped. This has on many occasions required the Council to pay higher costs to the local care market, some people being inappropriately placed, or in some cases has resulted in the need to place people out of area at even greater expense to meet their needs.

4. Other Options Considered

- 4.1.** The demand for day opportunities services alongside other care services will be significant over the next few years and we need to sustain and stabilise the markets alongside managing the budget. Therefore doing nothing is not an option.
- 4.2.** Without a strategy in place, or a dedicated route for the commissioning of day opportunities placements, there will be limited scope for market shaping, or development around the market. Services will be still be commissioned in a way which inhibits choice and flexibility. Services will be purchased for individuals outside of any formal commissioning process, under spot purchasing arrangements and potentially lead to placements needing to be made outside of Cheshire East.

5. Background

- 5.1.** The Strategy has been co-produced through the collective working of Cheshire East Council and the direct involvement of people who experience day opportunities, their families, and carers. The strategy has also had input incorporating feedback from other key stakeholders including Cheshire Clinical Commissioning Group and in-house (Care4CE) and commissioned day opportunities providers.
- 5.2.** The Strategy aims to provide a clear set of design principles and actions to support further development of day opportunities in Cheshire East. Key aspirations within the strategy seek to ensure that future Day Opportunities services:
 - Focus on the individual, their strengths, choices, assets, and goals through person centred planning
 - Focus on the outcomes that people who access day opportunities and carers wish to achieve
 - Provide support that enables the person to access a range of opportunities in the wider, and their own, community as an active and equal citizen
 - Focus on skills development, improving independence in daily living i.e., travel training and employment where possible
 - To enable access to support or activities of the citizen's choice.
- 5.3.** This strategy promotes the development of an outcomes-based approach to day opportunities, where services are provided that will achieve a set of results for that individual. Services will deliver outcomes through:

- Identifying the outcomes that are expected to be achieved prior to making referrals to services.
- Contracting for services based on outcomes and then monitoring based on those outcomes.
- Requiring services to offer an outreach approach where service user outcomes such as reducing social isolation or accessing physical activity can be met through a variety of means outside a building-based setting.
- Service providers being enabled to exercise flexibility to adapt services to meet individual needs in agreement with the service user and their carers/relatives.

5.4. Through the combining of consultation responses and the developed work of the coproduced strategy, seven key delivery actions have been identified.

5.5. The key delivery actions listed within the strategy are as follows:

<p>1. Develop a high quality and diverse range of day opportunities provision in the borough</p>	<ul style="list-style-type: none"> • Develop the market and commissioning strategy (Day Opportunities Provider Framework) • Explore Assistive Technology as support for day opportunities • Support Providers including the Voluntary Community and Faith Sector (VCFS) through the transformation of day opportunities
<p>2. Ensure that day opportunities services are safe, person-centred and outcome focused</p>	<ul style="list-style-type: none"> • Development of a dedicated service specification (As part of any Day Opportunities Provider Framework) • Regular contract monitoring of commissioned day opportunities provision
<p>3. Encourage and increase the numbers of people using Direct Payments to access day opportunities</p>	<ul style="list-style-type: none"> • Provide improved signposting and information about using direct payments • Promote alternative options in terms of day opportunities to increase choice and control via Live Well (Carefinder)

4. Ensure co-production in the future development of day opportunities services	<ul style="list-style-type: none"> • Work closely with providers, people who attend day opportunities services and their carers to ensure their voice is heard in the development of new services
5. Respond to the impact of COVID-19 and ensure day opportunities services remain resilient and flexible in case of future disruptions to services	<ul style="list-style-type: none"> • Build on the learning and feedback from the lockdowns • Encourage the use and access to technology across provision
6. Ensure that day opportunities are available at a local level in all communities across the borough	<ul style="list-style-type: none"> • Respond to the local needs and feedback from individuals • Encourage greater use of community assets • Explore new initiatives, for example Shared Lives
7. Promote employment, volunteering, and skills development opportunities as an alternative to traditional day opportunities services	<ul style="list-style-type: none"> • Develop stronger links between day opportunities providers and local employers, educational settings and community groups

5.6. The Strategy also builds upon the learning from the impact of COVID-19 which resulted in the closure of many building-based services. Evidence from surveys showed people who use day opportunities missed the chance for social interaction that these services offer, the enriching activities that they can undertake and the availability of provision that supports them to access their local communities. Day opportunities were reported to increase social skills, confidence and independence for the individual accessing them while providing a break and free time for family members. At the same time the impact of COVID-19 provided the opportunity for providers to deliver a range of innovative approaches, including outreach support and the use of technology to deliver virtual sessions.

5.7. Many respondents that have been engaged and provided their experiences of day opportunities were also keen to engage further with Cheshire East Council. In terms of wider engagement and moving forward, it is important this process is seen as the start of a conversation

around day opportunities in Cheshire East rather than the end of a conversation.

- 5.8.** A costed implementation plan will be developed once the strategy is formally approved, as part of a partnership approach to ensuring the successful implementation of the strategy.

6. Consultation and Engagement

- 6.1.** During the development of the draft Day Opportunities Strategy, extensive consultation and engagement has been undertaken with stakeholder groups including people who use services, families, carers, and service providers. A significant number of people and organisations have responded at each stage of the process.
- 6.2.** Between April-June 2021, a survey (including an easy read version) was made available on the Cheshire East Council website. The survey was conducted to help plan and develop services for the future and to understand how services users feel about current day opportunities, A total of 268 responses were received.
- 6.3.** Virtual engagement sessions were also held to gather further feedback from people who access day opportunities, families and their carers (including young carers).
- 6.4.** An engagement survey and virtual feedback session was also undertaken with staff from Care4CE Day Centres which highlighted the potential to offer additional support in this area highlighting that the 'one size fits all' approach may not be appropriate when considering the needs of those accessing the services and their desired outcomes (Trade Unions were also consulted throughout the consultation – see Human Resources).
- 6.5.** A wider engagement survey was undertaken via The Chest portal by over 30 external Day Opportunities providers, which included current commissioned providers and providers who may be looking to deliver services in the future. Feedback highlighted innovative approaches for delivering services differently in the future and there was widespread support to be part of any future formalised commissioning process (Day Opportunities Framework) in Cheshire East.
- 6.6.** Further consultation on the draft Strategy was undertaken via the Cheshire East Council website during August and September 2021.
- 6.7.** In total 47 responses were received on the draft document from a wide range of stakeholders including people who use access day opportunities, parents/carers, providers and Cheshire East council staff. Responses were also received on behalf of the following organisations:
- Age UK Cheshire East
 - Cheshire and Wirral Partnership NHS Foundation Trust
 - The Rossendale Trust

- Wishing Well

6.8. In terms of the Draft Strategy large proportions of the respondents agree with the following:

- Section 1 - Key Aspirations (80%)
- Section 2 - Introduction and Vision (76%)
- Section 8 - Proposed New Offer (73%)

6.9. It must be noted that a smaller proportion (66%) of the respondents agreed with the Key Delivery Actions (Section 9). This section has been enhanced to make the terminology more user friendly and make sure that people who use services and carers are involved in the development of future day opportunities to ensure they are fully co-produced.

7. Implications

7.1 Legal

7.1.1 The Care Act (2014) places people and their carers in greater control of their care and support needs. The Act is particularly pertinent to how day opportunities provision is commissioned and how support is arranged and aims to give greater control and influence on those in need of support.

7.1.2 As part of its duties under the Care Act (2014) the Council must meet assessed eligible assessed needs for those people who are eligible for care and support. The Care and Support (Eligibility Criteria) Regulations 2015 specify that local authorities should consider how service users access employment, training, education or volunteering as outcomes of their care and support plan.

7.1.3 Commissioners should engage with Legal Services and the Council's Corporate Procurement Team in the development of the route to market for the future commissioning of day opportunities at an early stage. This will ensure that advice can be provided on the appropriate commissioning strategy to meet service implementation requirements, as evidenced via the further consultation exercise that will be undertaken to develop the commissioning model. Any consultation must take place at a time when the proposals are still at the formative stages. The Council must provide the consultees with sufficient information to enable them properly to understand the proposals being consulted upon and to express a view in relation to it. The information must be clear, concise, accurate and must not be misleading. The consultees must be given adequate time to consider the proposals and to respond. The Council must give genuine and conscientious consideration to the responses received from the consultees before making the final decision on the proposals.

- 7.1.4 Any procurement which results in a change to the way in which services are currently provided would require engagement with stakeholders including people who access day opportunities to co-produce the service specification. As part of its decision-making process, the Council must have 'due regard' to its equalities duties. Under section 149 of the Equality Act 2010, the Council in exercise of its adult care and support functions, must have 'due regard' to the need to eliminate discrimination, advance equality of opportunity between persons who share a protected characteristic and those who do not, foster good relations between persons who share a relevant protected characteristic and persons who do not in order to tackle prejudice and understanding. The protected characteristics are age, gender reassignment, disability, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 7.1.5 Under the Equality Act (2010), the Council is required to identify the impacts of any decisions, policies etc. on certain protected groups to ensure equality is promoted, and inequality minimised. For example, there must be an assessment made of the impacts on groups or individuals who are disabled, including mental health problems, who belong to ethnic or racial groups, on the grounds of age or sex discrimination etc. An Equality Impact Assessment (see Appendix 1) can both assist in evidencing that these equality duties are being met and inform decision making.
- 7.1.6 The Council is required to give serious, substantive, and advance consideration of what (if any) the proposals would have on the protected group and what mitigating factors can be put in place. This exercise must be carried out with rigour and an open mind and should not be a form of box ticking. These are mandatory considerations.

7.2 Finance

- 7.2.1 There are no financial implications or changes needed to the Council's Medium Term Financial Strategy (MTFS) because of the recommendations in this report.
- 7.2.2 All services delivered under the new strategy and framework will be bound by the budget limits within the MTFS.
- 7.2.3 As of 1 April 2021, Cheshire East Council currently spends £4.71m on commissioned day opportunities which support 577 individual placements (this excludes transport and food which are also separate costings for Care4CE provision).
- 7.2.4 The spend is broken down as follows:

- £3.37m of spend is on Care4CE day opportunities, which support 358 individuals.
- £1.34m of spend is on external commissioned day opportunities, supporting 219 individuals.
- There are 44 individuals who are getting support from both Care4CE and external commissioned providers.

7.2.5 This service transformation will be met through existing resources from the various departments across the Council. However, we anticipate that a significant culture change will be required in the approach to day opportunities provision across providers, people who access day opportunities, families and social work teams and to achieve this effective communications and engagement will be required.

7.2.6 Cheshire East Council met on 17 February 2021 and agreed the MTFS Report for 2021/22 to 2024/25. A report provides detailed information on the issues facing the Council in the medium term and shows how these are being addressed to present a balanced financial position for the 2021/22 financial year.

7.2.7 Over the next three years the following savings for day opportunities identified in the MTFS is as follows (Savings for Year 1 (2021/22) have already been achieved).

Total Projected Annual Savings by Year (this is on a cash basis, not incremental)	
Year 1 2021/22	£30,000
Year 2 2022/23	£70,000
Year 3 2023/24	£150,000

7.3 Policy

7.3.1 The Care Act (2014) places people and their carers in greater control of their care and support needs. The Act is particularly pertinent to how day opportunities provision is commissioned and how support is arranged and aims to give greater control and influence on those in need of support. This includes encouraging people to think about what outcomes they want to achieve in their lives, with a greater emphasis on prevention.

7.3.2 The future strategic vision for day opportunities in Cheshire East firmly aligns to the following priorities within the Cheshire East Corporate Plan 2020-2025:

- Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services
- A commitment to protect the most vulnerable people in our communities
- Increase the life opportunities for young adults and adults with additional needs.

7.4 Equality

7.4.1 Under the Care Act (2014), the Council has a legal duty to ensure that information is accessible to people who access day opportunities belonging to protected characteristic groups, and these individuals are also supported over care options. We will ensure that we engage and consult on any proposed service changes using a variety of different channels (such as face to face meetings, virtual meetings, surveys) and that any material produced is made available in a variety of formats (including easy read).

7.4.2 An Equality Impact Assessment has been completed and subsequently updated following the production of the Strategy (see Appendix 1).

7.4.3 Procuring services with an official commissioning strategy (Day Opportunities Framework) rather than existing practices, will increase choice and control. Also, by further enabling the use of a personal budget to purchase day opportunities support, this will help ensure services are designed around individual needs and preferences. This will include needs and preferences which are related to protected characteristics.

7.5 Human Resources

7.5.1 The impact of the way that day opportunities are delivered in Cheshire East could have human resources implications for the staff currently working within Caer4CE day centres. Potential changes to the way that day opportunities services are currently delivered by Care4CE could include some staff moving from building based services to roles within the community and some staff who are based within day services may have a change to their base/role. If this is to happen formal consultation would need to be carried out.

7.5.2 Staff have been invited to specially scheduled consultation events, which included the opportunity for staff to ask questions and input into the future design of day opportunities.

7.5.3 Trade Union engagement will continue to be an integral part of the process. Regular updates will be provided at Trade Union meetings regarding the project and representatives will be invited to attend staff briefings.

7.6 Risk Management

7.6.1 A large-scale service transformation of day opportunities identified in the Draft Day Opportunities Strategy will present challenges and risks.

7.6.2 See below for the identified risks with mitigation.

Changes and disruption to services may have a negative impact to those using services and their carers and in turn the reputation of the council

- Take measures to ensure that any disruption is kept to a minimum.
- Continued communications and regular updates to all stakeholders at different stages.
- Take additional measures to support the needs of people with a disability (provision of easy read material).

Resistance to change from carers and people who access day opportunities

- Support carers and people who access day opportunities and keep them informed about any changes and proposals to existing services and building closures.
- Ensure co-production of any new services with involvement of people who access day opportunities and carers.

Negative impact on existing friendships and support networks from changes

- Aim to maintain and support existing friendship groups wherever possible.

Impact on staff who may be affected by the impact of service changes

- Support all affected staff and help them decide the best options available
- Regular consultation and engagement with staff to develop the new model.

Demand for adult social care packages of support continues to rise outstripping the impact of a more cost-effective model of delivery

- We also need to ensure that any new model is able to absorb any potential growth in the number of individuals coming through transition and a potential increase in demand from those with dementia accessing day opportunities.

Potential of a further resurgence of COVID-19

- Day Opportunities services are being supported by colleagues in Public Health and the NHS, who have provided infection control audits and training to Day Opportunities services to help minimise the risks to people who access day opportunities and staff.
- If building based services were unable to operate, we would mitigate this via the already well established implementation of virtual support sessions and outreach support where necessary. Systems are in place to ensure services would be supported for appropriate PPE.

7.7 Rural Communities

- 7.7.1 There are no direct implications for rural communities.

7.8 Children & Young People/Cared for Children

- 7.8.1 Whilst there are no direct implications for children and young people, it is proposed that the move to a more personalised offer will create a wider range of enabled services which will be more attractive to young people preparing for adulthood than at present. Providers would then be able to enter work around transitions to ensure a seamless journey for these individuals.

7.9 Public Health

- 7.9.1 Through continued joint working with the Public Health Team and Primary Care, day opportunities providers will continue to promote healthy lifestyles with its people who access day opportunities. The development of a community hub style approach to service delivery in the future will enhance this further.

7.10 Climate Change

- 7.10.1 The impact of ensuring a more personalised range of services for day opportunities may have a positive direct impact on carbon reduction measures, by reducing the number of journeys to building based services by both staff and people who access day opportunities. It will also reduce the electricity and gas usage required to support building-

based provision if more support is being delivered in community settings over time.

Access to Information	
Contact Officer:	Mark Hughes, Senior Commissioning Manager mark.hughes@cheshireeast.gov.uk 01625 374495
Appendices:	Appendix 1 – Equality Impact Assessment – Day Opportunities Strategy Appendix 2 – Cheshire East Day Opportunities Strategy (Draft)
Background Papers:	Cheshire East Corporate Plan 2021-2025

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EQUALITY IMPACT ASSESSMENT

TITLE: Day Opportunities Strategy/Redesign

VERSION CONTROL

Date	Version	Author	Description of Changes
29/10/20	1	Mark Hughes	Minor changes to reflect carer and service user engagement
05/11/20	2	Mark Hughes	
7/10/21	3	Mark Hughes	Amends following development of draft strategy

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12/10/21

4

Mark Hughes

**Amended with
feedback from
consultation**

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CHESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT

Stage 1 Description: Fact finding (about your policy / service /

Department	Integrated Commissioning Team		Lead officer responsible for assessment		Mark Hughes	
Service	People Services		Other members of team undertaking assessment			
Date			Version 4			
Type of document (mark as appropriate)	Strategy X	Plan	Function	Policy	Procedure	Service X
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New X		Existing		Revision	
Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation) Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service	Day Opportunities Strategy/Redesign Our strategic vision for day opportunities in the future within Cheshire East is to support safe, purposeful and personalised activities that enable citizens to play a valued role in their community and to live as independently as they choose, ensuring that vulnerable adults can access activities appropriate to their needs, choice and control. The key objectives that we aim to deliver on to support this change will include: <ul style="list-style-type: none"> • Focus on the individual, their strengths, choices, assets, and goals through person centred planning. • Focus on the outcomes that service users and carers wish to achieve. • Providing support that enables the person to access a range of opportunities in the wider, and their own, community as an active and equal citizen. • Focus on skills development, improving independence in daily living i.e. travel training and employment where possible. 					

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	<ul style="list-style-type: none"> • Maximise the opportunity to use budgets or direct payments to access support or activities of the citizen's choice. • Make the most of a vibrant and developing community groups and assets, ensuring access to the wide range of opportunities Cheshire East has to offer <p>Outcomes</p> <p>We will develop an outcomes-based approach to day opportunities where services are provided to an individual that will achieve a set of results for that individual. We will deliver outcomes through:</p> <ul style="list-style-type: none"> • Identifying the outcomes that are expected to be achieved prior to making referrals to services. • Contracting for services based on outcomes and then monitoring based on those outcomes. • Requiring statutory services to provide an outreach approach where service user outcomes such as reducing social isolation or accessing physical activity can be met through a variety of means outside a building-based setting. • Service providers being enabled to exercise flexibility to adapt services to meet individual needs in agreement with the service user and their carers/relatives.
<p>Who are the main stakeholders, and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)</p>	<p>Key Stakeholders</p> <p>As part of this process we will continue to undertake extensive engagement with current and potential service users and their carers, commissioned providers, voluntary and community groups to ensure that we develop the market and help to develop and shape a range of services which are flexible and personalised to meet individual needs.</p>

	<p>We recognise that day opportunities:</p> <ul style="list-style-type: none">• Help people have a fulfilling life• Provide people with the opportunity to take part in various interests and activities• Make friends and develop relationships• Provides valuable support to carers, so that they too can lead fulfilling lives outside their caring role <p>We have recent evidence from a survey of people with a learning disability in Cheshire East during lockdown on their experiences. 24% said that they missed their friends and connections within the community while only 8% said they missed their experiences in day services.</p> <p>There are also growing numbers of young adults who have disabilities or who suffer from mental illness needing care and support. We know that more people are living longer - which is a good thing. The older people get, the more complex their care and support needs become. Therefore, we need to ensure we can continue to support people. We need to focus more on what people want to achieve (outcomes) and what they are good at (their strengths) to promote health & well-being and in line with the law (Care Act 2014). We need to offer a set of supports that allow an individual to explore what their strengths are. This will then allow citizens to make informed choices about what they want to achieve. This will not simply be a choice given as to what is available. As well as providing support in exclusive buildings, we want to work towards people also accessing a variety of day opportunities in the community with support.</p> <p>Feedback from Consultation and Engagement</p> <p>Between April-June 2021, a survey (including an easy read version) was made available on the Cheshire East Council website. The survey was conducted to help plan and develop services for</p>
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	<p>the future and to understand how services users feel about current day opportunities, A total of 268 responses were received.</p> <p>Evidence from surveys showed people who use day opportunities value the chance for social interaction that these services offer, the enriching activities that they can undertake and the availability of provision that supports them to access their local communities.</p> <p>Most respondents are currently accessing day opportunities in their local area as inferred by the short travel time given by 91% of them travelling up to 30 minutes to access services. Therefore the impact of any redesign of service provision would need to ensure that location was taken into account as part of any service changes</p> <p>Day opportunities were reported to increase social skills, confidence and independence for the individual accessing them while providing a break and free time for family members. At the same time the impact of COVID 19 provided the opportunity for providers to deliver a range of innovative approaches, including outreach support and the use of technology to deliver virtual sessions which most people were receptive to accessing as part of any future offer.</p> <p>Future Engagement on Commissioning Strategy</p> <p>Moving forward to deliver a wider range of day opportunities in Cheshire East, we will continue to engage with stakeholders including providers (also new entrants into the market such as the VCFS) and people who use day opportunities and families/carers. This will be an ongoing conversation to ensure that the services are able meet needs and requirements of people using the services and deliver good outcomes and the mechanisms for commissioning services.</p>
<p>Consultation/ involvement carried out</p>	<p>Yes – consultation has been carried out from April-June 2021 and also a follow up on the draft strategy was carried out in September 2021. Further engagement with key stakeholders will continue in 21/22 on how services will be commissioned in the future.</p>

What consultation method(s) did you use?	<p>In terms of the consultation methods these have included</p> <ul style="list-style-type: none"> - Surveys (including Easy Read) - Consultation Events (virtual due to COVID) for carers and service users - Provider Engagement Soft Market Testing Survey - Meetings with Care4CE staff who currently work within existing building-based day services. - A key part of the ongoing consultation and transformation of day opportunities will be operational staff undertaking reviews of individuals needs, aspirations and outcomes. This will ensure that people using services and their families are fully engaged with the process and allow us to co-produce and develop services around the person. - We will also use existing partnership boards (LD and Mental Health) to keep people informed of the process and allow wider engagement from carers and service users.
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Stage 2 Initial Screening

Who is affected and what evidence have you considered to arrive at this analysis? (This may or may not include the stakeholders listed above)	<p>The proposals to redesign our current day opportunities offer are challenging for both existing service providers, service users and carers as they propose a departure from the existing service model, which is familiar and well liked by service users and carers/relatives.</p> <p>There could also be a significant impact on staff from day opportunities services as well in terms of the location where services are delivered, level of support provided and tasks related to the delivery of services.</p>
Who is intended to benefit and how	<p>The review and redesign of the day opportunities model will ensure that services are designed around an individual rather than vice versa. By ensuring that this provision adopts a more personalised and flexible approach and lead to improved outcomes for individuals who access day opportunities</p>

Could there be a different impact or outcome for some groups?		There could be impacts for some people who currently access day opportunities in terms of the provision that they access changing which will be dependent on the review of their needs and outcomes. The buildings that services are currently delivered from could change as part of the review. This could have impacts on both individuals and carers.						
Does it include making decisions based on individual characteristics, needs or circumstances?		Yes there could potentially be decisions made on what type of services are provided for people with more complex needs and disabilities (learning disabilities, dementia etc) to ensure that the services they receive deliver the support required to meet their care and support needs.						
Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)		As part of the redesign and development of the strategy for day opportunities we will ensure that we deliver an offer that can support a variety of individuals with different care needs and that people receive services that meet their needs and outcomes. We also want to ensure equity in terms of locations in the borough where services are located so that people in different locations have local services and opportunities to access.						
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?		We will be holding engagement and consultation events to ensure that the voice of all stakeholders is heard and that we enable us to ensure that we take on board any considerations around equality.						
Is there an actual or potential negative impact on these specific characteristics? (Please tick)								
Age	Y		Marriage & civil partnership		N	Religion & belief	Y	
Disability	Y		Pregnancy & maternity		N	Sex		N
Gender reassignment		N	Race		N	Sexual orientation		N

Stage 3 Evidence

What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts		Level of Risk (High, Medium or Low)
Age	The key characteristics of the people who use day opportunities will be older people and working age adults with disabilities. As such, the proposals could have a potential negative impact of this protected group. These include level of disability, accessibility of alternative services and the ability to cope with a change in location of the service that is being accessed. These aspects will need to be mitigated in alternative options considered for individuals. Evidence from surveys showed that the vast majority of people (91%) travelled less than 30 minutes, so any future redesign would need to take into account the locations of services in order to not to impact on individuals.	Medium
Marriage & civil partnership	There is the potential for a change in day opportunities services to impact on married couples or couples in civil partnerships, where one partner uses services as a result of the a service ceasing. There are also impacts listed under the carers section. There will be the opportunity to feedback any impacts relating to this during the consultation process.	Low
Religion	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Disability	The proposals could have a number of potentially negative impacts on people with disabilities and long term conditions (and their carers). The extent of these impacts will depend on such things as accessibility and availability of alternative services that can be accessed locally, ability	Medium

	to cope with a change in location of the service that is being accessed, should their current service be one that no longer operates in the future.	
Pregnancy & maternity	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Sex	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Gender Reassignment	No recording of gender reassignment takes place on the Council's social care record system as such data on this will be unavailable. However, there is no known element in these proposals which is likely to lead to discrimination of the basis of this protected characteristic	N/A
Race	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Sexual Orientation	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A

Stage 4 Mitigation

Protected characteristics	Mitigating action <i>Once you have assessed the impact of a policy/service, it is important to identify options and alternatives to reduce or eliminate any negative impact. Options considered could be adapting the policy or service, changing the way in which it is implemented or introducing balancing measures to reduce any negative impact. When considering each option you should think about how it will reduce any negative impact, how it might impact on other groups and how it might impact on relationships between groups and overall issues around community cohesion. You should clearly demonstrate how you have considered various options and the impact of these. You must have a detailed rationale behind decisions and a justification for those alternatives that have not been accepted.</i>	How will this be monitored?	Officer responsible	Target date

Age	Physical access, Transport access, Explore flexible transport being added to service specifications to mitigate.	This will be captured through the consultation and engagement process	Mark Hughes	May 2022
Marriage & civil partnership				
Religion	The rationale for change is that customers will have a greater choice about how respite is provided, with more flexibility. It is possible that this more individually tailored approach could be more beneficial to people with protected characteristics. For instance people with religious beliefs that require a quiet area for prayer at specific times of the day – this could be designed into individually tailored package	This will be captured through the continued consultation and engagement process	Mark Hughes	May 2022
Disability	The rationale for change is that customers will have a greater choice about how day opportunities is provided, with more flexibility. It is possible that this more individually tailored approach could be more beneficial to people with protected characteristics.	This will be captured through the consultation and engagement process	Mark Hughes	May 2022
Pregnancy & maternity				
Sex				
Gender Reassignment				

Race	During the consultation we will establish if there are any individuals who require support with accessible information if English is not their first language. This could involve linking in with established support groups/forums.	This will be captured through the consultation and engagement process	Mark Hughes	May 2022
Sexual Orientation				

5. Review and Conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed

There should be no change in service to provision to the majority of people who use day opportunities services, but there does need to be a robust transition plan in place for those people who either want to change the services they access or those who are coming through transition from childrens services who may wish to access a wider range of options. Operational teams will be heavily involved in reviewing these people and we will also ensure that there will be no gap in service to any people affected.

We aim to carry on the engagement with wider stakeholders in developing a commissioning strategy for future day opportunities placements. This will build on the development of a three-tier model of personalisation as identified in the draft strategy to ensure we create a vibrant day opportunities market in Cheshire East, which delivers choice and control for people who access day opportunities (including people on direct payments and self funders).

Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date

Identification of possible people who use services who may be affected to be completed as a priority prior to service redesign and strategy being implemented	Contracts Team / Operational Staff/ consultation, customer questionnaire, drop in sessions, face to face meetings/virtual meetings.	Senior Commissioning Manager Operational Heads of Service	April 2021
Enough time must be planned in to the transition plan to ensure effective transfer of those who may be impacted by any service changes and review of people can take place – thus ensuring no gap in service provision for those affected	Commissioning / Contracts Team / Operational Teams/ transition and mobilisation plan.	Operational Heads of Service Senior Commissioning Manager	May 2022
Please provide details and link to full action plan for actions			
When will this assessment be reviewed?	May 2022		
Are there any additional assessments that need to be undertaken in relation to this assessment?	No		
Lead officer sign off	Mark Hughes	Date 7 October 2021	<i>M Hughes</i>

Head of service sign off	Dave Leadbetter	Date 8 October 2021	
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Please return to EDI Officer for publication once signed



Cheshire East

Day Opportunities Strategy

2022 -2027

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1. Summary

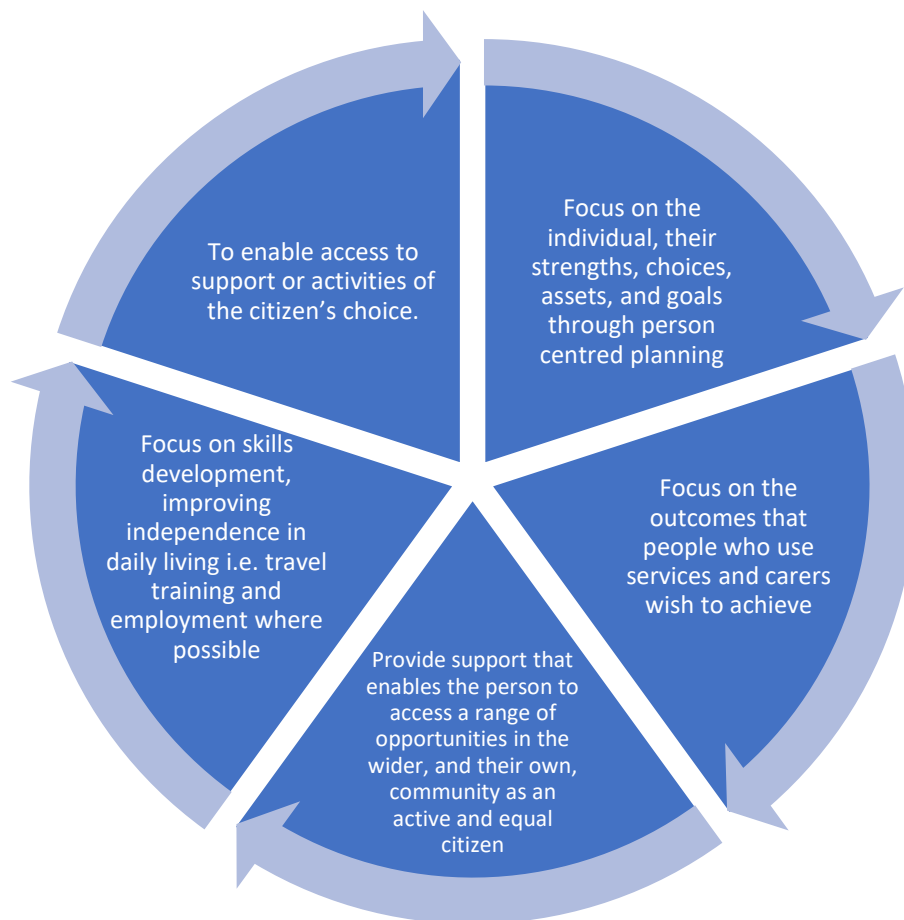
Day opportunities are services that help people’s health and wellbeing and provide the opportunity to take part in various interests and activities, meet with friends, develop relationships, obtain new skills, and enable people to make a positive contribution to their community.

They also provide respite support to carers so that they can pursue their own interests and take a break from their caring role. Day opportunities are available for a range of individuals and groups including older people, people with learning disabilities, autism, physical disability, and for people with mental health support needs.

Traditionally, the offer in Cheshire East has been predominantly building based, having not benefited from direct investment and development in recent years. This has limited the choice and control for those that attend day opportunities.

The council recognises that people value day opportunities. This strategy aims to provide a clear set of design principles and actions to support further development of day opportunities in Cheshire East, ensuring there is enough accessible provision for those that need it. It is recognised that we have a considerable way to go to close the gap between the current service offer and the proposed vision of the future, and through this strategy it is proposed to address that gap through a set of actions.

Key Aspirations



2. Introduction and Vision

Day Opportunities in Cheshire East benefit 499 residents across the Borough, with a wide range of support needs including older people, people with learning disabilities, autism, people with a physical disability, and people with mental ill health. Current services are delivered directly by the Council as well as by independent commissioned organisations.

The future strategic vision for day opportunities in Cheshire East firmly aligns to the following priorities within the Cheshire East Corporate Plan 2021-2025:

- Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services
- A commitment to protect the most vulnerable people in our communities
- Increase the life opportunities for young adults and adults with additional needs

The strategy will focus on the wider approach the Council takes to promoting independence, rather than solely looking at a one-size fits all approach (focused on building-based day services). This will mean reviewing the customer journey more holistically and not solely focusing on one set of services or contracts. To move away from a predominantly building based approach, a broad scope is required which incorporates assets which support a good and meaningful day.

It is recognised that long-term building-based provision will provide the best service for those with the most complex needs, whilst for some individuals, short-term enablement and skills development may support a move into a more community-based environment. Day centres themselves can be assets, providing a base for multiple activities with in-reach and outreach to the local community.

Taking part in meaningful day opportunities is a key area of support for many people and will assist them in developing and maintaining their independence in line with these aims. This strategy will address the differing needs for people requiring day opportunities, from the traditional building based to a more community based approach.

Figure 1: Annual spend on Day Opportunities by Cheshire East Council (01 April 2021)

	Number of people accessing day opportunities services	Total Annual Spend (£)
Internal Provision (Care4CE)	358	£3.37M
External Commissioned Provision	219	£1.34M
Grand Total	577*	£4.71M
* Please note there are 499 individual service users, but some individuals access multiple services		

As figure 1 details, in 2020/21, the Council spent £4.71 million on commissioned day opportunities, featuring support for 499 residents (this excludes transport and food which are also separate costings for Care4CE provision).

The focus of the strategy for the next five years will be on improving lives by ensuring that every pound spent in Cheshire East is delivering better outcomes for our residents and communities.

This is a co-produced strategy that provides a clear set of principles for day opportunities and the components that will need to be in place to support people with care and support needs to have a good and meaningful day.

The strategy will have a clear set of actions which will set out the way investment in services needs to change over time and how services would be developed and grown to meet the outcomes of the strategy.

3. Background

Commissioned day opportunities benefit approximately 499 citizens with a wide range of support needs, including older people, people with learning disabilities, autism, and physical disabilities across the borough. Current services are delivered directly by the Council through Care4CE, as well as by approximately 20 independent organisations. Added to that there are also significant numbers of people who access day opportunities through a direct payment, which includes non-commissioned community provision, which offer viable alternatives to traditional day services.

During the COVID-19 pandemic Cheshire East Council responded to support vulnerable people and implement Government guidance. In many localities, day opportunities provision for people with a range of needs was either closed or continued to be delivered to reduced numbers or in alternative ways including outreach, virtual support and the provision of carer breaks (sitting services). As we emerge from the pandemic, commissioners and service providers in the borough are looking to take learning from this experience to inform cost-effective models of provision for the future that better match the needs, promote independence, quality of life, wellbeing, community engagement and inclusion.

4. Key facts and figures

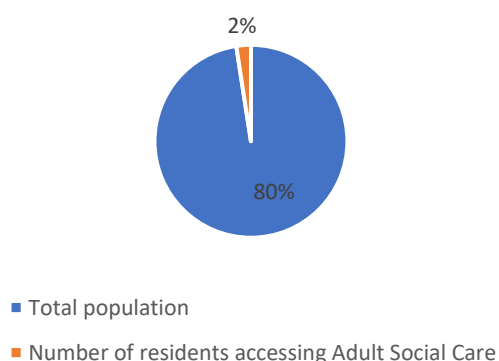
There is considerable learning from population trends that this strategy needs to account for to ensure the needs of individuals are met within Cheshire East

The key facts we have gathered from examining local data are:

- Cheshire East has an aging population and that comes with its own challenges and, following national trends, we see increasingly complex needs across all age ranges
- Day Opportunities are primarily used by for working age adults and those with a learning disability account for a significant proportion of total users
- There is a significant group of Older Adults (65+), which is also growing and is predicted to rise 9.5% by 2030
- The areas in Cheshire East with the highest number of people who attend day opportunities services are Crewe and Macclesfield, which account for over half of the total service users.

Activity within Adult Social Care in Cheshire East

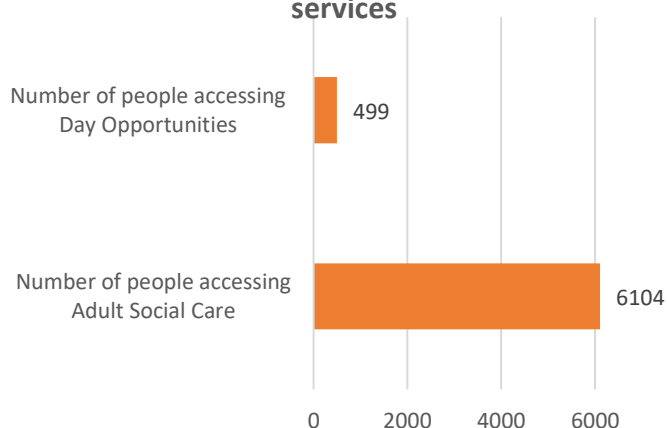
Figure 2: Percentage of Cheshire East residents accessing Adult Social Care



receiving some form of commissioned day opportunities provision (8.2% of the total Adult Social Care and Health service users – see Figure 3).

The estimated population of Cheshire East is 384,152. As of 1 April 2021, there were 6,104 people open to Adult Social Care and Health services (see Figure 2). Of these cases 499 are

Figure 3: Number of people accessing services

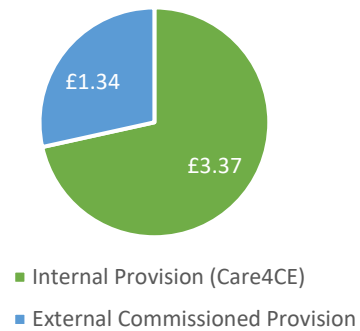
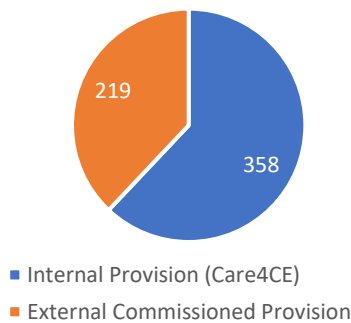


Current services

As of 30 June 2021, the current financial spend on day opportunities either commissioned or directly provided by Cheshire East Council is illustrated in figure 4, in which a total a spend of £4.71m, for 577 residents to access day opportunity services, see figure 5 (Note: there are 499 individual service users, but some individuals access multiple services).

Figure 4: Total Annual Spend (£m)

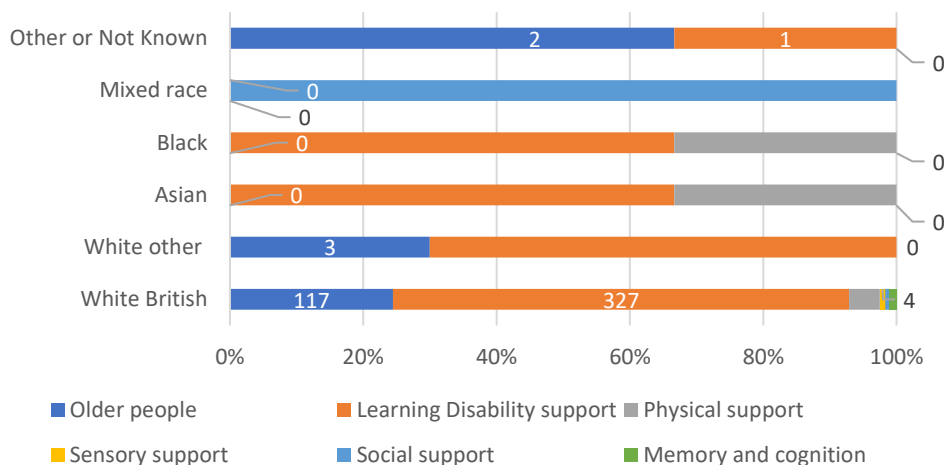
Figure 5: Number of people accessing day opportunities services



Ethnic Breakdown of those using Day Opportunities

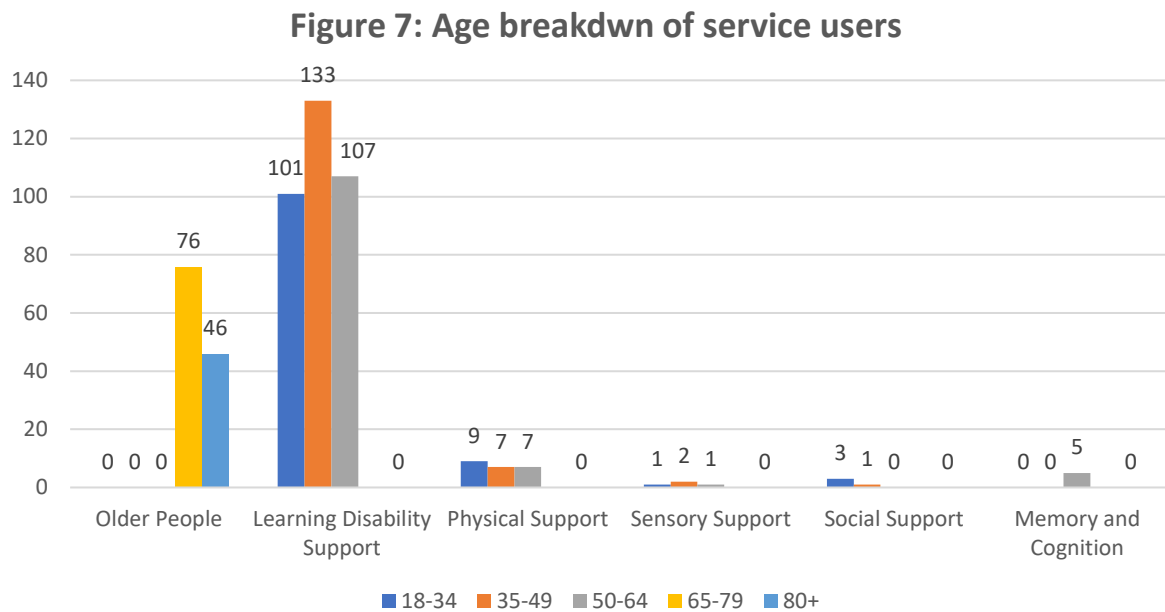
Ethnic white groups (British and Other) account for 97.7% of the Cheshire East day opportunities service users, while 2.3% of people accessing day opportunities were from ethnic groups other than ethnic white groups, (see Figure 6)

Figure 6: Ethic profile of service users



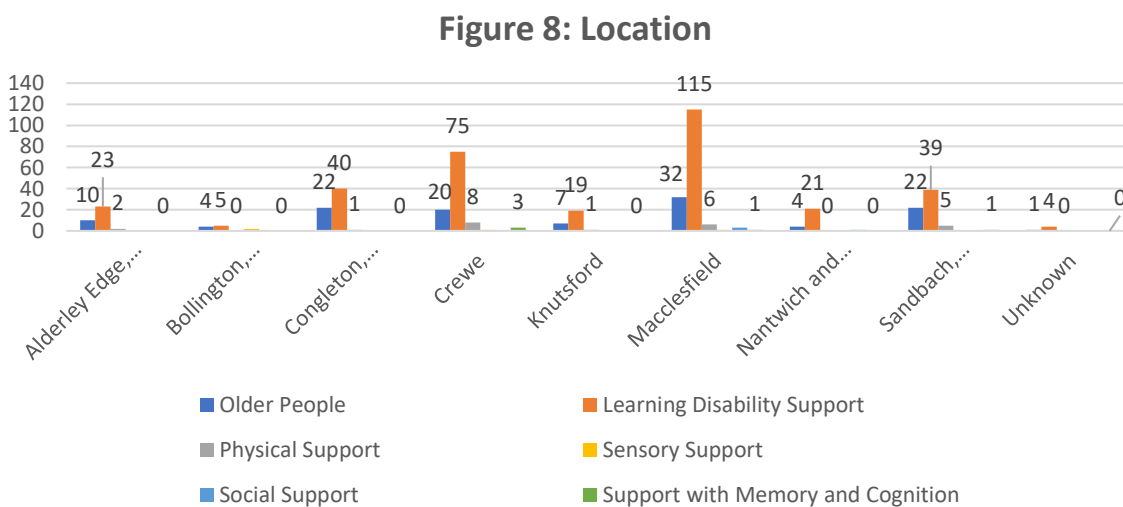
Age Breakdown of those accessing Day Opportunities by Primary Support Reason

As figure 7 details, over three- quarters of those who attend day opportunities are working age (19-64), with the highest age brackets being 34-49 and 50-64. People with a learning disability accounted for 68% of all those who attend day opportunities. Older people account for almost a quarter of the people who attend day opportunities.



Geographic location (based on home address) in Cheshire East of people who attend day opportunities broken down by Primary Support Reason

The locations in Cheshire East which have the most people who attend day opportunities are Macclesfield (158) and Crewe (107) and these two areas account for over half of the total people who attend day opportunities services in the Borough.



Future need - 2030¹

We can see that based on population projections the numbers of older people aged 65 and over with a limiting lifelong illness will be client group who will have the highest increase in population within Cheshire East. This would see the numbers requiring day opportunities rise by 25.8% to an estimated 274-day opportunities service users by 2030. Overall day opportunities numbers are estimated to rise from 499 to 1,038 by 2030 (an estimated increase of 539 people overall), see figures 9 and 10.

Figure 9: Current client population and users

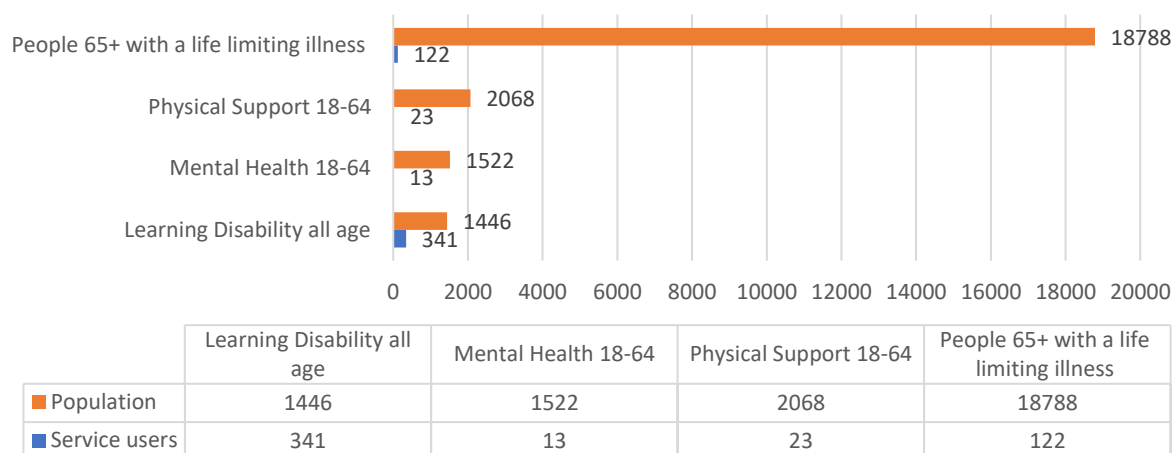
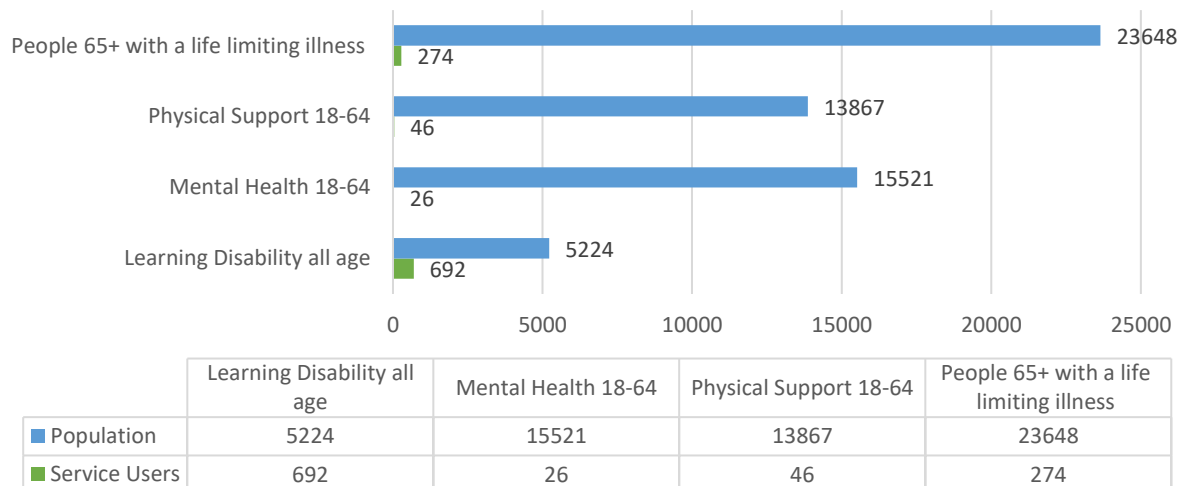


Figure 10: Projected future population and users (2030)



¹ Source: Institute Public Care Projecting Adult Needs and Service Information; Projecting Older People Population Information (2020)

5. Needs Analysis²

Based upon the future population and projection of day opportunity needs, we can make assumptions in terms of demand, which will continue to inform commissioning decisions for the individual cohorts.

Learning Disability and/or Autism

It is estimated that in 2020, 5,253 adults (18 years and over) have a learning disability living in Cheshire East, with around 1,196 having a moderate or severe learning disability. The number of adults with a learning disability is projected to stay around the same at 5,244 by 2030.

Increasing choice is the principal we aim to follow, by developing a greater range of options within the community around day opportunities. We will seek to offer viable alternatives to traditional day services, which will provide more person-centred and flexible approaches including enhancing links to volunteering and supported employment opportunities with employers across the borough.

Mental Health

In Cheshire East there are approximately 1,410 people per 100,000 of the population accessing secondary mental health services, this is lower than the England average for adults which is 1,672 per 100,000.³

While Cheshire East do not currently provide direct access to a day opportunity for those with functional mental health conditions, we and our stakeholders are exploring innovative models of provision which seek to supplement statutory provision. This may include time limited prevention programmes and daily recovery activities. Key working and peer support, groups and activities for Cheshire East residents with mental health issues will be promoted and encouraged. Such service will be flexible according to changing needs of individuals.

Physical Support

It is recognised that the current offer for people with physical disabilities is limited to a select number building based services and is often included as part of a wider day opportunities setting (including those with dementia, learning disabilities etc). We are keen to ensure that future services for individuals with physical disabilities are person centred to meet the unique needs for each individual in the way that their disability impacts on their life.

We will strive for day opportunities provision that promotes the ability and confidence to enable a person to fully participate in the community and recognise an individual's rights to independence and self-determination, dignity and respect. We also aim to ensure that any future building-based provision is fully accessible to meet the needs of people with physical disabilities and has appropriately trained staff and equipment to provide the most effective support.

Older people (people over 65 years, with life limiting illnesses) including those with Dementia

With numbers of older people aged 65 and over with a limiting lifelong illness set to rise significantly within Cheshire East, we will need to ensure that sufficient day opportunities provision is made available to meet this ever-increasing demand (projections indicate this could lead to an increase in day opportunities numbers of 25.8% by 2030).

We are keen to ensure that day opportunities for this cohort continues to evolve and meet the needs of older people and their carers. This will include ensuring services are accessible to all locations in the borough to prevent social isolation and promote inclusion. This will include services

² Source: Institute Public Care Projecting Adult Needs and Service Information; Projecting Older People Population Information (2020)

³Cheshire East All Age Mental Health Strategy 2019-2022

that operate outside of traditional weekday day opportunities hours and include weekend day opportunities.

Carers

It is estimated that there are over 40,000 hidden carers residing in Cheshire East (this number is approximate for the size of Cheshire East's population. The stats are difficult to estimate as we know but this is ranged between 1 in 8 adults and 1 in 6 adults) we are currently working collaboratively with local, regional networks and carers to co-produce an all-age carers strategy, to improve the service provision that supports all carers.

Carers UK carried out an online survey between 11 - 28 September 2020.⁴ A total of 5,904 carers and former carers responded to the survey. It finds that carers are desperately worried about how they will continue to care safely through the coming winter, and that they are already exhausted and close to burn out. The study highlighted:

- Making sure that carers can take breaks and that the return of essential services is prioritised
- Providing clear guidance, information, and advice specifically for carers
- Raising the level of Carer's Allowance
- Supporting carers to look after their own health and wellbeing and providing targeted funding for carers mental health support.
- Ensuring that carers are better able to juggle work and care and remain in work.
- Providing sufficient funding for social care over the winter.

Statutory responsibilities

The Care Act 2014

Through the Care Act, the Council must promote wellbeing when carrying out any of their care and support functions:

- We also have a duty to facilitate and shape their market to ensure a sustainable and diverse range of care and support is provided in Cheshire East
- Local Authorities have a duty to assist young people in their preparation for adulthood before the age of 18 at a time when it is of significant benefit to them

The Equality Act 2010

- The Equality Act makes it unlawful to discriminate (directly or indirectly) against a person based on a protected characteristic or combination of protected characteristics. Under the Equality Act the public sector have certain duties called the Public Sector Equality Duty (PSED). Under the PSED (section 149) public authorities must have due regard to the need to:
 - eliminate unlawful discrimination, harassment and victimisation
 - advance equality of opportunity between people who share a protected characteristic and those who do not
 - foster good relations between people who share a protected characteristic and those who do not.

The Act explains that having due regard for advancing equality involves:

⁴ Caring behind closed doors: Six months on: The continued impact of the coronavirus (COVID-19) pandemic on unpaid carers

- removing or minimising disadvantages suffered by people due to their protected characteristics
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The Children and Families Act 2014

- The Children and Families Act introduces Education, Health and Care (EHC) plans; a single assessment and planning process for young people with Special Educational Needs and/ or Disabilities (SEND) which can potentially continue up to age 25.

6. Developing the strategy

We have undertaken a review of all-day opportunity services to ensure an alignment with national good practice. We have conducted a comprehensive engagement process which has included engaging with providers, service users and carers⁵ the work outlined areas for improvement as well as examples of good practice at a local level which need to be built on to ensure a consistency of approach.

Engagement

Day Opportunities Survey

The survey represented a key opportunity to engage with current and potential users of service. A total of 268 people responded to the survey, both online and completing an easy read paper version.

Key findings:

Question theme	Comments
Accessing current services	<ul style="list-style-type: none"> ▪ Most service users travelled to a building by car, and travel time was not longer than 30 minutes
Direct Payment	<ul style="list-style-type: none"> ▪ Response highlighted that there is an even split of those who do and don't use a direct payment to purchase day opportunity services, with over half of people stating they would not consider using them in the future ▪ Several comments detailed that users had already got direct payments arrangements in place, and happy with these arrangements
Happy with current service?	<ul style="list-style-type: none"> ▪ A lot of comments were received about this, widely supportive of the services, stating they had a good relationship with the provision ▪ A number of comments stated there was poor choice in activities, not engaging enough, too much time between events
What is important to you in a day opportunity service?	<ul style="list-style-type: none"> ▪ Rated 'important' by more than 90% of respondents were five factors: staff, activities, a safe place, friends, and being in the local community
Impact of COVID-19 restrictions	<ul style="list-style-type: none"> ▪ A lot of people detailed how much they missed seeing friends ▪ With many stating they received more support from family or carers

⁵ [Cheshire East Council: Day Opportunities Survey 2021 Report July 2021](#)

	<ul style="list-style-type: none"> Many also detailed how the impact of COVID-19 left them feeling lonely and isolated
Most important factors were when choosing day opportunities to attend	<ul style="list-style-type: none"> From this we can see that the most important factors for respondents when choosing day opportunities are the staff, and having a safe place away from home Meeting people and socialising and the activities on offer which all have over 90% of respondents rating them as 'extremely important' or 'very important'
Important factors around service availability when choosing to attend day opportunities	<ul style="list-style-type: none"> The most important factor in terms of service availability for respondents, with a 90% rating of 'extremely important' or 'very important' was having support available at the right level for everyone. Two other factors also highly rated, 75% 'extremely important' or 'very important' were around providing routine and structure and to have choice of different day opportunities
Most important factors around service outcomes were when choosing to attend day opportunities	<ul style="list-style-type: none"> Social interaction component was rated the highest with 75% of respondents rating it 'extremely important' or 'very important.' Respondents were split on the outcome of independence and finding a job however this is likely again due to individual circumstances and that these outcomes may not be appropriate or achievable for these respondents
Most important factors around service environment when choosing to attend day opportunities	<ul style="list-style-type: none"> Only two aspects of the environment were not rated as important by respondents. These were providing services in their own homes and virtual activities, 58% and 71% rated 'not so important' or 'not at all important' by respondents
What do you feel is important for developing day opportunities	<ul style="list-style-type: none"> Social interaction as the most important factor, 97% 'extremely important' or 'very important' Also rated as important was focusing on the individual and the outcomes that people wished to achieve, 84% 'extremely important' or 'very important'.

Provider feedback

We engaged with providers of day opportunities services, through direct contact and through the commissioning notification on The Chest. We engaged with the market to outline our future commissioning intentions and appreciate the offers. 29 organisations responded (16 directly; 13 via The Chest portal). Most of the respondents operate in the North West region, and many within Cheshire East. There were four engagement questions that providers were asked which are summarised below:

Question theme	Comments
Outline current services provided	<ul style="list-style-type: none"> Providers were given the opportunity to outline what services they current provide within the field of day opportunities
Working to widen the offer	<ul style="list-style-type: none"> Enabling choice / person centred Outreach in their community Outdoor activities Supported employment / training opportunities Focus on the individual Skills development Integration into the community - removing the institutionalisation of services
What potential barriers or issues	<ul style="list-style-type: none"> Recruitment – widening any offer will require additional staffing at cost / recruit on demand

	<ul style="list-style-type: none"> ▪ Need to ensure there is sufficient resources available to offer community-based activities ▪ Small to medium size providers expressed concern in terms of viability ▪ Packages determine whether it is viable - anything less than 4 hours would not be viable ▪ CEC hourly rate is less than most LAs ▪ Travel – CE do not offer free bus passes for carers
Cheshire East Council are considering developing a Day Opportunities Framework	<ul style="list-style-type: none"> ▪ All providers express an interest in this development and welcomed the opportunity to work with commissioners to develop new types of services in Cheshire East in the future

Other Stakeholder Engagement

We have also engaged with a variety of stakeholders who have contributed to the development of this strategy. This has included presentations and feedback from a number of established groups, teams and forums in the borough including.

- Cheshire East Learning Disability Partnership Board (including Self Advocates Group)
- Cheshire East Mental Health Partnership Board
- Cheshire East Carers Forum
- Cheshire East Parent Carers Forum
- Social Work Team Meetings
- Care4CE Day Services Staff
- Cheshire Young Carers
- SEND Participation Team.

7. The current offer

Cheshire East Council currently places 499 adults each year into managed day services as part of a support package to meet their eligible needs. The current annual cost of day services totals £4.71m:

- Learning Disability Support
- Mental Health Support
- Physical Support
- Sensory Support
- Social Support
- Support with Memory and Cognition

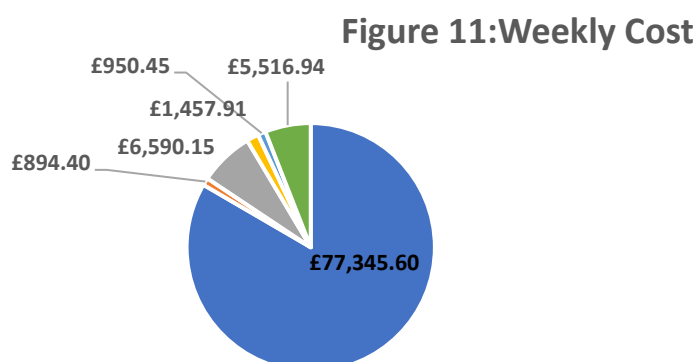


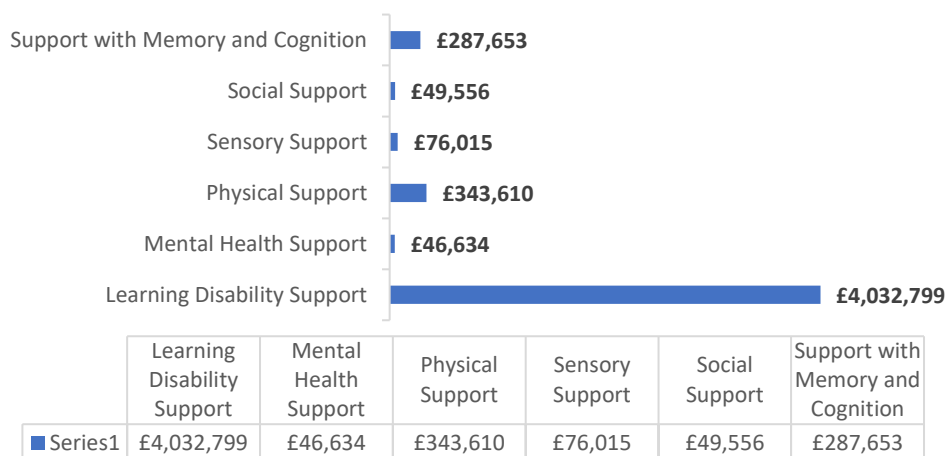
Figure 12: Annual Cost

Figure 12 details⁶ the annual cost of services (£4m learning disabilities; £337k older people⁷; £46.6k mental health and £419k Physical and Sensory Impairment).

In addition, individuals may be purchasing day services through personal budgets or as self-funders. Existing services are mostly building based, and the majority are lacking in opportunities for individuals to integrate within their community.

Current Models

In-house Services

Care4CE has the largest amount of day opportunities services in the Borough, and they are commissioned through a block contract. They currently support older people and working aged adults. Care4CE directly provides services for adults including people with learning difficulties, physical disabilities, long term conditions, dementia, and mental health needs. The core purpose of Care4CE is to support people to maximise or regain independence. Care4CE offers reablement, support with complex social care needs and a crisis response service.

Commissioned Services

The Council currently commission approximately 20 services throughout the Borough

Typically, day opportunity services in Cheshire East are provided through:

- Resource Centres and “Special Care” Units which provide a building base for people to take part in group activities (e.g. music, art and craft). People attend training courses to develop skills, or to meet up with peers before going out to access community facilities such as bowling, swimming and other social events
- Sheltered Employment Schemes – these are vocational in nature. People are not paid for their work, but they do gain experience and skills in order to prepare for paid employment
- Supported Employment – People are supported to access and maintain paid employment
- Other Community Based Activities – including volunteering and befriending schemes.

⁷ Older people provision is a combined sensory, cognition and social support cost

Generally, the current model of day opportunities offer has the following key features:



8. Proposed new offer

The future direction of day opportunities services in Cheshire East firmly aligns to the following priorities within the Cheshire East Corporate Plan 2021-2025:

- Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services
- A commitment to protect the most vulnerable people in our communities
- Increase the life opportunities for young adults and adults with additional needs.

We will continue working towards enabling all residents to engage in mainstream activities within their communities and work with local groups and organisations who may need support to enable them to understand and welcome people with learning disabilities, autism, dementia, and other support needs.

Through the co-production of developing this strategy, we have a shared vision with all stakeholders that day opportunities services in our communities will support safe, purposeful, and constructive activities that enable our residents to play a valued role in their community, and to live as independently as they choose, ensuring that vulnerable adults are able to access activities appropriate to their needs.

Through our proposed three tier model of personalisation, the features of a new offer would include:



Transformation of Day Opportunities

As a council we aspire to shift our resources to focus on providing more preventative services. The diagram overleaf indicates the direction of travel for Cheshire East, in which we intend to consult with stakeholders on the development of a three-tier model of personalisation as identified in the diagram and description.

As part of our transformational roadmap for change and implementation, we will also consider how the market can be supported during this transformation between new and old models of service delivery.

Supported Employment and Employment Support Programmes

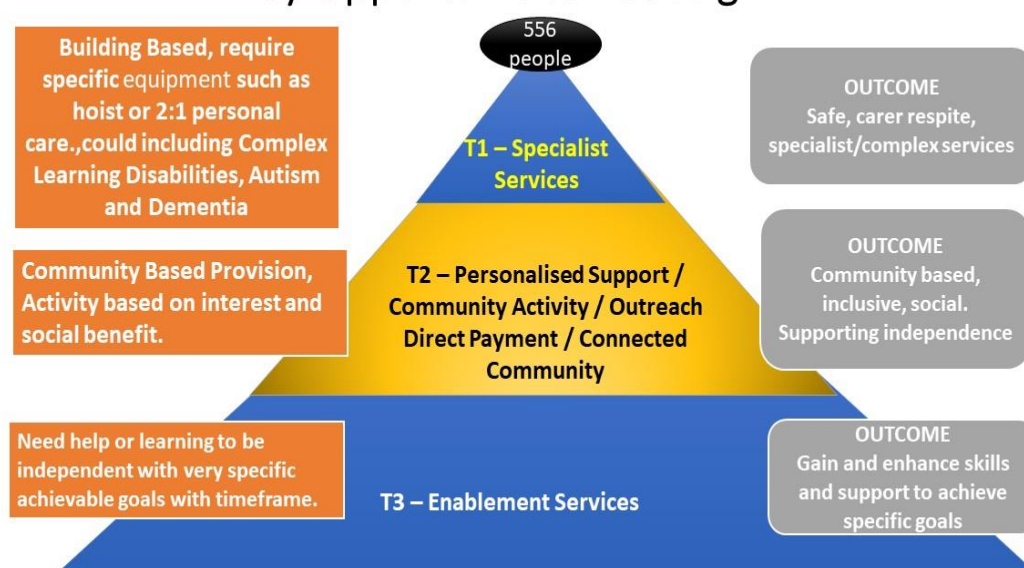
We will promote employment, volunteering, and skills development opportunities as an alternative to traditional day opportunities services and the use of appropriate supported employment schemes to people with additional needs. This will involve close partnership working between

operational social work teams, the Supported Employment Team, Welfare to Work Partnership and the Journey First Programme.

We will also look to make best use of short-term employment support programmes such as:

- Kick Start - This has been extended to March 2022. It is for unemployed people aged 16-24 on Universal Credit at risk of long term unemployment. The Government will pay the employer the wage for 6 months and 25 hours a week at the national minimum wage.
- Journey First Programme – This provides intensive 1-2-1 support for young people and adults with additional needs across Cheshire and Warrington. It helps participants to identify their skills and reach their goals, whether that be support with job searches and employment or access to further education or training.

Day Opportunities Redesign



Tier 1 - Specialist Services:

Primarily building based for the most dependant service users and people with complex needs (including those with dementia and learning disabilities who are growing older). This would involve long term support with a focus on an individual's outcomes, health, and wellbeing.

Tier 2 - Personalised Support/Community Activities

Flexible service provision with people exercising more choice and control over how services are delivered. There would be a focus on enabling people to build their independence and support for them to connect to their communities, with a mixture of long term and short-term support.

Tier 3 - Enablement Services:

At the point of entry to the day service, there would be a focus on what people want to achieve (outcomes) and help for them to achieve their personal aspirations. The enablement phase could be time limited (for example up to 12 weeks) and would focus on developing or regaining skills; promoting independence and helping people to connect to their communities. This phase would be suitable for service users with low support needs.

Outcomes Based Approach

We will develop an outcomes-based approach to day opportunities where services are provided to an individual that will achieve a set of results for that individual. We will deliver outcomes through:

- Identifying the outcomes that are expected to be achieved prior to making referrals to services.
- Contracting for services based on outcomes and then monitoring based on those outcomes.
- Requiring services to offer an outreach approach where service user outcomes such as reducing social isolation or accessing physical activity can be met through a variety of means outside a building-based setting.
- Service providers being enabled to exercise flexibility to adapt services to meet individual needs in agreement with the service user and their carers/relatives.

To enable us to successfully deliver the new model of day opportunities in Cheshire East, several key delivery actions have been identified. These key delivery actions will be delivered and monitored by a range of organisations and work against a costed implementation plan as part of a partnership approach to ensuring the successful delivery of the strategy.

Key Delivery Action	How we will achieve this?	Lead Organisation(s)	Outcome(s)
1. Develop a high quality and diverse range of day opportunities provision in the Borough	<ul style="list-style-type: none"> Develop the market and commissioning strategy (potential development of a Day Opportunities Provider Framework) Explore Assistive Technology as support for day opportunities Support Providers including the Voluntary Community and Faith Sector (VCFS) to deliver services as part of the transformation of day opportunities 	<ul style="list-style-type: none"> Commissioning Team Communities Team 	<ul style="list-style-type: none"> Improved and wider offer of day opportunities Enhanced and responsive service delivery that meets future needs and situations (for example a further resurgence of COVID-19)
2. Ensure that day opportunities services are safe, person-centred, and outcome focused	<ul style="list-style-type: none"> Development of service specification (as part of any Day Opportunities Provider Framework) Regular contract monitoring of commissioned day opportunities provision 	<ul style="list-style-type: none"> Commissioning and Contracts and Quality Monitoring Team Safeguarding Team 	<ul style="list-style-type: none"> Personalised to meet the individual's needs Increased quality of providers delivering day opportunities services
3. Encourage and increase the number of people using Direct Payments to access day opportunities	<ul style="list-style-type: none"> Provide improved signposting and information about using direct payments Promote alternative options in terms of day opportunities to increase choice and control via Live Well (Carefinder) 	<ul style="list-style-type: none"> Commissioning Team Live Well Team People Plus 	<ul style="list-style-type: none"> Increased independence and choice Improved information on wider offer of services which are available in accessible formats
4. Ensure co-production in the future development of day opportunities services	<ul style="list-style-type: none"> Work closely with providers, people who attend day opportunities services and their carers to ensure their voice is heard in the development of new services 	<ul style="list-style-type: none"> Commissioning Team 	<ul style="list-style-type: none"> Enhanced stakeholder and community engagement
5. Respond to the impact of COVID-19 and ensure day opportunities services remain resilient and	<ul style="list-style-type: none"> Build on the learning and feedback from the lockdowns 	<ul style="list-style-type: none"> Commissioning and Contracts and Quality Monitoring Team 	<ul style="list-style-type: none"> Protection of people and staff within day opportunities through the

flexible in case of future disruptions to services	<ul style="list-style-type: none"> Encourage the use and access to technology across provision 	<ul style="list-style-type: none"> Infection, Prevention and Control Team Operational Social Work Teams 	<p>continuation of safe environments</p> <ul style="list-style-type: none"> Flexible and responsive day opportunities services that can ensure continuity of services in the event of any resurgence of COVID-19
6. Ensure that day opportunities are available at a local level in all communities across the borough	<ul style="list-style-type: none"> Respond to the local needs and feedback from individuals Encourage greater use of community assets Explore new initiatives, for example Shared Lives 	<ul style="list-style-type: none"> Commissioning Team Communities Team 	<ul style="list-style-type: none"> Responsiveness to the local community Improved day opportunities services closer to home Maximisation of community assets
7. Promote employment, volunteering, and skills development opportunities as an alternative to traditional day opportunities services	<ul style="list-style-type: none"> Develop stronger links between day opportunities providers and local employers, educational settings and community groups and make best use of short-term employment support programmes. <p>This will be achieved by:</p> <ul style="list-style-type: none"> Promotion to front line social work and provider teams Promotion via Cheshire East's Welfare to Work Partnership Promotion to service user and parent/carer groups 	<ul style="list-style-type: none"> Operational Social Work Teams Welfare to Work Partnership Journey First Supported Employment Team 	<ul style="list-style-type: none"> Increased life opportunities for the most vulnerable adults as part of wider day opportunities offer Reduction on the reliance of long term care and intensive support through accessing employment and training opportunities
8. Promote the use of appropriate supported employment schemes to people with additional needs	<ul style="list-style-type: none"> Promotion to front line social work and provider teams Promotion via Cheshire East's Welfare to Work Partnership Promotion to service user and parent/carer groups 	<ul style="list-style-type: none"> Welfare to Work Partnership Journey First Supported Employment team 	<ul style="list-style-type: none"> Increase the take up of people into the relevant support scheme Increasing the number of people in sustained paid or voluntary work



Working for a brighter future  together

Adults and Health Committee

Date of Meeting:	16 November 2021
Report Title:	Cheshire East Place Dementia Strategy
Report of:	Helen Charlesworth-May, Executive Director for Adults, Health and Integration
Report Reference No:	AH/06/21-22
Ward(s) Affected:	All wards

1. Executive Summary

- 1.1 The purpose of this report is to inform members of the Adults and Health Committee of the contents of the draft Cheshire East Place Dementia Strategy which has been developed in partnership with the Cheshire Clinical Commissioning Group (CCG), and to seek approval to consult on this version of the document. As this is a joint strategy, it will also require approval by the CCG Programme Development Group.
- 1.2 The strategy meets the Council's priority within the Corporate Plan to:
Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services.
- 1.3 The strategy is informed by what people have told us about their experiences either as a person living with dementia or as a carer, and is written for those people; specifically, those with memory concerns, those with a dementia diagnosis, their families and carers and the organisations supporting them. Other stakeholders who have also been involved in developing this strategy include, Dementia Friendly Community members, individuals living with dementia and their carers, Body Positive, Care Community members, local health, social care, and voluntary organisations.
- 1.4 As part of informing the draft strategy, between 17th July 2020 and 14th August 2020, Cheshire East Council conducted a survey to gain information

to support the draft Cheshire East Place Dementia Strategy. The aim was to ascertain how those living with dementia, their carers and families felt about certain statements based on the five key dementia principles which have formed the basis of the draft strategy. During August 2021, members of the Dementia Steering Group held face to face groups with members of the public who are living with dementia and their carers, the feedback from these sessions have also been used to inform the draft strategy.

1.5 In supporting the vision, the draft strategy sets out several long-term outcomes as part of the Council's commitment to people living with dementia and their carers:

- People living with dementia and their carers and families will feel understood.
- People living with dementia will be able to remain living within their own home and in their own community.
- People living with dementia and their carers will feel included and listened to and will be fully involved in their decision making.
- People living with dementia and their carers will know how and where to access support in their community.
- People living with dementia will receive a timely diagnosis and personalised and holistic support following diagnosis.

1.6 It is envisaged that the action plan within the strategy will be flexible to adapt to changing circumstances. Both the strategy and the action plan which sit alongside it have been co-produced with those living with dementia / their carers, and organisations with a stake in the dementia journey.

1.7 Once the strategy has been out for formal consultation and becomes a finalised document, there will be engagement events to promote and create awareness with stakeholders including members of the public.

1.8 Following the approval of the strategy, a fully costed implementation plan will be completed.

2. Recommendations

2.1 That the Adults and Heath Committee approve the draft Strategy for formal consultation.

3. Reasons for Recommendations

3.1 The strategy sets out the Cheshire East Place ambition to support people to live well with dementia. One of Cheshire East's Corporate Plan objectives is to *"Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services"*.

It also reflects the national strategic direction outlined in the Prime Minister's Challenge on Dementia which details ambitious reforms to be achieved by 2020.

- 3.2** There are approximately 5,192 people over the age of 65 living with dementia in Cheshire East and this is set to increase to 7,514 by 2025 (*Cheshire East Local Profile: Alzheimer's Society July 2019*). This will have significant cost implications to the Health and Social Care system.
- 3.3** The impact of dementia on the individual and their family can be substantial and distressing. The Council and Cheshire CCG intend to lead the way in engaging with and providing support to people with dementia and their families and carers as early as possible and will aim to develop and commission services that meet assessed needs in a timely manner. This will be done by working in partnership with all relevant stakeholders, including individuals living with dementia, their carers, and families.
- 3.4** A Joint Dementia Commissioning Work Plan was completed in 2014 between Cheshire East Council and the two Clinical Commissioning Groups (CCGs) otherwise known then as the Joint Commissioning Partnership (JCP). This was a three-year Integrated Commissioning Plan (Strategy) for the JCP, and it set out the commissioning intentions of all partners for 2014-17 for people who have Dementia and their carers within the boundaries of the three organisations.
- 3.5** Since 2017 there has been a considerable amount of innovative activity by members of the community and the Council's Communities Team. Key outputs include an increase in dementia friendly communities, more people trained to be dementia friends and there has also been an increase in support groups, dementia cafes etc. As the JCP work plan ended in 2017 there was a gap from Cheshire East Council's point of view in that there had been no other strategy to take its place to capture all of the activity that had taken place / or was currently ongoing, nor to identify where the possible gaps in service delivery may be. As a result, a decision was made in 2019 that Cheshire East needed to develop a dementia strategy.
- 3.6** Cheshire East Council and Cheshire Clinical Commissioning Group have drafted the Cheshire East Place Dementia Strategy to identify and consider local support needs in relation to dementia and to map service provision with a view to ensuring that the right services are delivered, in the right place, for the right people at the right time. The aim is to make a real and positive difference to the lives of people living with dementia in Cheshire East and to ensure that people with dementia and their carers receive high quality,

compassionate, and timely care whether they are at home, in hospital or in a care home. The overarching vision is to make Cheshire East a truly dementia friendly community.

4 Other Options Considered

- 4.1** Another option would be to not consult on the draft strategy. However, this would not demonstrate an inclusive approach, transparency, or good practice.

5. Background

- 5.1.** The Joint Dementia Commissioning Work Plan provided a framework to support the provision of flexible, responsive and equitable services to enable the JCP to work in partnership to improve the care and support given to people with Dementia and their families and carers and to meet national and local key targets. This work plan was instrumental in launching the Dementia Reablement Service and Dementia Friendly Communities opportunities within the Cheshire East footprint.
- 5.2.** A Dementia Steering Group was created in January 2021. Membership consists of Dementia Friendly Community Leads, Dementia leads from each of the local Hospitals, Alzheimer's Society, Dementia Reablement Team, Carers Hub, End of Life Partnership and Cheshire Fire Service. This group has been instrumental in shaping the draft strategy, they have provided vital information to support the drafting of the document and will take ownership of the implementation of the Strategy Action Plan, to ensure there is a consistent approach to developing dementia services across the borough.
- 5.3.** There are 8 communities within Cheshire East that have been awarded the status of "working to become dementia friendly" through the Alzheimer's Society's formal recognition process:
- Alsager
 - Poynton
 - Sandbach
 - Congleton
 - Bollington
 - Crewe
 - Nantwich
 - Holmes Chapel
- 5.4.** It is worth noting that the Dementia Friendly Community status of "working to become dementia friendly", is an ongoing process with an annual review required by the Alzheimer's Society.

- 5.5.** Each of the areas above have named dementia leads who work to make their community dementia friendly, the work they do is highly valued by the communities they support. An example of the good work that is taking place is the exploration of rolling out the ‘SWAY’ software for use in schools, this has been trialled in Alsager and will hopefully be replicated in other areas.
- 5.6.** In addition, Commissioners have also engaged with front line organisations such as the Carers Hub and My Cheshire Without Abuse. As a result of this engagement a project group has been established which is working on supporting and improving awareness and knowledge of practitioners, residents and all those involved in pathways relating to Domestic Abuse and individuals living with dementia / carers. The group work in partnership with each other to agree strategic objectives, review current provision and develop best practice to ensure residents affected by dementia / carers can get the care and support they need.
- 5.7.** Due to the Covid pandemic, face to face engagement with those living with dementia and their carers has been limited, but our Community Development Officers have spoken to individuals from such community cohorts as ethnic minorities, to obtain their feedback on their experiences of dementia, and these have been incorporated into the draft strategy. Representatives from ethnic minority communities also provided feedback via the Dementia Survey:
- | | |
|--|----|
| • Asian / Asian British | 2% |
| • Mixed: White and Black Caribbean / African / Asian | 1% |
| • Other ethnic origin | 1% |
| • Rather not say | 5% |
- 5.8.** The formal consultation process will provide a further opportunity for stakeholders to comment on the contents of the draft document. An opportunity to work in a co-productive approach on specific actions will be progressed once the strategy and action plans are signed off as final versions. This will take the form of the development of targeted task and finish groups which will look at specific actions and how to take them forward.
- 5.9.** As a result of the engagement and consultation to date, there are some common themes which have been identified as gaps / issues, these are:
- There needs to be a joined-up approach across the whole dementia journey.

- Those living with Dementia and their carers feel they don't have a voice at a strategic level with the Council.
- Too much information is online.
- Lack of Bereavement Support and signposting.
- Early onset Dementia and age-appropriate services / activities.
- Early onset for those also with Learning Disabilities – as above, also understanding of the specific issues they may face.
- Care at Home and Accommodation with Care providers being trained to Tier 2 level, to further enable understanding around those living with dementia and their differing needs.
- Difficulties faced by those socially isolated, for example access to appropriate dementia friendly transport.
- Dementia Friends awareness for such individuals as Community Groups, Voluntary sector, Health and Social care workers etc. (A dementia friend is where individuals learn a little bit more about what it's like to live with dementia and then turn that understanding into action - anyone of any age can be a Dementia Friend. It's also about learning about small ways you can help. Dementia Friends Information Sessions are run by volunteer Dementia Friends Champions, who are trained and supported by Alzheimer's Society).
- Cheshire East Council staff members ALL need to be Dementia Friends.

5.10. These points have been used to inform the Strategy and Action Plan. Commissioners are working with stakeholders to develop solutions to the points identified which will include such things as: the development of focus groups especially around those action areas which addresses the needs of specific cohorts of the community, such as ethnic minorities, learning disabilities and young onset dementia, also including befriending services to address social isolation and signposting services to ensure that people with dementia and their carers are able to access available and appropriate support.

6. Consultation and Engagement

- 6.1** The dementia survey formed one element of a comprehensive Consultation and Engagement plan for the strategy development.
- 6.2** It was supplemented by face-to-face group engagement which took place throughout parts of Cheshire East by our Dementia Friendly Community Leads and or members of our Communities team / Dementia Reablement team, throughout August 2021. The findings of all engagement measures have been fed into the further development of the draft strategy.

- 6.3** An Easy Read version of the strategy will be published as part of the consultation, along with a Stakeholders Analysis.

7. Implications

7.1 Legal

- 7.1.1** Legal advice should be sought as the strategy develops. Should the strategy identify a need to commission and procure services this should be undertaken in accordance with CEC Contract Procedure Rules and, where applicable, Contract Procurement Regulations 2015. Should any in kind support (including training) and/or grant funding be made available, consideration should be given to applying the criteria under the Council's corporate grants policy, to ensure organisations are treated in a fair manner. The data of the responders will be retained in accordance with the principles of the Data Protection Act 2018, and identities subject to anonymisation.
- 7.1.2** The strategy demonstrates the Council's adherence and commitment to its legal duties under the Care Act 2014. Any specific issues arising as the strategy develops, will be the subject of specific requests for legal advice as required.

7.2 Finance

- 7.2.1** There are no financial implications requiring changes to the Medium-Term Financial Strategy (MTFS) as a result of the recommendation in this report.
- 7.2.2** The services which support the implementation and delivery of the strategy will continue to be bound by the financial limits within the Council's MTFS.

7.3 Policy

- 7.3.1** This draft strategy aligns with one of Cheshire East's Corporate Plan objectives, which is to "Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services".
- 7.3.2** The draft strategy reflects the national strategic direction outlined in the Prime Minister's Challenge on Dementia which details ambitious reforms to be achieved by 2020.

7.4 Equality

- 7.4.1** An Equality Impact Assessment is included within Appendix 2.

7.5 Human Resources

- 7.5.1** There are no Human Resource implications arising from this report.

7.6 Risk Management

- 7.6.1** There are no Risk Management implications arising from this report.

7.7 Rural Communities

- 7.7.1** One of the issues raised within the draft strategy is the impact of dementia on those who find themselves socially isolated, this would include those living in rural areas. The strategy looks at how isolation can be reduced with appropriate transport or peer support groups.

7.8 Children and Young People/Cared for Children

- 7.8.1** The strategy looks at how we can ensure that young people are part of the community support for people living with dementia, and also how we can work with those in education to improve their awareness around dementia.

7.9 Public Health

- 7.9.1** Dementia has a significant impact on individual and population health and wellbeing in Cheshire East. Support provided by services is crucial for those already living with dementia and this strategy both acknowledges the often-avoidable difficulties faced by those affected by dementia and provides a welcome step forward in improving support for those living with dementia, their families and carers.
- 7.9.2** It is important to note that to reduce the population-level impact of dementia, we also need to actively work on prevention by supporting and enabling our residents to reduce their risk of developing dementia in the first place; a healthy diet, regular physical, mental and social activity, low alcohol consumption, and not smoking all reduce the risk of developing dementia.

7.10 Climate Change

- 7.10.1** There are no Climate Change implications arising from this report.

Access to Information	
Contact Officer:	Joanne Cliffe Joanne.cliffe@cheshireeast.gov.uk 07785 556499
Appendices:	Draft Cheshire East Place Dementia Strategy Equality Impact Assessment Stakeholder Analysis
Background Papers:	Prime Minister's Challenge on Dementia 2020 Living Well with Dementia - a national Dementia strategy

CHESHIRE EAST PLACE DEMENTIA STRATEGY

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- 6. Supporting Well**
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- 9. Next Steps**
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- 11. Appendix 2 – Ambitions Action Plan**

2. Introduction

This strategy has been developed by Cheshire East Council in partnership with Cheshire Clinical Commissioning Group (CCCG), local providers and service users. The strategy aims to consider local support needs in relation to dementia and review current service provision to identify and promote good practice and to address any gaps or areas for improvement. Our aim is to ensure we have the right services, in the right place, for the right people at the right time. The new strategy builds on the implementation of our first Joint Dementia Commissioning Work Plan (2014-2017) and on the 5 themes of “The Well Pathway for Dementia” (NHS England, 2016).

This Dementia Strategy has been developed both pre and post the Covid-19 pandemic which has shone a light on the needs of people affected by dementia. In addition, the Health and Social Care sector has been moving through a period of local and national transition as four local CCGs have merged in to one (Cheshire CCG) and as we prepare for the establishment of Integrated Care Systems and new ways of working.

Our strategy sets out the Cheshire East ambition to support people to live well with dementia. One of Cheshire East Council’s Corporate Plan objectives is to “*Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services*”. It also reflects the national strategic direction outlined in the Prime Minister’s Challenge on Dementia which details ambitious reforms to be achieved by 2020, including plans to improve Dementia Diagnosis Rates (DDR).

The strategy is informed by what people have told us about their experiences either as a person living with dementia, or as a carer, and is written for those people. We have also reviewed local and national good practice and aim to use this learning to improve services for those with memory concerns, those with a dementia diagnosis, their families and carers and the organisations supporting them. Other stakeholders who have also been involved in developing this strategy include: Dementia Friendly Community members, individuals living with dementia and their carers, Body Positive, Care Community members, local health and social care providers, and voluntary organisations. We would like to thank everyone involved for taking the time to support this important work.

The main focus of our strategy is to move towards the delivery of more personalised and integrated care and support for those affected by dementia. This involves; improving dementia awareness across all parts of society, early diagnosis, providing good information and advice when it is needed so that people can be involved in their care planning, and improving care pathways so that all services work together to ensure people access the services they need at the right time. We have used the NHS England Well Pathway for Dementia which provides a structure we can use to review our current performance and identify areas for improvement. The Framework puts the individual and their carer at the centre of service development and implementation across health and social care. Each element of the Framework is dealt with in a separate section within the strategy and will inform the development and implementation of a local Dementia Action Plan. The elements of the Framework are.

- Preventing Well
- Diagnosing well
- Supporting Well

- Living Well
- Dying Well

We are committed to minimising the impact of dementia whilst transforming dementia care and support within the community of Cheshire East, not only for the person with dementia but also for the individuals who care for someone with dementia. We want the wellbeing and quality of life for every person with dementia to be uppermost in the minds of our health and social care professionals.

Our Vision

Our vision is to make a real and positive difference to the lives of people affected by dementia, living in and visiting Cheshire East. We want to ensure that people living with dementia, and their carers, receive high quality, compassionate and timely care whether they are at home, in hospital or in a care home.

The impact of dementia on the individual and their family can be substantial and distressing. The Council, the CCG and our partners intend to lead the way in engaging with and providing support to people with dementia and their families and carers as early as possible and will aim to develop and commission services that meet assessed needs in a timely manner. This will be done by working in partnership with all relevant stakeholders, including individuals living with dementia, their carers, and families.

We will continue to strive to make Cheshire East a truly dementia friendly place to live.

In supporting this vision, we have set out several long-term outcomes that we want to achieve as part of our commitment to people living with dementia and their carers, in Cheshire East.

1. People living with dementia and their carers and families will feel understood.
2. People living with dementia will be able to remain living within their own home and in their own community for as long as possible.
3. People living with dementia and their carers will feel included and listened to and will be fully involved in decision making.
4. People living with dementia and their carers will know how and where to access support in their community.
5. People living with dementia will receive a timely diagnosis and personalised and holistic support following diagnosis.

The strategy supports the work described in other key local documents including Cheshire East Council's Corporate Plan; Cheshire East Place Five Year Plan, the Joint Health and Wellbeing Strategy 2018 – 2021 and Cheshire East Falls Prevention Strategy 2019 – 2022 and Cheshire CCGs Commissioning Plans.

Delivering the Strategy

It is essential that a collaborative approach is taken across health, social care, community, voluntary and private providers, together with local people to achieve our objectives. Meeting the challenges faced needs a commitment and willingness towards innovation and learning, and there needs to be a focus on community led support, prevention, and a strengths-based approach to Adult Services i.e., for an individual to be enabled to see the value they bring and resources around them.

A Cheshire East Dementia Steering Group made up of people from a range of partner organisations and service users was established to develop the strategy for people who are living with dementia and their carers. The group's role has been to agree/propose strategic objectives, review current provision and develop best practice to ensure local people affected by dementia can get the care and support they need.

This work has been informed by the voices of people living with dementia, their carers, all cohorts of the community and any wider partnerships. There will be further regular opportunities for individuals, groups, and communities to feedback their own views and experiences when it comes to delivering this strategy and to ensure any response to the actions detailed within the plan are co-produced effectively.

Within the strategy there are ambitions and action plans for each element, these look at how we can work more collaboratively as partners to deliver the proposed outcomes within existing resources. However, there may also be more ambitious targets set out within the action plans which can be used for making the case for any additional funding should this become available in the future.

3. Background

Dementia is a progressive, non-curable disease that affects around 670,000 people in England alone. It costs society an estimated £26 billion each year. An estimated 25% of hospital beds are occupied by people with dementia and their hospital stays tend to be on average one week longer. Further, approximately 75% of people living in care homes have dementia. It is also the leading cause of death.

Cheshire East Dementia Health Needs and Priorities

In Cheshire East there are estimated to be 5,725 people over the age of 65 living with dementia (*NHS Digital*).

- 65% are likely to be women
- one in five people over 80 has a form of dementia
- one in 20 people over 65 has a form of dementia
- 67% of the estimated prevalence of people with dementia in Cheshire East have a recorded diagnosis
- 3,840 people have received a dementia diagnosis in Cheshire East (*NHS Digital*)
- 18% of Cheshire East's population is over the age of 65.
- We have the highest percentage in England of over 65s compared to 16% nationally.

The Alzheimer's Society has published several statements which reflect the things people with dementia have said are essential to their quality of life. They are as follows:

- We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.
- We have the right to continue with day to day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.
- We have the right to an early and accurate diagnosis, and to receive evidence-based, appropriate, compassionate, and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.
- We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.
- We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.

As a borough, we are committed to adopting and promoting the Alzheimer's Society statements; we agree that anyone living in Cheshire East should be able to expect these as a right. We recognise that achieving all these consistently will require considerable work, but we would wish to test our performance against these standards.

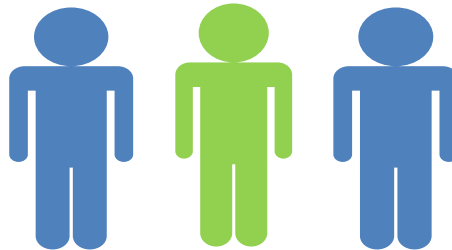
National Picture

There are currently 850,000 people living with dementia in the UK. 42,325 of these have young-onset dementia

The number of people with dementia is forecast to increase to 1,142,677 by 2025 – an increase of 40%

It is estimated that 1 in 3 people in the UK will care for someone with dementia in their lifetime

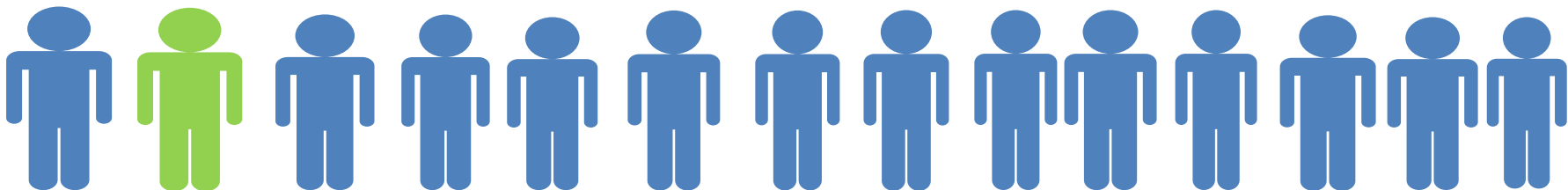
In the UK 61% of people with dementia are female and 39% are male. There are a higher proportion of women with dementia as women tend to live longer, however, this does reverse when considering the data for people with young-onset dementia



1 in every 14 of the population over 65 years has dementia

1 in 3 people who die over the age of 65 years have dementia. Dementia now accounts for 11.6% of all recorded deaths in the UK

It is estimated that there are 11,392 people from ethnic minority groups who have dementia in the UK. 6.1% of all those are early onset, compared with only 2.2% for the UK population, reflecting the younger age profile of ethnic minority communities



Local Provision - Celebrating Success

Cheshire Dance @ Leighton Hospital

In THIS Moment – dance and dementia

<https://cheshiredance.Org/Dance&Dementia/index.html>

Museums (Nantwich, Congleton, and Silk)

An example of the work that the museums are involved in is Nantwich Museum hold a Dementia friendship group

Silk Ward (Macclesfield District Hospital)

The Silk Ward provides specialist inpatient treatment and assessment for people with dementia

Dementia Friendly Sandbach (DFS) (Dementia Wristbands)

For those who choose, they are simple and robust. DFS ordered about 300 initially and give them out free of charge. DFS are also looking to promote their use to local businesses and shops, to help them to support their customers living with dementia.



Bollington, Disley and Poynton – Time to Talk

These free, fortnightly drop-in sessions at Poynton, Disley and Bollington are aimed at people who are concerned about their memory, are living with dementia, carers or those concerned about a family member or friend

The Nantwich Thursday Club –Young Onset Dementia Group

This is a free dementia friendly social group for loved ones, carers and family. They meet every fortnight at St Mary's Church Hall, Nantwich you can drop in between 10am and 12.30pm

SWAY Project (started in Alsager).

This is a project with the local high school where art students meet a couple, where one is living with dementia and creates an online memory box which can be adapted as their journey progresses.

Holmes Chapel Tea Dance

This is an afternoon of Ballroom, Line, and 'exercise' dancing, along with tea and cakes. Held at the Community Centre on the fourth Friday of every month

Dementia Buddy Scheme (CW12 area) – Congleton Partnership, Congleton Lions and The Good Deeds Trust

The Dementia Buddy Guardian Angel devices help support families and carers looking after someone living with dementia

<https://www.congleton-tc.gov.uk/dementia-buddy-scheme/>

Dementia Strategy Survey

Between 17th July 2020 and 14th August 2020 Cheshire East Council conducted a survey to gain information from those affected by dementia to support the development of the Cheshire East Place Dementia Strategy. The aim was to learn how those living with dementia, their carers and families feel about current services and to get their views on how they might be improved. The survey asked respondents to give their views on several statements based on the five key NHSE dementia principles.

- *Preventing Well*
- *Diagnosing Well*
- *Living Well*
- *Supporting well*
- *Dying Well.*

The findings from the survey have been incorporated into this strategy and informed the action plans where it is appropriate. More detail is provided in the relevant sections of the strategy, however, some of the key points raised in the survey are as follows:

Preventing Well

- Respondents felt more awareness of the 'One You Cheshire East' service was required along with a more accessible way to gain information for those who do not have access to the internet.

Diagnosing Well

- The majority of respondents agreed that 'seeking a diagnosis early, as problems become apparent is important to the individual concerned / their immediate family'. Within the comments respondents expressed that there needs to be more support and information available after diagnosis. Some stated that they had received too much information to digest at the time of diagnosis with little / no follow ups whilst others felt they hadn't received enough information to begin with.

Supporting Well

- Respondents felt that there was insufficient information or support available with little advice given unless they searched for the information themselves. A more joined up approach would be beneficial.

Living Well

- Comments given were around the need for greater awareness of the support available or a request for more information / support. Those working full-time referenced difficulty in helping those living with dementia access services as they felt not many were available in the evenings / at weekends.

Dying Well (Planning and Caring Well)

- Most respondents agreed that there is a need to improve signposting to relevant services after the death of a loved one / cared for person e.g., bereavement service.
- Respondents also reported that there was very little emotional support or information on the help available for family / carers just before, during and after loss. There is a need to raise awareness of how the disease could progress and which services can be accessed at each stage with information on writing wills and power of attorney.

Work on the strategy began just before the start of the Covid pandemic and it was apparent from an early stage that this would have a significant effect on the vulnerable and the services they were able to access. The survey therefore also included questions about the impact of the Covid-19 pandemic, feedback included:

Impact of Covid-19

- Not being able to see family members or access support has been difficult and impacted negatively on the person living with dementia. Person living with dementia has deteriorated more quickly as a result of isolation and not having the stimulation. Person living with dementia didn't always understand the rules of social distancing / wearing masks and why people couldn't visit.
- Respondents referenced a negative impact on their mental health with feelings of stress, tiredness, anxiousness, isolation, and loneliness.

- Covid-19 restrictions have impacted on the usual services offered to those living with dementia and their families / carers. Services have had to stop, are very limited or have had to move online which is not always appropriate / easy. It has made it harder to arrange care or access support meaning no respite for carers.

Face to Face Engagement Activity August 2021

What people said

It took me 3 years to get a diagnosis, and no one told me about any other services that could help. By chance I got referred to Alzheimer's Society from Salford Hospital I have so many many questions"

Younger person with dementia

"I do think about it (planning) but he is now not in the right place to discuss it. It would have been a useful conversation early on. It's needed."

Carer

At present I feel I do have support and am much more aware of who and when to contact for advice and help. The carers section earlier on were helpful in getting some funding – i.e., Carers Allowance, Rate's reduction etc. Still wish there were easier ways to obtain respite and to be perhaps put with other people in a similar situation.

Carer

Very happy to have found Poynton Golden memories Group and I get information there – wish I had known about it earlier .

Carer

Alsager Partnership Organisation run a Memory Cafe at the Library once a month and also run an afternoon Tea and Games Session once a month for people living with Dementia. The information available at these venues is so important as well as the safe social atmosphere for people to enjoy. Representatives from various organisations drop in should people need that contact. For example: Cheshire East Carer's Hub; Alzheimer's Society; Cheshire East Social Work Dept. These Organisations with their support have helped us on our journey.

Person living with dementia and their carer

At an annual health check some 9 months after diagnosis, a different GP asked would we like to be referred to the Memory Clinic at Crewe. This was a good action as the Memory Clinic Consultant runs a Clinic at our surgery. This was a very positive move for us, and we felt we were coming out of the dark. We got a lot of support - Reablement Support Worker called at our home over 3-week period to check our situation and provided information that could be of help to us. In particular she arranged for Age Concern person to call to help us with any benefits we were entitled to and helped us complete the form process. We would have benefitted from this referral immediately on diagnosis!

Person living with dementia and their carer

Getting information post-diagnosis - the most effective way was from meeting settings with peers going through the same process. The initial hurdle was getting up the courage to attend the first such meeting with potentially a bunch of strangers.....

Person living with dementia and their carer

I am constantly having to chase up things and am told different things by different people or that they do not know the answer and I have to ring someone else. Services need to be seamless and supportive. There should be a flow chart or information given to say what to do when something happens

Carer



Overarching Ambitions

Throughout the development of this strategy and during our consultation with service users, common themes were identified which have been used to shape our overarching ambitions of this strategy. They are:

- Preventing Well
 - To make improvements in the way we communicate and work in partnership with others.
 - To raise awareness of dementia amongst staff and the local population to reduce the stigma associated with it.
- Diagnosing Well
 - To make the changes needed to enable people to get their diagnosis as early as possible.
- Supporting Well
 - To ensure good information / advice and support is accessible to all (in a format suited to their needs) throughout their dementia journey, for the person diagnosed and their carers.
 - To ensure that Health and Social Care work together to provide care and support to those affected by dementia.
- Living Well
 - To ensure that a range of different community-based options for people living with dementia and their carers are available, maintained and promoted so that they have more choice over the support they access.
 - To enable and empower residents living with dementia to have a voice and say in shaping their community and the support that they receive.
- Dying Well (Planning and Caring Well)
 - To work with partners to enable early conversations with people with dementia and their carers about advance planning and end of life care, so that people can plan ahead and ensure they are fully involved in decisions on care at end of life and that their wishes are known and acted upon.
 - To enable people to die with the care and support they need, in their preferred place, with the people important to them close by.
 - To ensure there are sufficient groups to provide ongoing appropriate peer support for those living with dementia and their carers.
 - To ensure that carers are supported pre and post bereavement.

4. PREVENTING WELL

“By 2025, there will be an estimated 7,514 people over the age of 65 living with dementia in Cheshire East. However, dementia doesn’t just affect older people. We estimate by 2025 there will also be approximately 1,991 people aged between 30 and 64 living with dementia in the North West”. *Taken from the Alzheimer’s Society’s Cheshire East Local Dementia Profile July 2019.*

With the incidence of dementia growing and pressures on services increasing it is important that we adopt a more proactive approach to communicating the risks of developing dementia and promoting healthier lifestyles. We should ensure that wherever possible the risk of dementia is highlighted so that steps can be taken by individuals and organisations to reduce or delay the occurrence of dementia in Cheshire East. The first stage of the NHS Dementia Well Pathway focuses on the importance of prevention, reducing the risk of dementia, the need to research and apply best practice and to consult with those affected by the illness so that we are continuously reviewing and developing good practice. This strategy will develop a range of actions to achieve this.

What we already know

‘What is good for your heart is also good for your brain’.

Reducing the risk of dementia or delaying its onset can be influenced by a wide range of lifestyle factors. Establishing and maintaining a healthy lifestyle is important to help lower the risk of dementia, particularly vascular dementia. Encouraging people (particularly in their forties and fifties) to reduce their risk of dementia will support them in living longer, healthier lives.

It is now believed what is good for the heart is also good for the brain. There are several lifestyle factors that can increase the risk of dementia:

- A sedentary lifestyle (exercise in older people is associated with a slower rate of decline in memory and some thinking skills that occur with ageing)
- Excessive alcohol consumption (10% of the dementias are related to alcohol)
- Eating a poor diet high in saturated fat, sugar and salt and obesity in midlife.
- Smoking.

Other risk factors that could contribute to the risks are - hearing loss, sight loss, hypertension, depression, and social isolation.

To reduce the risk of dementia or delay its onset, the National Institute for Health and Care Excellence (NICE) suggest the following lifestyle changes:

- Stop smoking
- Be more active
- Reduce alcohol consumption (only drink within NHS recommended limits)
- Improve diet
- Lose weight if necessary and maintain a healthy weight.

Cheshire East Council already promotes healthier lifestyles through the 'One You Cheshire East' Service <https://www.oneyoucheshireeast.org/> and has the "Live Well" website which supplies information and advice on a range of subjects <https://www.cheshireeast.gov.uk/livewell/livewell.aspx>.

In addition, Alzheimer's Research UK has also launched [Think Brain Health](#), which is a new awareness campaign to empower people to keep their brains healthy throughout life and ultimately, help reduce their risk of dementia.

Information from the Alzheimer's Society's website advises that sight and hearing loss are both more common as you get older. For a person with dementia, this can cause extra problems, such as confusion about what's happening around them and problems with communication. Therefore, we feel there is a need to improve awareness around the fact that some of the issues that people may be experiencing could be linked to an undiagnosed form of sight or hearing loss, and not their dementia, also vice versa.

However, despite the abundance of information available on how to live a healthier lifestyle we know from our survey and the incidence of dementia in Cheshire East that we need to do more to ensure the message is reaching the intended audience, especially under-represented groups. We should therefore continue to encourage more people to take responsibility for their own health and wellbeing and provide information, advice, and support for those who would like to adopt a healthier lifestyle and reduce their risk of getting Dementia or delay its onset.

Key Issues and Challenges

- The 'One You Cheshire East' site and its purpose did not appear to be well publicised, some people living with dementia and their carers / families are not aware of this service at all. Others reported that they are aware of the service but not in relation to dementia specifically.
- Some services are only available online; this causes a problem for those individuals who do not have access to the internet.

- The perceived stigma of dementia can prevent people from going to their GP about symptoms they may be worried about.
- It is important that there is good information available about the early signs and symptoms of dementia to enable a prompt diagnosis and referral to appropriate support.
- Many people manage to live well with dementia, so it is important that we promote positive messages about the benefits of diagnosis and the available support to reduce the stigma associated with the disease.
- The diagnosis rate for people from ethnic minority communities has been historically low even though there is an increased risk of dementia for this group of people. There is a need therefore to raise awareness amongst this group and provide good information about the risk factors, information on the early signs of dementia and the benefits of diagnosis.
- For people with learning disabilities, particularly Down's Syndrome, where there is also an increased risk of dementia, there is a need to ensure that they and their families and carers have access to information at an early stage about the risks of dementia and the early signs of dementia in an accessible format.
- Increased awareness is required with regards to those individuals living with Young Onset dementia, the risks, symptoms to look out for etc.
- Education and early support are needed for those living with dementia and their carers, including those individuals identified as being 'at risk' from developing dementia.
- Survey respondents reported a need for "professionals" to listen more to family members who often see the signs of dementia first and need more information on supporting people at home.
- A one size fits all approach does not suit the differing needs of those living with dementia.
- Sight and hearing loss are both more common as you get older. For a person with dementia, this can cause extra problems, such as confusion about what's happening around them and problems with communication.

Ambitions for the Preventing Well pathway

Outcomes

To prevent or delay the onset of dementia people living in Cheshire East should be encouraged to lead a healthier lifestyle, particularly those aged 40 and over. This would involve.

- Improved promotion of, and signposting to, existing services, e.g. the 'One You Cheshire East' service.
- Provision of good information, using a range of media, about risk factors, early signs of dementia and the benefits of diagnosis across all ages, particularly those in high-risk groups, for instance people with learning disabilities or those from an ethnic minority background.
- Information should be provided in easy read/ accessible formats, for example, for those living with a learning disability or the visually impaired.

- Improved education and early support available for those living with dementia / partners and carers of those individuals more at risk from developing dementia so that people who have concerns feel encouraged to seek a diagnosis.
- Working with partners to ensure information on how to access support is clear and consistent across Cheshire East.
- Individuals living with dementia, carers, professionals and VCFS sector will be advised about and decide if they want to be involved in research that looks at cause, cure and care for dementia and will be supported to take part.
- Service users will be involved in the review and development of local information and services to ensure they meet the needs of local people.
- People need to be encouraged to act when they think they may have hearing loss i.e., get their hearing checked and get hearing aids if appropriate.
- People need to be encouraged to act when they think they may have sight issues / loss i.e., get their eyesight checked and get glasses if appropriate.

5. DIAGNOSING WELL

The Prime Minister's Challenge on Dementia 2020 sets out the UK Government's strategy for transforming dementia care within the UK. One of the key aims of this national strategy is to improve arrangements for timely diagnosis. The strategy includes recommendations for:

- Improving diagnosis, assessment and care for people living with dementia
- Ensuring that all people living with dementia have equal access to diagnosis
- Providing all NHS staff with training on dementia appropriate to their role
- Ensuring that every person diagnosed with dementia receives meaningful care.

Until recently dementia diagnosis rates in Cheshire East were above the national target of 67%. However, the recent pandemic has meant that across the country health and social care services were unavoidably focused on the demands of Covid. Some memory assessment services were reduced, and people generally were reluctant to approach their GPs to discuss any concerns during this difficult period. This caused Cheshire East diagnosis rates to drop below the national target.

However, as services start to return to normal the number of people being diagnosed is increasing again. It is believed that of those estimated to be living with dementia in Cheshire East, approximately 65% have received a diagnosis (June 2021). Whilst it is good news that we are

meeting the national target, there remains a significant number of people still to be diagnosed, people who are unlikely to be accessing the support they need. We are also aware that obtaining a diagnosis can be more difficult in some areas; waiting times for a diagnosis can vary and availability of post diagnostic support is inconsistent. The table below shows the changing percentage of people diagnosed in East Cheshire since October 2019.

5,725

estimated prevalence of dementia in over-65s

3,836

target diagnoses based on prevalence

3,840

current number of dementia diagnoses among over-65s

4

difference from dementia diagnosis target

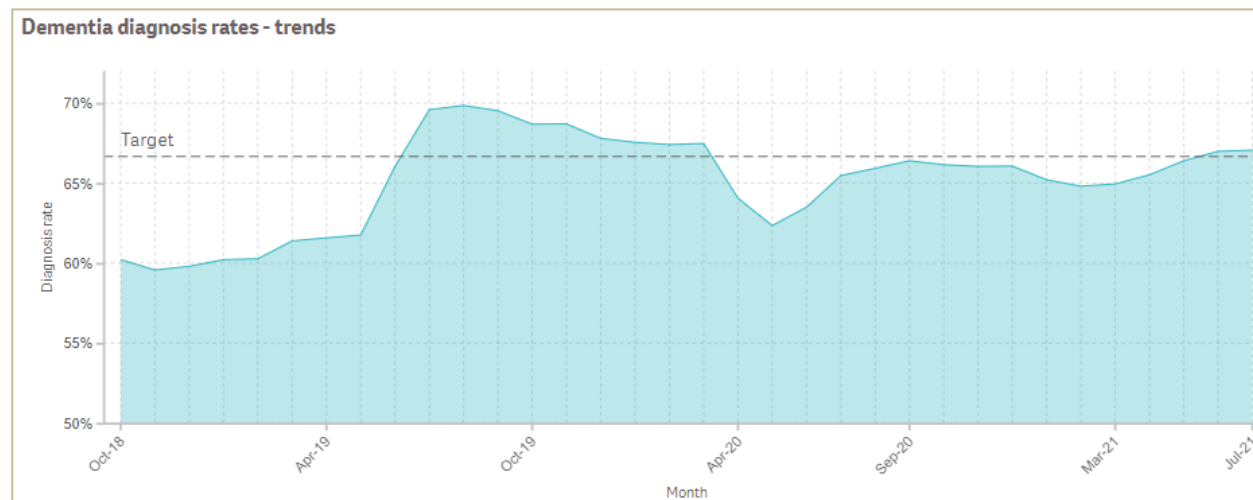


Table 1. East Cheshire Diagnosis Rates – Oct 2019 to June 2021 (Source NHS Digital)

The NHSE Well Pathway advocates, “Timely, accurate diagnosis” to enable personalised care planning and regular review. The patient and carer should be given information and advice on how they can manage the condition and how to get additional information, advice, and support when it is needed. Dementia is a life limiting condition and receiving a dementia diagnosis can be devastating for the individual and for those who care for them. However, it can also be a huge relief to get an explanation for changes in memory or behaviour.

Getting a timely diagnosis is crucial to the person affected by dementia because s/he can:

- Access appropriate medical treatment and regular reviews.
- Gain an understanding of the condition and take part in planning their care.
- Get information, advice, support, and training on how to manage the condition and seek support when it is needed.
- Apply for any relevant benefits and allowances.

- Plan ahead and make any necessary adjustments.
- Learn about other services, for example, safe and well checks from the Fire Service.

The Prime Ministers Challenge (2020) states that, “GPs should play a leading role in ensuring coordination and continuity of care for people with dementia”. It is therefore important that we work with and support our local GPs to assess and diagnose dementia or refer patients with more complex symptoms in a timely way to Memory Services for assessment and diagnosis so that patients are offered timely treatment, guidance, signposting to appropriate support services and opportunities for regular review.

As noted earlier the current diagnosis rate across Cheshire East is increasing, however by working more closely with Primary Care and our local Memory Services there is scope to improve this further. There are two Memory Services in Cheshire provided by Cheshire and Wirral Partnership Trust (CWP). Historically these have developed slightly different service models; we will work with both services to ensure that a standard pathway and response is in place across the Cheshire East footprint.

There is a need to ensure all people receive training relevant to their role, so that there is a workforce across the dementia care system that has the right skills, behaviours and values to support people living with dementia and is equipped to do so. Therefore, training amongst all NHS and Social Care staff to increase early identification of the early signs of dementia will be included as an action within the strategy action plan.

The drive to improve the diagnostic rate must not be an end in itself; improving the support available to people once they have been given the diagnosis is equally important. This also enables us to identify their carers so that they can be registered on the GP systems, to ensure they are signposted to support and services at an early stage such as the Carers Wellbeing Programme (run by such organisations as the End-of-Life Partnership and East Cheshire Hospice). It is also important to recognise that contact with clinicians is not restricted to GPs; there are a range of other professionals, for example, opticians and pharmacists, who can be alerted to dementia related problems. The provision of support is addressed in more detail in the Supporting Well section of the Strategy

Among the UK's ethnic minority population, there can be lower levels of awareness around dementia, and it remains relatively rare for people to develop dementia, but the single largest risk factor is age. However, around 5% of people with Alzheimer's are under 65 and young onset dementia can affect people in their 40s, 50s, and 60s. People with learning disabilities or Down's Syndrome are particularly vulnerable to developing young onset of dementia. We need to ensure that these individuals are made aware of the risks of developing dementia and particularly vulnerable groups are made aware of the links and receive regular health checks so that early signs can be identified sooner.

For older LGBT+ people, living with dementia can be additionally stressful. Not only is this group of people less likely to have family members and children to provide support. They are also more likely to live on their own and be single. Many people fear that mainstream care services will not be willing or are not able to understand how to meet their needs.

The Prime Ministers Challenge (2020) recommends that “all clinical pathways should be tailored to people’s personal circumstances, considering culturally specific beliefs, needs and values, as well as supporting carers and families of people with dementia.” It is therefore important that we review our performance in this area and take steps to address any inequity or gaps within current care pathways.

Approximately 69% of care home residents are currently estimated to have dementia. Evidence also suggests that people with dementia living in a care home are more likely to go into hospital with avoidable conditions (such as urinary infections, dehydration, and pressure sores) than similar people without dementia. The [Enhanced Health in Care Homes Framework](#) recommends that there should be a systematic and proactive approach to identifying, diagnosing, and recording dementia and cognitive needs in a timely manner, following admission to the care home and upon first presentation of signs and symptoms.

Planning for the future

People with a diagnosis of dementia should be given the opportunity to plan for the future at an early stage, to ensure the person and their carer are fully involved in decisions on care at the end of life. These conversations will enable people living with dementia and their carers to plan ahead for their future care while they are still able to do so.

There are several tools which support staff and carers to have these conversations which can be difficult/sensitive. They include.

- NAMASTE principles
- People can also record their wishes if they can’t write them down
- All About Me Booklet
- Reminiscence boxes – especially for people with learning disabilities.

More detail about Planning and Caring Well can be found within the Dying Well (Planning and Caring Well) pathway.

Key Issues and Challenges

- There are long waits for a diagnosis in some areas of Cheshire East.
- Lower rates of diagnosis among people from ethnic minorities.

- There is a need to review the Memory Clinic pathways across the Cheshire East footprint to ensure a standard response.
- Early signs of dementia not being recognised in people with learning disabilities / young onset.
- At the point of diagnosis, some people receive a raft of information and advice (or not enough information), and it is not always easy for them to know where to access information and advice at a later stage. We also need to consider individuals changing circumstances and how they can be signposted / supported.
- In some areas of Cheshire East, there are systems that are complicated and disjointed where people can get 'lost' along the way, particularly when their needs change. Follow ups are described as 'a bit hit and miss' with many looking for support and advice online or from others living with dementia and their families / carers rather than from the health care system.
- There is a need to improve the diagnosis rates of those individuals living in Care Homes (Accommodation with Care).
- There is a need for more accessible information on who to go to, on the early signs of dementia and the benefits of getting a diagnosis.

Ambitions for the Diagnosing Well Pathway

Outcomes

- We will work with Primary Care and Memory Assessment Services to review current care pathways with a view to improving and standardising dementia service provision in Cheshire East.
- We will review diagnosis rates and care pathways for those with Young Onset Dementia, people with Learning Disabilities, those from ethnic minority groups and the LGBT community to ensure equal access to services which meet their specific needs.
- We will work with GPs to enable them to register all carers on their systems, to enable carers to be effectively signposted to relevant support at an early stage.
- Good quality support and information is available to people from the pre diagnosis stage and throughout the diagnosis journey and people know where to access this information, this will include such things as information on what can be accessed to alleviate financial pressures.
- We will work on raising awareness with GPs and other health and social care professionals, around the repercussions faced by carers, mentally, physically, and emotionally when their loved one is diagnosed with dementia.

6. SUPPORTING WELL

Our mental and physical health are important whether we are living with a health condition or caring for someone with a health condition. It is recognised that carers, families, and friends support individuals with dementia living in their own homes. It also needs to be recognised that there are cases where isolation and depression are common amongst those living with dementia and those caring for someone with dementia, this was highlighted as one of the main issues facing these individuals during the Covid-19 pandemic. It is, therefore, vital to ensure we provide the right care and support at the right time, in the right manner, in the right place to those living with dementia and their carers.

Information taken from the Alzheimer's Society - Local Dementia Profile – Cheshire East July 2021 show that:

- The value of dementia support contributed by unpaid carers in Cheshire East is £169.7m
- 46.1% of all carers reported caring for someone living with dementia in Cheshire East
- In Cheshire East 51.2% of carers spend 100 hours or more per week providing care

The NHSE Well Pathway advocates, “access to safe, high quality health and social care for people with dementia and carers” to enable those living with dementia to stay in their own home for as long as possible. The person living with dementia and their carers will have access to joined up, holistic support from the Health and Social Care sector.

What we already know

People living with dementia and their families need to be confident that, when a need arises, they can readily access support without having to make multiple approaches to varying organisations / services. As part of this strategy, we are looking at how to improve the pathways and ensure that all services can work collaboratively.

We do, however, acknowledge that much of the support is designed for older people living with dementia and is often not suitable for those with young onset dementia. This means that people with young onset dementia can find themselves isolated within the community.

As the condition progresses, it may become necessary for the person living with dementia to require some extra care and support to enable them to live at home safely. People living with dementia / their carers and any staff involved in the delivery of their care, all need a good understanding of dementia relevant to the role they perform or support they provide; therefore, good quality education and training are an essential part of the Supporting Well pathway.

There is a need to ensure that staff in all areas of Health and Social Care are aware of the wider issues in relation to the specific needs of those from the following cohorts:

- LGBT+
- Ethnic Minorities, religious minority communities and Gypsy and Traveller communities
- Sensory Impairment
- Learning Disabilities
- Young Onset

The overall vision is that people living with dementia stay and are cared for in their own home for longer. Where patients are discharged from hospital, Home First will be prioritised (where possible, patients will be discharged to a home of their choice). We will work with Care at Home and Accommodation with Care providers, where required, to enable their staff to support those living with dementia to stay within their own home, should this type of service provision be needed.

Key Challenges and Issues

- People living with dementia and their carers / families feel that there is insufficient information and support available. Also, a lack of advice given unless they search for it / chase it up. This includes where people living with dementia have one or more other health conditions, as services often work independently of each other and there is little joined up working in some areas of Cheshire East.
- People with dementia from ethnic minorities, religious minority communities and Gypsy and Traveller communities, Learning Disability and LGBT+ communities can feel that mainstream services are not able to understand how to meet their needs.
- Issues for people with more challenging needs and people with young onset dementia.
- Gaps in training for care staff, health professionals etc. as there is often a lack of confidence in supporting those from ethnic minorities, LGBT+, Learning Disability or young onset background.
- There is a lack of age-appropriate activities, supported volunteering opportunities and groups for those living with young onset dementia and those also living with a Learning Disability.
- Knowledge around advanced care planning / anticipatory care planning can be lacking in some areas.
- Delays in discharging people with dementia safely from hospital, there is a need to improve the Home First offer to residents.
- Training for staff on equality and diversity ensuring that they are aware of the issues faced by specific cohorts of community. The care market should be able to respond to people living with dementia and support them to live well.

Ambitions for the Supporting Well pathway

Outcomes

To ensure that those living with dementia and their carers have access to safe, high quality health and social care. We would ensure that:

- People are enabled to live at home for as long as possible and are discharged from Hospital to a home of their choice in a timely manner.
- There will be sufficient information and support available to those living with dementia and their carers, this may include single information and advice sessions on dementia itself and how to support loved ones and deal with behaviours.
- Where people living with dementia have one of more other health conditions, services supporting them will work collaboratively together.
- People living with dementia are enabled, with the involvement of their carers, to access services that help maintain their physical and mental health and wellbeing.
- People living with dementia receive high quality care and support from staff appropriately trained in dementia care.
- There will be increased knowledge around advanced care planning / anticipatory care planning across the Cheshire East footprint.
- Staff training on equality and diversity will be investigated and taken forward. The care market can respond to people living with dementia and support them to live well.

7. LIVING WELL

Since the launch of Cheshire East Council's Joint Commissioning Work plan and the former Prime Minister, David Cameron's, 'Challenges on Dementia' there have been significant improvements in terms of raising awareness about dementia and creating tangible opportunities to improve the lives of people with dementia, their families, and carers. For example, there has been an increase in dementia friendly communities within the Cheshire East footprint.

The NHSE Well Pathway advocates, "People with dementia can live normally in safe, and accepting communities" to enable those living with dementia and their carers to feel included and engaged in their community and are supported to live happy and fulfilled lives. They will also have access to clear and easily accessible information and advice.

What we already know

We need to ensure that our communities are committed to supporting our residents living with dementia and their carers, and that they are empowered to adapt to accommodate and meet their needs. There needs to be a focus on community led support, prevention, and a strengths-based approach to services, we will therefore work with community providers to maximise community provision as a tool to support people living with dementia and their carers. We will also look at how provision from other sources, such as the local hospices, can actively support those living with dementia and their carers.

Ensuring that people living with dementia and their carers have access to the right information and advice will play an important part in allowing them to engage and participate in community life and activities. We therefore need to make sure that information and advice is clear and easily accessible for people living with dementia and their carers so that they can access community services independently.

Access to information, advice and support is key to ensuring all people affected by dementia can continue to live well with the condition. We will need to ensure that a range of different community-based options for people living with dementia and their carers are available, maintained and promoted so that they have more choice over the support they access. We will look at enhancing the role of prevention services such as Day Services, Community Respite and ensure these are considered as part of a pathway approach.

There has been a great deal of innovative work that has taken place within the local Dementia Friendly Communities, for example schools being encouraged to include dementia awareness in their work programmes, and numerous dementia friends awareness sessions taking place with the pupils of the schools, leading to the creation of dementia friendly generations.

The development of dementia friendly communities is also a key element of the work required to meet the challenge around dementia, and one which we have already seen great achievements being made within our current Dementia Friendly Communities. Simple changes to existing services, and awareness raising for those who come into day-to-day contact with people living with dementia, can help people with dementia. We understand, locally, the importance of listening to people living with dementia, their families, and carers, to inform and enable changes across all our services to:

- Raise awareness
- Challenge stigma
- Enable, inspire, and facilitate dementia inclusive communities.

It is important that we enable and empower residents living with dementia to have a voice and say in shaping their community and the support that they receive. We will ensure that we work in co-production with them as well as their carers / families, to help shape and design services and support so that they have choice and control over the decisions and services that affect them.

What it means to be dementia friendly?

Dementia-friendly communities are areas where people living with dementia are understood, respected, and supported, and confident they can contribute to community life. The aim of dementia-friendly communities is to improve the quality of life for people with dementia wherever they live. In a dementia-friendly community people are aware of and understand dementia, and people with dementia feel included and involved, and have choice and control over their day-to-day lives. As the number and needs of those with dementia increases, we need to make sure that we create conditions for our local communities across the Borough that better support people with dementia.

Services that are being delivered and the support offered to our residents must be equitable and respectful to the specific issues which may be faced by the above cohort of the community.

Living Safely

How individuals can live safely is an important part of enabling those living with dementia and their carers to continue to live independently, within their own homes.

People living with dementia, and their carers, need to live in suitable housing that meets their changing needs (for example Extra Care Housing), this is supported by the work the Council have completed around the Vulnerable and Older People's Housing Strategy and the emerging Housing Supplementary Planning document. This is also a priority within Cheshire East Council's Corporate Plan where it states that we "reduce the reliance on long term care by providing services closer to home and providing more Extra Care Housing facilities, including dementia services" and that "we work with partners to develop appropriate accommodation and Extra Care Housing Models". There should also be a clear offer of equipment and assistive technology that optimises the individual's wellbeing and independence.

For those people whose needs have increased to the point they are unable to live at home, a residential or nursing care home (Accommodation with Care) setting may be more appropriate. Support should be easily accessible for the person and their families and carers to be able to make the right decision about their future care planning.

There is currently a proactive approach from services such as Fire, Police and Trading Standards that supports people living with dementia to live safely in their communities.

The support also provided by both Mid Cheshire Hospitals (Leighton Hospital) and East Cheshire NHS Trust (Macclesfield District Hospital) is very proactive in their support to those living with dementia, their carers and those suspected of needing a dementia diagnosis.

Support for unpaid Carers

Unpaid carers, usually family members, provide enormous amounts of support to people living with dementia. Without this support, many people living with dementia would have many restrictions to their lives, or would have to use residential or nursing care, which is usually not what they want. Providing adequate and evidence-based support to carers is crucial if we are to achieve our vision of supporting people living with dementia to live independently as long as possible.

Cheshire East Carers Hub provides a single point of access for all carers including both young and adult carers. The hub will ensure that carers of all ages will have access to information, advice, and a wide range of support services. The Carers Hub have 2 support workers who are employed to specifically support those individuals who are caring for someone living with dementia.

There are Carers' Wellbeing Programmes ran by the End-of-Life Partnership and East Cheshire Hospice, these are open to carers of people living with dementia. Both services require a referral via a GP, therefore, it is vital that carers are identified and registered at the point of an individual's diagnosis, to ensure the carers can access such support at an early stage

There is also the [Cheshire East Carers Forum](#) which aims to be a voice to inform service providers of the needs of carers and their families.

Dementia and Domestic Abuse

Cheshire East Council and such partners as My Cheshire without Abuse, Cheshire Clinical Commissioning Group, and the Carers Hub, have created a Project Team to investigate the current gaps with regards dementia and domestic abuse.

The team identified that there were three things that should be considered when looking at this area:

1. Identification of abusive behaviors (recognition that this is an issue not an element of the disease that needs to be tolerated)
2. Assessment of risk
3. Development of a risk management plan (ensuring that the plan is very specific to cover the issues that may be faced by carers and those living with dementia).

The team have developed such things as an awareness leaflet and an Adult Safeguarding – Domestic Abuse Guidance toolkit. This guidance aims to provide the framework of a consistent and effective response to tackling domestic abuse. There have also been awareness events to enable professionals, carers and those living with dementia to obtain a greater understanding of the subject.

No one agency can address all the needs of people affected by, or perpetrating, domestic abuse. For intervention to be effective, agencies and partner organisations need to work together and be prepared to take on the challenges that domestic violence and abuse creates. As a result of this the team will be continuing to research and develop areas of this subject within the Cheshire East footprint.

Key Challenges and Issues

- People living with dementia and their carers will feel included and engaged in their community and are supported to live happy and fulfilled lives.
- There will be a focus on community led support, prevention, and a strengths-based approach to services. Our communities will be committed to supporting our residents living with dementia and their carers and will adapt to accommodate and meet the needs of those living with dementia / carers. Relevant community provision will be an option to support people living with dementia and their carers.
- Those living with dementia and their carers can become cut off from the community, leading to social isolation. They need easy access to peer support, carers groups and other such initiatives that help them to stay connected.
- Crises are common in people living with dementia and can lead to unplanned admissions to hospital and residential care.
- Falls and fractures are an issue for people with dementia and can lead to hospital admission and loss of independence.
- Lack of flexible breaks for carers, local respite / day services impacting on their ability to continue effectively in their caring role.
- Low uptake of services from those from ethnic minority groups.
- People with Learning Disabilities / young onset dementia to have to have support to engage in age-appropriate activities / groups / volunteering opportunities.
- Out of Hours support (out of working hours and at weekends) seem to be lacking.
- Barriers to sustainable Dementia Friendly Communities as they tend to rely on volunteers to steer them.
- Some Transport providers do not feel equipped to support those living with dementia, and transport can be a particular challenge, particularly for someone living in more rural communities and/or where they can no longer drive.
- There is a need for greater availability of community housing options suitable for people with dementia.
- Practical and emotional support is available for family carers to support their health and wellbeing, including contingency planning and increased opportunities for peer support and respite care.
- Those living with dementia and their carers need to feel they have a voice at a strategic level.

Ambitions for the Living Well Pathway

Outcomes

To ensure that people with dementia can live normally in safe and accepting communities and have access to clear and easily accessible information and advice. We would ensure that:

- People will be enabled to access to peer support, carers groups and other such initiatives to help them stay connected and reduce social isolation.
- Carers will have access to affordable local respite and day care options for a cross section of people living with dementia, as this will enable them to continue effectively in their caring role.
- There will be different community-based options for people living with dementia and their carers.
- Increase awareness and reduction in stigma required for those from ethnic minorities, religious minority communities and Gypsy and Traveller communities, and access to welcoming and inclusive provision which is relevant to the needs of ethnic minority groups.
- People living with a Learning Disability / young onset dementia will have the opportunity to engage in age-appropriate activities and participate in services designed to support them to live well. They will also be supported to volunteer where such need is identified.
- There will be equitable out of hours provision across the Cheshire East footprint.
- Promotion of the benefits of communities becoming Dementia Friendly, working towards encouraging more volunteers to get involved in taking this forward, also promoting the fact that Dementia Friendly Communities are intended to work alongside other established organisations and ease the load on professionals.
- Organisations providing Transport will feel equipped to support those living with dementia and their carers.
- There will be greater availability of community housing options suitable for people with dementia.
- Those living with dementia and their carers will have a voice at a strategic level and will be pivotal in addressing the actions detailed within this strategy.

8. DYING WELL (PLANNING AND CARING WELL)

Dying Well is the final element of the national NHS Dementia Pathway and our own local strategy. Whilst we have stressed throughout this strategy that people with Dementia may, with an early diagnosis and appropriate care and support continue to live well with Dementia, it is important to understand that it is a life limiting illness. Dementia can be the primary cause of, or a key contributory factor in a person's death. The Dementia Pathway sets out an ambition that "People living with Dementia die with dignity in a place of their choosing". This can only be achieved if those with Dementia have an understanding of their care options and are encouraged to express their preferences whilst they are still able to do so. It is likely that many people will be involved in the care and support of the person with Dementia, so it's equally important to ensure that the patient's wishes are recorded in such a way that the information is easily accessible to those who need it.

Preparing for end of life can be a very difficult subject for many, for staff as well as patients and their families. Some respondents in our public survey suggested that we change the title of this part of our strategy in the interests of sensitivity. However, the End-of-Life Partnership circulated a survey on "Dying Matters" in 2021 and one of the overwhelming findings was that as a community we don't talk about end of life enough. One of the aims of this strategy is to encourage more open and honest discussions about death and dying, we want to avoid ambiguity and ensure that the importance of this part of the strategy is clearly understood. We have therefore retained the title used in the NHSE Dementia Pathway, though we have qualified this by adding the subtitle of Planning and Caring Well.

On average we can expect about 1% of the population to die each year. Whilst some deaths may be unexpected such as deaths caused by accidents, the number of unexpected deaths is far fewer than the number of people who we can predict with some certainty will be in their last year of life. This means that in most cases there are opportunities to plan for end of life wishes and care preferences. Table 2 shows the number of deaths in Cheshire East since 2019 (as at September 2021) and the numbers dying with and without a dementia diagnosis. It is interesting to note that during this period 12,862 people died, 24% of whom had a Dementia diagnosis.

	Died with Dementia	Died without Dementia
2019	900	3010
2020	1034	3240
2021	1198	3480
Total	3132	9730

Table 2 – Deaths in Cheshire East since 2019 (with/without Dementia)

Advance Care Planning

Everyone should be involved in decisions about the care and support they would like to receive in the event of ill health, frailty, or disability. Like many long- term conditions, Dementia is a life limiting disease; however, the inevitable loss of capacity associated with Dementia makes it especially important to ensure discussions about care and support preferences take place early and as frequently as needed, to ensure the patient’s choices are recorded and wherever possible respected. It should be recognised that these difficult conversations are part of an ongoing communication process and shouldn’t be regarded as a single event. This reduces the likelihood that difficult and emotional decisions are made in crisis when the wishes of the person with dementia may not be known.

Sometimes described as Advance Care Planning these conversations might involve consideration of treatment options, where an individual wants to be cared for and who s/he would like to involve in decisions about their care. When asked about their care preferences at end of life, people report the most important priority is to have good pain management, the second is usually to be in a familiar environment with those most important to the patient. It is generally understood that most people would prefer to die at home or in their usual place of residence and care. This is especially important to those with Dementia as changes in routine and unfamiliar surroundings can be difficult for them to manage. There is also evidence to suggest that if a person’s wishes are respected and a “good death” is achieved, those “left behind” are able to take some comfort in this. They are more able to cope with the bereavement and are less likely to suffer mental health problems in the longer term.

At the time of writing, 43% (1,717) of those aged over 65, currently living with Dementia have an Advance Care Plan. This compares favourably with the remaining over 65 population who do not have a Dementia diagnosis, of whom only 3% have an Advance Care Plan. However, this means that 57% of those with a diagnosis have not formally recorded any plans regarding their future care.

Recording Patients Wishes

In Cheshire East we know that approximately 3,766 people are likely to have Dementia, of whom 67% have a diagnosis. We record diagnosis data in GP records, we are also able to use the GP information system to record patients care preferences, like where a patient would like to be cared for in the event of a deterioration in their health, who should be involved in decisions about their care and where they would wish to die. We can also use this system to record and report on whether those wishes have been achieved. This data is collected in the Electronic Palliative Care Coordination System (EPaCCS) and is part of EMIS, the GP record system.

Although this information is held in the GP system it may also be accessed by other health care professionals who may be involved in the patients care at a later date. This can help to ensure that staff not directly involved in the advance care planning discussion are aware of the plan. For instance if paramedic calling on a patient with Dementia can see what the patients' wishes are this may prevent an unnecessary transfer to hospital when a patient has expressed a wish to die at home with their family. Whilst the information stored on EPaCCS supports care coordination for individuals, the information is also useful strategically for the purpose of planning and commissioning end of life services.

The Gold Standards Framework

The Gold Standards Framework (GSF) is a practical and systematic way of providing the best possible care to people nearing the end of their lives. The GSF provides for a planned system of care in consultation with the patient and those important to him/her. It sets out a series of care standards which support early identification of people at end of life, better coordination and collaboration between healthcare professionals through multi-disciplinary meetings and care coordination systems like EPaCCS and improved advance care planning discussions. The application of GSF can also optimise out-of-hours' care and prevent crises and inappropriate hospital admissions. The processes and standards in the Gold Standard Framework can be applied in primary and secondary care, in care homes and in the patients own home.

It is important to note that care and support can be provided to an excellent standard without applying the Gold Standard Framework. However, by applying the Framework consistently to all patients we are better able to monitor performance and patient experience in a more systematic, strategic way

Where possible a person with Dementia will have an Advance Care Plan, which is recorded on EPaCCs and as they approach end of life will be cared for using the Gold Standards Framework. Table 3 shows the extent to which this was achieved for those who have died since 2019 (with and without Dementia). This information shows that we are having more success planning and recording the wishes of people with Dementia than we are for those without a Dementia diagnosis. However the information also illustrates quite clearly that there is room for improvement.

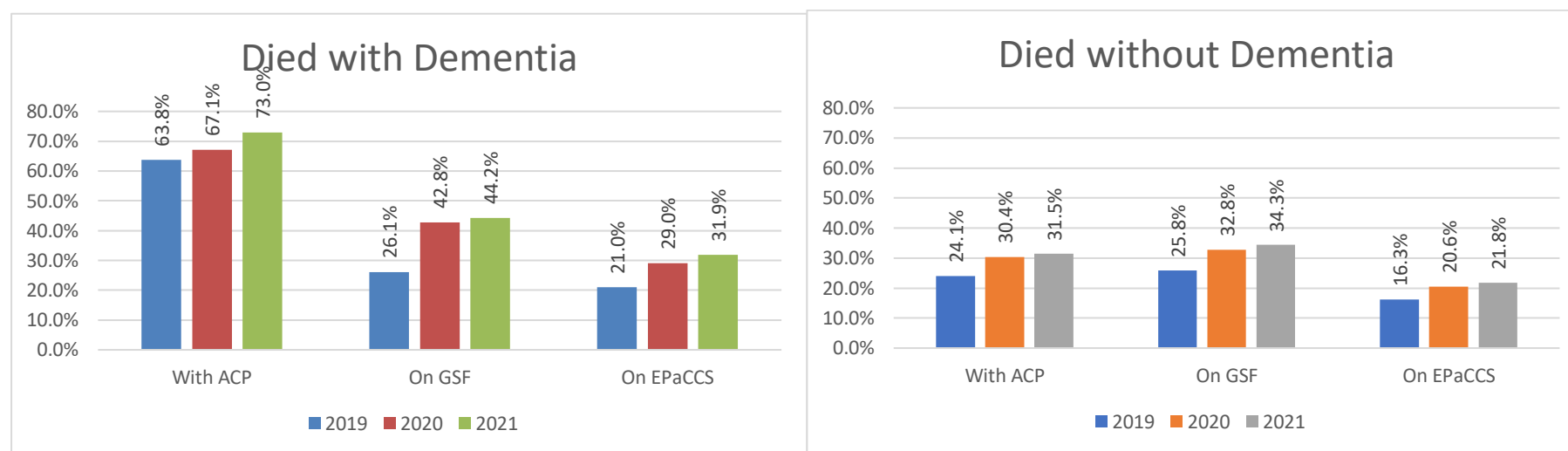


Table 3 - People who have died since 2019 (with and without Dementia) by year and by care element

Current Provision

General palliative and end of life care is currently provided by staff in primary care (GPs and community teams), secondary care (hospitals and hospices) care homes and by informal carers (family and friends). Where a patient's symptoms are complex there may be a need for specialist palliative care provided in hospital, hospices or by specialist palliative care staff in the community. The Palliative Care in Partnership is a new service commissioned by Cheshire Clinical Commissioning Group that aims to provide patients who are approaching the end of their life with care and support in a place of their choosing, usually at home or in their normal place of residence.

Planning with the 'whole family' and establishing that individuals have identified advocates to support them with health and welfare decision making is crucial, to ensure that the wishes of the individual living with dementia are reflected in the actions taken. This approach also assists the person's family as they will be directed to services that can support them once their loved one has passed away, such as bereavement services, as well as the formalities that will need to be carried out. There is a need for individuals to have a good death, which is dignified and comfortable as this can help those who are bereaved to deal with the circumstances better.

Information on caring for someone at end of life and bereavement can be accessed via the End-of-Life Partnership (EoLP), this support includes such things as:

- Making Plans for the Future (Wills, Care Plans)
- Understanding Palliative and End of Life Care
- Understanding Bereavement and Grief
- Looking after yourself or a loved one experiencing bereavement

Based within the End-of-Life Partnership there is the Advanced Dementia Support Team which is a small multidisciplinary team. The team works across health and social care settings and with families, to improve end of life care for people living with advanced dementia in East and Central Cheshire care homes.

Some groups provide ongoing peer support to carers whose loved ones living with dementia have either gone into Hospice Care, Care homes or passed away, whilst these exist, our engagement has identified that there is a need for more of such support to be available.

Both local hospices who support Cheshire East residents (St Luke's Hospice and East Cheshire Hospice), have numerous ways of supporting those individuals who are accessing a service or form of support from them, who are living with dementia and their carers. As well as the support they give to any individuals who are in patients at the Hospice they support in other ways including, Bereavement support, Advanced Care Planning and Counselling etc.

Key Issues and Challenges

- People feel that there is very little emotional support or information on the help available for family / carers just before, during and after loss (this includes those carers who's loved ones have been placed into a Care Home / Hospice etc)
- People diagnosed with dementia are not supported to plan for their future care soon enough after diagnosis. This includes such things as Advanced care planning to ensure that wishes are known before the patient loses capacity with frequent opportunities for people with dementia and their families / carers to make decisions about end-of-life care and review these decisions as the condition progresses

- There is a need to raise awareness around what support or information is currently available or on where to go, for example are there any groups for bereaved family members / carers to get support from one another.
- There is a need to raise awareness of how the disease could progress and on what services will be available at each stage with information on writing wills and power of attorney.
- There is a need for more support / information on end-of-life care with appropriate services in place so the person who is living with dementia is able to die where they want, and their wishes upheld.
- The need to ensure that families and carers receive the right level of bereavement support and counselling.
- The need to consider those individuals who are carers but are also living with dementia in anything we do
- Cultural considerations are needed when supporting those from ethnic minority groups

Ambitions for the Dying Well (Planning and Caring Well) Pathway

Outcomes

- People with Dementia will die with the care and support they need, in their preferred place, with the people important to them close by.
- People living with dementia, their families and carers will be aware of the importance of advanced care planning / end of life planning and will complete advance care plans that are recorded and held by the GP
- People are aware that they can appoint an advocate for their health and welfare at an early stage in the process, and these will be in place at a time that is right for the individual and family
- Carers and families receive bereavement support / signposting at a time that is right for the individual or family.
- Access to specialist palliative care where their symptoms are complex
- Discussion at Palliative Care Multi-Disciplinary Team's within Primary Care to support care coordination
- Advance care planning discussions are also recorded and shared within Electronic Palliative Care Co-ordination System (EPaCCS)

8. Next steps

The Cheshire East Dementia Strategic Group has developed a number of high-level ambitions which set out how we will improve the experience of local people affected by Dementia. These ambitions are referenced in each section of the strategy and summarised together in Appendix 2. They reflect the requirements of the NHSE Dementia Pathway, good practice and most importantly the information provided by

those who have taken part in our survey and consultation exercises, ie people with Dementia, their carers and service providers. Each ambition is underpinned by a number of specific actions which will be carried out in the short, medium and longer terms.

The Group will continue to meet regularly to monitor and review progress and to ensure the proposed actions are implemented and our ambitions realised. Where necessary plans will be adapted to meet changing needs and to respond to any challenges or new opportunities as they arise. The Group will continue to engage with those affected by Dementia to ensure that we regularly assess and review whether this strategy is making a demonstrable difference to the experience of people living with dementia and their carers and families. We know that to really meet the needs of the individual; it is important to listen to them. We will therefore involve people living with dementia and their families in helping us achieve the ambitions set out in this strategy and will continue to re-visit our vision to ensure the voice of lived experience not only remains central to the strategy but helps to measure the impact of it.

Appendix 1 - NHSE - The Well Pathway for Dementia

The Well Pathway for Dementia is the treatment and care pathway that aims to ensure people have a better experience of health and social care support from diagnosis to end of life.

NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA

PREVENTING WELL	DIAGNOSING WELL	SUPPORTING WELL	LIVING WELL	DYING WELL
 <p>Risk of people developing dementia is minimised</p>	 <p>Timely accurate diagnosis, care plan, and review within first year</p>	 <p>Access to safe high quality health & social care for people with dementia and carers</p>	 <p>People with dementia can live normally in safe and accepting communities</p>	 <p>People living with dementia die with dignity in the place of their choosing</p>
<p>"I was given information about reducing my personal risk of getting dementia"</p>	<p>"I was diagnosed in a timely way"</p> <p>"I am able to make decisions and know what to do to help myself and who else can help"</p>	<p>"I am treated with dignity & respect"</p> <p>"I get treatment and support, which are best for my dementia and my life"</p>	<p>"I know that those around me and looking after me are supported"</p> <p>"I feel included as part of society"</p>	<p>"I am confident my end of life wishes will be respected"</p> <p>"I can expect a good death"</p>
<p>STANDARDS:</p> <p>Prevention⁽¹⁾ Risk Reduction⁽⁵⁾ Health Information⁽⁴⁾ Supporting research⁽⁵⁾</p>	<p>STANDARDS:</p> <p>Diagnosis⁽¹⁾⁽⁵⁾ Memory Assessment⁽¹⁾⁽²⁾ Concerns Discussed⁽³⁾ Investigation⁽⁴⁾ Provide Information⁽⁴⁾ Integrated & Advanced Care Planning⁽¹⁾⁽²⁾⁽³⁾⁽⁵⁾</p>	<p>STANDARDS:</p> <p>Choice⁽²⁾⁽³⁾⁽⁴⁾, BPSD⁽⁶⁾⁽²⁾ Liaison⁽²⁾, Advocates⁽³⁾ Housing⁽³⁾ Hospital Treatments⁽⁴⁾ Technology⁽⁵⁾ Health & Social Services⁽⁵⁾ Hard to Reach Groups⁽³⁾⁽⁵⁾</p>	<p>STANDARDS:</p> <p>Integrated Services⁽¹⁾⁽³⁾⁽⁵⁾ Supporting Carers⁽²⁾⁽⁴⁾⁽⁵⁾ Carers Respite⁽²⁾ Co-ordinated Care⁽¹⁾⁽⁵⁾ Promote independence⁽¹⁾⁽⁴⁾ Relationships⁽³⁾, Leisure⁽³⁾ Safe Communities⁽³⁾⁽⁵⁾</p>	<p>STANDARDS:</p> <p>Palliative care and pain⁽¹⁾⁽²⁾ End of Life⁽⁴⁾ Preferred Place of Death⁽⁵⁾</p>

References: (1) NICE Guideline. (2) NICE Quality Standard 2010. (3) NICE Quality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.

RESEARCHING WELL

- Research and innovation through patient and carer involvement, monitoring best-practice and using new technologies to influence change.
- Building a co-ordinated research strategy, utilising Academic & Health Science Networks, the research and pharmaceutical industries.

INTEGRATING WELL

- Work with Association of Directors of Adult Social Services, Local Government Association, Alzheimer's Society, Department of Health and Public Health England on co-commissioning strategies to provide an integrated service ensuring a seamless and integrated approach to the provision of care.

COMMISSIONING WELL

- Develop person-centred commissioning guidance based on NICE guidelines, standards, and outcomes based evidence and best-practice.
- Agree minimum standard service specifications for agreed interventions, set business plans, mandate and map and allocate resources.

TRAINING WELL

- Develop a training programme for all staff that work with people with dementia, whether in hospital, General Practice, care home or in the community.
- Develop training and awareness across communities and the wider public using Dementia Friends, Dementia Friendly Hospitals/Communities/Homes.

MONITORING WELL

- Develop metrics to set & achieve a national standard for Dementia services, identifying data sources and set 'profiled' ambitions for each.
- Use the Intensive Support Team to provide 'deep-dive' support and assistance for Commissioners to reduce variance and improve transformation.

OFFICIAL

Appendix 2

Ambition Action Plans

Overarching Ambitions of the Cheshire East Place Dementia Strategy

Throughout the development of this strategy and during our consultation with service users, common themes were identified which have been used to shape our overarching ambitions of this strategy. They are.

- **Preventing Well**
 - To make improvements in the way we communicate and work in partnership with others
 - To raise awareness of Dementia amongst staff and the local population to reduce the stigma associated with it
- **Diagnosing Well**
 - To make the changes needed to enable people to get their diagnosis as early as possible
- **Supporting Well**
 - To ensure good information / advice and support is accessible to all (in a format suited to their needs) throughout their dementia journey, for the person diagnosed and their carers
 - To ensure that Health and social Care work together to provide care and support to those affected by Dementia
- **Living Well**
 - To ensure that a range of different community-based options for people living with dementia and their carers are available, maintained and promoted so that they have more choice over the support they access
 - To enable and empower residents living with dementia to have a voice and say in shaping their community and the support that they receive
- **Dying Well (Planning and Caring Well)**
 - To work with partners to enable early conversations with people with dementia and their carers about advance planning and end of life care, so that people can plan ahead and ensure they are fully involved in decisions on care at end of life and that their wishes are known and acted upon
 - To ensure there are sufficient groups to provide ongoing appropriate peer support for those living with dementia and their carers.
 - To ensure that carers are supported pre and post bereavement.

Area	Action	Outcome
Improvements are required in relation to communication and partnership working	We will work on improving communication and partnership working across the Cheshire East footprint between Health and Social Care. The Demographics of each area will be considered, as a pathway in one area will not necessarily work in another.	Work will be undertaken to bring together NHS organisations, local government, and wider partners, to deliver more joined up approaches to improving health & care outcomes, looking at how local services and partners can better work together
<p>Raising awareness to reduce stigma around dementia.</p> <p>Good information / advice and support is accessible to all (in a format suited to their needs) from presentation through to Dying Well for the person diagnosed as well as carers</p>	<ul style="list-style-type: none"> • We will identify and share best practice for raising awareness and understanding of dementia in the community ensuring that we include all age groups and those from ethnic minorities (including religious minority communities and Gypsy and Traveller communities), LGBT+ and Learning Disabilities Communities • We will empower residents to recognise the signs of dementia, ensure they are supported and informed. • Encourage and promote champions for dementia within the community (including looking at local cultural champions within such groups as those from an ethnic minority and Learning Disability) and across the wider workforce. • We will ensure all information is available online, with hard copy (paper format) accessible at all libraries, dementia support venues, GP surgeries etc. <p>We will ensure that information is accessible to all in a format suited to their needs, which will be accessible throughout the persons journey and as their needs change</p>	<p>Residents will have an increased awareness and understanding of dementia, across all age groups, this will include the benefits of receiving an early diagnosis.</p> <p>Residents across all areas of the community will be encouraged and supported to become Dementia Champions to enable them to create more Dementia friends within their communities</p> <p>Individuals diagnosed with dementia and their family or carers will have easy access to information upon diagnosis (the information supplied will be sufficient and individuals will be aware of who to contact for more information should it be required). Information and advice will be easily accessible throughout the person's journey and as their needs change</p>

	<ul style="list-style-type: none"> An information pack will be available once diagnosis have been received and will include relevant contacts, support, and advice for various circumstances and what to expect long term. The information will be clear and concise 	
To make the changes needed to enable people to get their diagnosis as early as possible	We will work to raise awareness of the benefits of obtaining an early diagnosis, and ensure there is a joined-up approach from all parties involved in the diagnosis pathways	People will be aware of the benefits of obtaining an early diagnosis, and have access to holistic support from the Health and Social Care sector
To ensure that a range of different community-based options for people living with dementia and their carers are available, maintained and promoted so that they have more choice over the support they access	<p>We will look at enhancing the role of prevention services such as Day Services and Community Respite etc.</p> <p>We also look at what community support is needed, where and in what format</p>	People will have access to a range of community-based options to support them
To enable and empower residents living with dementia to have a voice and say in shaping their community and the support that they receive	<p>We will develop a Dementia Forum to ensure those living with dementia will have a voice at a strategic level.</p> <p>We will also ensure that, where appropriate, we will develop subgroups to assist us in addressing and delivering the actions within these action plans</p>	People living with dementia will feel empowered to have a voice and say in shaping their community and the support they receive
To work with partners to enable early conversations with people with dementia and their carers about advance planning and end of life care, so that people can plan ahead and ensure they are fully involved in decisions on care at end of life and that their wishes are known and acted upon	We will work with partners (including those living with dementia and their carers) to identify where the gaps are and what the barriers are to enabling those living with dementia and their carers to make decisions on care at the end of life and individuals wishes at an early stage	People living with dementia and their carers will have access to information and support to enable them to make decisions at an early stage around individuals wishes and care at the end of life

To ensure there are sufficient groups to provide ongoing appropriate peer support for those living with dementia and their carers.	We will look at where there are currently peer support groups, and how they work, who they support. We will then work with and support partners to develop further groups appropriate to the needs of the local population	People living with dementia and their carers will have access to appropriate peer support and groups.
To ensure that carers are supported pre and post bereavement	We will work with partners such as the local Hospices and End of Life Partnership (and those living with dementia and their carers) to identify what support is already out there for carers around Anticipatory Grief and Bereavement support. Where gaps or a need is identified we will work towards further developing the offer to carers.	People living with dementia and their carers will feel supported in relation to Anticipatory Grief and Bereavement.

Ambitions for the Preventing Well Pathway

Area	Action	Outcome
<p>The NHS Health Check is aimed at adults in England aged 40-74 and people are eligible for health checks every 5 years. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes, and dementia.</p> <p>CCG to establish links within each care community to improve prevention / screening and healthy living</p>	<p>We will work to raise awareness of symptoms of dementia earlier and encourage people to make positive changes. We will encourage and work with GPs to provide information on dementia to people aged 50+ during their NHS Health Check.</p> <p>Cheshire Clinical Commissioning Group (CCG) are looking to establish links within each care community to improve prevention / screening and healthy living</p>	<p>Harmful behaviours will be detected early which will enable people to be informed about their lifestyle choices, in order to improve people's physical and mental health at an early stage, when changes in behaviour can have a real impact on long term health and wellbeing.</p>
All age healthy lifestyle promotion	We will support the promotion of digital tools, such as One You Cheshire East to raise awareness of healthy lifestyles and to support people to make changes to the way they manage	Residents will be encouraged to take more responsibility for their health and wellbeing and have increased awareness of ways of improving

	<p>their health and wellbeing. This service needs further awareness and promotion, health & social care professionals should signpost to this service, especially in relation to the risks linked to Dementia</p> <p>We will ensure local online and telephone directories, such as Live Well and Healthwatch Cheshire East https://healthwatchcheshireeast.org.uk/, are kept up to date with relevant contact details / links etc, with regards to healthy lifestyle services within Cheshire East for the public and health and social care professionals to support with signposting those identified as 'at-risk' to preventative activities.</p> <p>We will promote awareness campaigns within our communities from organisations such as the Alzheimer's Research UK and Think Brain Health etc</p>	<p>their health and reducing risk factors associated with dementia and other long-term conditions.</p> <p>There will be increased uptake of local healthy lifestyle services and improved There will be consistent signposting in the borough, so people know where to go to access support and what type of support is available. Also, that such information is kept up to date</p>
There is greater awareness and understanding of the factors that increase the risk of dementia and how people can reduce their risk by living a healthier life	<p>We will work to ensure that people living with dementia and their carers, have access to information and advice so that they understand the risk factors for dementia and how their risk could be reduced. Carers are supported to remain physically and mentally well.</p>	Local GP practices, health and support services will offer guidance and signposting advice into appropriate support services.
Education and Early Support for those living with dementia / families and carers of those individuals identified as being 'at risk' from developing Dementia	We will work with relevant partners to ensure that more support will be available in helping people with dementia, including early support and education for families and carers of those who are identified as being 'at-risk' and will include all cohorts of the community. The approach will be	Education and Early Support for those living with dementia / partners and carers of those individuals more at risk from developing Dementia will be improved.

	joined up and adapted to individual circumstances / needs to prevent a one size fits all approach.	
Early intervention and ongoing support for hearing loss / sight loss issues	People need to be encouraged to act when they think they may have hearing loss / sight loss (or problems) i.e., get their hearing / sight checked and get hearing aids / glasses if appropriate. To ensure that any hearing and sight loss / issues are picked up at an early stage	People will feel encouraged to act when they think they may have sight or hearing loss.
Research that looks at cause, cure, and care for dementia	We will advise individuals living with dementia, their carers, professionals and the VCFS sector when there is research available which they could take part in which looks at cause, cure, and care for dementia	Individuals living with dementia, their carers, professionals and the VCFS sector, will be informed and enabled to take part in any research at a local level, that we are advised of.
Accessible information on who to go to when you see possible signs of dementia, and the benefits of receiving an early diagnosis	We will work on developing more accessible information on who to go to, on the early signs of dementia and the benefits of getting a diagnosis.	People will feel empowered to seek support and guidance, if they feel they have any possible signs of dementia. People will be aware of the benefits of an early diagnosis

	There will be an awareness campaign around early signs of dementia and the benefits of an early diagnosis	
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Ambitions for the Diagnosing Pathway

Area	Action	Outcome
ALL residents receive a timely diagnosis	<p>We will work with GP's and Primary Care to improve diagnosis rates across the Cheshire East footprint.</p> <p>Support is available for the person being assessed and their families throughout the diagnostic process.</p> <p>We will review the Memory Clinic pathways to ensure there is a standard response and support across the Cheshire East footprint</p> <p>We will work with GP practices and care homes to make it easier for care home residents to get a diagnosis of dementia as required, with a view to improving support for the residents and staff concerned.</p>	CCCG are currently reviewing diagnosis pathways and are working with Primary Care to see where there are areas for improvement
Work with GPs to register any Carer's who are identified at the point of diagnosis (for clarity this will be for both anyone caring for an individual living with dementia, or the Carer themselves is living with dementia)	We will work with GPs to ensure that any carers identified at point of diagnosis will be registered on their systems to ensure the Carers are effectively signposted to relevant support at an early stage	Carers will be identified and supported at an early stage, and registered with the GP surgery as a Carer at point of diagnosis
Improve diagnostic rates for Young Onset, ethnic minority groups and LD communities	We will work with younger members of society, ethnic minority groups, learning disability	Residents will have the awareness that dementia can affect young people (not just the elderly) and

	<p>communities and local services to devise the most appropriate ways to increase awareness and reduce the stigma of dementia within their relevant cohorts.</p> <p>We will work collaboratively with differing cohorts of the community to promote the Dementia Champion scheme and how that can benefit their community, for example, Cultural Dementia Champion from those from an ethnic minority background</p> <p>We will also support staff from Cheshire East Council, Cheshire CCG, health, and social care providers, the VCFS sector etc to access dementia awareness sessions</p> <p>Cultural understanding of ethnic minority groups by GP's and their staff.</p> <p>We will work to developing translated resources</p>	<p>encouraged to access health and social care services, support groups etc, for those thought to have Young Onset Dementia.</p> <p>Those from ethnic minorities and learning disability cohorts of community will have the awareness on how dementia can affect them, and be encouraged to access health and social care services, support groups etc.</p> <p>There will be more local Dementia Champions in all areas of the community, which in turn will create more dementia friends and increase awareness.</p> <p>Staff will feel empowered to discuss dementia with their service users to break down the barriers and stigma associated with dementia.</p> <p>Those from an ethnic minority background will feel supported by GPs who understand their cultural needs in relation to obtaining a dementia diagnosis and be able to access resources which are translated into the languages which best fit their needs</p>
Appropriate access to information and advice at each point of the individual's journey	An information pack will be made available once diagnosis has been received to include relevant contacts (including local support groups), information around what can be accessed to alleviate financial pressures, support, and advice	People diagnosed with dementia and their family or carers will have easy access to information upon diagnosis (ensuring that the information supplied is sufficient and ensuring that the individuals are aware of who to contact for more

	<p>for various other circumstances and what to expect long term.</p> <p>Work will be undertaken to ensure there is sufficient and effective signposting at all stages in an individual's journey – for example GPs to signpost to relevant services etc</p>	<p>information should it be required). It will be easily accessible throughout the person's journey and as their needs change</p>
Improved access to good quality joined up support following diagnosis	<p>Post-diagnosis support will be tailored to include the needs of people under the age of 65, people with learning disabilities, ethnic minorities, religious minority communities and Gypsy and Traveller communities and people from the LGBT+ community</p>	<p>People from all cohorts of the community diagnosed with dementia will benefit from tailored post diagnosis support</p>
Dementia Friendly GP Surgeries	<p>Where there is a need, we will look at any increased training for GP's and their staff. (Look at Leaders in Dementia Care Programme recently developed by Mid Cheshire Hospital and EoLP for professionals) could this be rolled out to GP's</p> <p>Dementia Friends awareness to take place with staff at GP's surgeries</p> <p>Awareness needs to be raised with GP's and other professionals regarding the repercussions felt, mentally, physically, and emotionally by carers when their loved one is diagnosed with dementia</p>	<p>All GP surgeries will become Dementia Friendly, enabling those visiting the surgeries to feel supported and listened to.</p> <p>All GP surgery staff will be Dementia Friends</p> <p>GPs and other professionals will have awareness around the repercussions felt by carers, once their loved one is given a diagnosis of dementia.</p>

Ambitions for the Supporting Well Pathway

Area	Action	Outcome
Partners / Professional Services are to work more collaboratively, including such provision as hospital and community support.	Pathways of support will be looked at to see where there is a need to improve collaborative working between partners / professional services, including hospital and community provision.	The need to 'search' for information and support will be reduced as partners will be working closely together and signposting to other services and support effectively
People living with dementia will be able to live at home for longer	<p>We will prioritise Home First for patients discharged from hospital. Where possible patients will be discharged to a home of their choice</p> <p>There will be sufficient local provision of care and support at home where more support is required. We will work to ensure that people living with dementia stay in and are cared for in their own home for longer</p>	<p>The Home First service will be expanded and developed to support people to stay at home longer</p> <p>We will look at our current Care at Home provision to ensure there is sufficient capacity within the market to support those living at home for as long as possible</p> <p>Further work with Care Providers to see how they provide personalised care, where there are gaps or a requirement to increase knowledge, we will look at how to rectify this.</p>
Education, training and development opportunities for people and organisations providing care and support for those living with dementia	<p>We look at further developing the current offer in relation to education, training, and development opportunities for those people and organisations providing care and support for people living with dementia. at a level that fits with their individual responsibilities, this may include single information and advice sessions on dementia itself and how to support loved ones and deal with behaviours</p> <p>Care at Home and Accommodation with Care staff will have increased access to Tier 2 Dementia Care training</p>	<p>People and organisations who provide care and support to those living with dementia will have education, training, and development opportunities available to them at an appropriate level to ensure they can support an individual living with dementia in the most appropriate manner no matter their race, age, gender etc.</p> <p>We will look at training for Care Providers to increase their knowledge of how to support</p>

		someone living with dementia and their carers in their home environment
Improve information sharing and signposting	<p>Define what the current offer is around who shares information and signposts across the CE footprint, look at whether this needs to be streamlined. Identify the pathways and ensure all are made of such</p> <p>Develop a pathway of community support when individuals are exiting from Memory Clinics, to ensure they are aware of what is available to them in their local area after they have exited the memory clinic support – this is already being done by Dementia Friendly Community in Nantwich</p> <p>We will work with GPs to improve signposting to such support as Alzheimer's Society to prevent the need for individuals to have to look for where they can obtain support post diagnosis</p> <p>Work to ensure more use is made of community groups to share information and strengthen the messages</p>	Information sharing and signposting pathway will be clear and streamlined, leading to those living with dementia and their carers being equipped with the information / support they require at the time they need it
Look at developing age-appropriate groups / supported volunteering opportunities and activities for those living with young on-set and or a Learning Disabilities	<p>Those individuals living with young on-set dementia will have a choice of age-appropriate groups, supported volunteering opportunities and activities to attend</p> <p>We will work with partners / people living with dementia and their carers to understand what the offer of support currently looks like and what they would like it to look like, we will then work with such team as the Supported Employment Team to understand how they can assist, for instance</p>	Those living with young onset dementia / Learning Disabilities will have a choice of age-appropriate groups, supported volunteering opportunities and activities which suit their needs

	those who wish to go back into a form of employment / volunteer etc	
Improving knowledge around advanced care planning / anticipatory care planning	<p>We will consult with such teams as the Advanced Dementia Support Team and local Hospices, to obtain on oversight of the current offer available to both those living with dementia and their carers.</p> <p>We will work collaboratively with such organisations as the local hospices when they are looking at how to deliver support to those living with dementia / their carers in a different way</p> <p>We will also use information from our engagement to inform what individuals living with dementia and their carers have advised they need.</p>	People will have access to increased knowledge and support around advanced care planning / anticipatory care planning across the Cheshire East footprint

Ambitions for the Living Well Pathway

Area	Action	Outcome
People living with dementia are enabled to live at home	<ul style="list-style-type: none"> We will look increasing the use of technology to digitally enable people living with dementia and their carers to live at home safely We will work with partners to develop appropriate accommodation and Extra Care Models. We will work on further developing the offer around falls prevention to reduce the risk of falls. There will be a co-ordinated offer of information, advice and guidance that enable people to have choice and control over their health and independence. 	<p>Links will be developed with our partners around falls prevention, Housing, planning, Assistive Technology, sensory impairment etc and more people will be enabled to live at home supported by a digital offer</p> <p>More appropriate accommodation will be developed for those living with dementia and their carers</p> <p>Ensure those that signpost have access to the most up to date information (including the booklet we will look at developing)</p>

	<ul style="list-style-type: none"> we will work with community providers to maximise community provision as a tool to support people living with dementia and their carers 	
Reduce Social Isolation including Peer Support Groups / Carers Groups (Transport is detailed below)	Work will be undertaken to identify where the gaps in support are across the Cheshire East footprint, any areas of good practice that are already in place will be looked at and shared in areas where gaps exist, and individuals / organisations will be encouraged to develop such good practice in those areas – for example Reflections Group in Poynton for those Carers who have been bereaved	For people living with dementia to be enabled to maintain and develop social connections through peer support, carers groups etc
Carers of those living with dementia can access support as needed and feel able to continue with their caring role	We will work with community providers to maximise community provision as a tool to support those caring for someone living with dementia (this will also need to include those carers who are living with dementia themselves) We will work with partners to ensure that carers are identified at an early stage and are signposted to the Carers Hub in a timely manner	People living with dementia and their carers / family to be put in the centre of their care and have access to flexible support that is responsive to their personal interests and needs
Accessible Respite, Day Care and Community Based options of support for those living with dementia and their carers	We will look at enhancing the role of prevention services such as Day Services and Community Respite etc	
There will be greater availability of community housing options suitable for people with dementia	Cheshire East Council will ensure that future housing or community development plans (such as the planned re-generation of Crewe town centre) include consideration of dementia friendly housing options including Extra Care Housing and dementia friendly buildings	There will be adequate dementia friendly housing provision that will meet any increase in need for those individuals living with dementia, in order to support them to live well with dementia in their community.

	Greater information and clarity to be provided to people with dementia and carers to support them access housing options that meet their care and lifestyle needs.	People with dementia and their carers will receive information about housing and care home options available to them to support them to make decisions about the future in advance.
Dementia Friendly Communities (including intergenerational work and simple changes to existing services)	<p>We will:</p> <ul style="list-style-type: none"> • Identify and share best practice for raising awareness and understanding of dementia in the community. • Empower residents to recognise the signs of dementia and ensure they are supported and informed. • Look at how Cheshire East Place can start to work becoming Dementia Friendly, including Dementia friends' sessions, awareness and working with employees, organisations, local groups etc • Ensure that young people are part of the community support for people living with dementia. • Work with education (from schools to colleges) to encourage them to include dementia awareness, for example the SWAY project and Dementia Awareness sessions to pupils, leading to the creation of dementia-friendly generations. • Work with public sector and public facing organisations to recognise and better support daily living for those living with dementia • Memory / Dementia Cafes will be linked in with GP surgeries, Carers Hub, Support Services, and providers. This is to provide neutral ground to have information clarified, share experiences, 	There will be sustainable communities that are inclusive of people living with dementia.

	and obtain a better perspective of their situation.	
Organisations providing Transport will feel equipped to support those living with dementia and their carers	<p>Reduce Social Isolation – we will raise awareness around the current Transport offer available to residents living with dementia and their carers, and how they can use this service to access groups etc</p> <p>We will work with organisations providing Transport who require increase understanding of dementia, to identify any challenges they may experience in supporting those living with dementia and their carers</p> <p>We will also talk to residents living with dementia and their carers to understand the challenges they face when using Transport.</p> <p>Once both the above have been considered we will work towards creating an action plan to improve the services and reduce the barriers identified.</p>	<p>Current suitable transport provision will be promoted to ensure those living with dementia and their carers know who and what to access and when</p> <p>Organisations providing Transport will be equipped to support those living with dementia and their carers.</p> <p>Those living with dementia and their carers will feel the public transport they use is welcoming and inclusive.</p>
<p>Improve the knowledge and understanding of health and social care staff around:</p> <ul style="list-style-type: none"> those individuals who are LGBT+ living with Dementia and the specific issues that they may face. The differences that exist within ethnic minorities, religious minority communities and Gypsy and Traveller communities – 	<p>We need to ensure staff are aware of the wider issues and trained on equality and diversity. Services that are being delivered and the support offered to our residents must be equitable, respectful, and LGBT+ friendly.</p> <p>We need to ensure staff are aware of the wider issues and trained on equality and diversity. Services that are being delivered and the support offered to our residents must be equitable, respectful, and ethnic minority friendly.</p>	<p>Health and Social Care staff will understand the specific challenges that those individuals who are LGBT+ and living with dementia experience</p> <p>We need to ensure staff are aware of the wider issues and trained on equality and diversity. Services that are being delivered and the support offered to our residents must be equitable, respectful, and ethnic minority friendly.</p>

<p>Cultural beliefs when it comes to Dementia etc.</p> <ul style="list-style-type: none"> The issues faced by those living with a Learning Disability and Dementia <p>Care Market can respond to those living with dementia to enable them to live well</p>	<p>We need to ensure staff are aware of the wider issues and trained on equality and diversity. Services that are being delivered and the support offered to our residents must be equitable, respectful and Learning Disability friendly.</p> <p>Look at options for obtaining Training of Care Staff to tier 2 standard (should further funding be required we may possibly need a Business Case)</p> <p>Consult with the Advanced Dementia Support Team who currently provide Tier 2 training and look at how we can develop / increase the offer</p>	<p>Health and Social Care staff will understand the specific challenges that those individuals living with dementia and have a learning disability experience</p> <p>Health and Social Care staff will have the opportunity to access various options of Tier 2 training, which will enable them to have an increased understanding of the condition and how they can support those living with dementia within their own home.</p>
<p>Equitable Out of Hours provision across the Cheshire East footprint</p>	<p>Awareness to be raised of the current Out of Hours provision available – including Cheshire and Wirral Partnership Crisis Line Gaps to be identified as to which areas such support is needed</p>	<p>People living with dementia and their carers will have equitable access to Out of Hours support across the Cheshire East footprint</p>
<p>Enable and empower residents living with dementia / carers to have a voice and say in shaping their community and the support they require. Also ensure they have a voice at a strategic level</p>	<p>A Dementia Forum will be created to ensure that the voice of those with lived experience have a voice at a strategic level. This will also feed into the established Carers Forum; this ensures that Carers also have a voice.</p> <p>We will work in co-production with people living with dementia and their carers to explore and identify best practice on engagement techniques.</p>	<p>People living with dementia and their carers will have a voice at a strategic level</p> <p>Identification of best practice and engagement techniques will be co-produced with those living with dementia and their carers</p>

Ambitions for the Dying Well (Preventing and Caring Well) Pathway

Area	Action	Outcome
People living with dementia and their carers will be aware of the importance of advance care planning and end of life planning, and will feel supported and confident to make these plans in good time	<p>People living with dementia and their carers will be offered information by an appropriate health and social care professional regarding care planning and end of life planning and be supported/signposted to put these plans in place. This information will be offered in a sensitive and timely manner following diagnosis to allow the individual to put their end of life wishes in place.</p> <p>Establish a baseline and monitor the number of end-of-life plans recorded in patient records</p>	<p>People living with dementia will have end of life plans and wishes in place while they have the capacity to make these decisions.</p> <p>Increase the number of end-of-life plans recorded in patient records</p>
People living with dementia and their carers will be aware that they can appoint an advocate for their health and wellbeing and welfare at an early stage	<p>People living with dementia and their carers will be offered information by an appropriate professional regarding how to appoint an advocate for their health and wellbeing and welfare</p>	<p>People living with dementia will have appointed advocates for their Health and wellbeing and welfare while they have the capacity to do so</p>
People living with dementia will have their preferred place of death recorded in their patient record and upheld wherever possible	<p>Ensure that any end-of-life plans and wishes are recorded in the individuals case notes by the health or social care professional involved with planning and, with consent, are shared with relevant professionals involved in their care e.g., specialist nurses and doctors. The number of end-of-life plans recorded in patient files will be monitored.</p> <p>Look at how to support as many people as possible to die at home wherever identified.</p>	<p>Health and social care professionals will be aware of an individual's end of life plan which will enable them to carry out care in line with the person's wishes.</p> <p>An increased amount of people with dementia who have recorded their home as their preferred place of death will be supported to do so when they are identified as being in their last days of life.</p>
Education and Information for carers and professionals around best practice end of life care	<p>As mentioned in the "living well" section, we look at the dementia training available for health and social care professionals, which will include</p>	<p>GP's and other health and social care staff will feel confident in raising and discussing end of life planning with people with dementia.</p>

	<p>reviewing current and potential training options regarding end-of-life care and end of life planning with people with dementia and carers.</p> <p>Health, social care, and Accommodation with Care staff to receive training to support them to identify when a person with dementia is at the end-of-life stage, and to provide appropriate and compassionate end of life care to individuals in line with NICE guidelines.</p>	<p>Carers and Professionals will be aware of how to access education and information around best practice end of life care and how this can be of use to them, their loved ones</p> <p>Health and social care staff will be able to better identify when an individual with dementia is approaching their last days of life. This will lead to an improvement in end-of-life care, including assessment and management of symptoms and pain.</p>
We will look at improving / increasing the support including bereavement support and signposting for Carers	<p>Carers will have access to sufficient and timely support and signposting to local community organisations offering such things as bereavement support, peer support, this will also consider those carers whose loved ones have been admitted to a Hospice or Accommodation with Care placement.</p> <p>We will look at who would be best placed to discuss aspects of Dying Well (Planning and Caring Well) into their natural conversations, in an appropriate and timely way – for example the Dementia Reablement Service (possibly when they are discussing LPA & Wills etc).</p>	Carers will have access to high quality bereavement support in a timely manner.
Emotional support or information on the help available for family / carers just before, during and after loss is required	We will build on the current offer available for carers / family just before or after loss – this includes Carers Wellbeing Programmes, Anticipatory Grief Awareness and Grief when caring ends (this needs to include those individuals who's loved one has moved onto a	Carers and Family will be equipped with information on what could support them just before, during and after loss

	Care Home or Hospice environment and those carers who are living with dementia themselves)	
Specialist palliative care services	<p>Review the availability of specialist palliative care for patients with Dementia so that complex symptoms are managed effectively.</p> <p>Make recommendations for any service redesign identified as part of the review.</p>	Patients with Dementia, approaching end of life will have access to specialist palliative care when and where it is needed.
Advance care planning	Increase the number of discussions for people with Dementia, and ensure that they are recorded and shared within Electronic Palliative Care Co-ordination System (EPaCCS)	<p>Patients and carers have opportunities to discuss care preferences which are recorded in a central place.</p> <p>All staff involved in the patient's care know what the patient's wishes are, what the care plan involves and understand what they are required to do to ensure the patient's wishes are respected.</p>
Care coordination	Ensure patient's needs and wishes are discussed and reviewed at regular Palliative Care Multi-Disciplinary Team's Meetings.	All staff involved in the patient's care know what the patient's wishes are, what the care plan involves and understand what they are required to do to ensure the patient's wishes are respected.



EQUALITY IMPACT ASSESSMENT

Cheshire East Place Dementia Strategy

VERSION CONTROL

Review	Date	Version	Author	Changes
	17 th August 2020	1	Joanne Cliffe	
	26 th January 2021	2	Joanne Cliffe	Updates to EIA
	25 th August 2021	3	Joanne Cliffe	Updates to EIA

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Stage 1 Description: Fact finding (about your policy / service / service users)

Department	Integrated Commissioning		Lead officer responsible for assessment		Jane Stanley-McCrave	
Service			Other members of team undertaking assessment		Joanne Cliffe	
Date			Version			
Type of document (mark as appropriate)	Strategy x	Plan	Function	Policy	Procedure	Service
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New x		Existing		Revision	
Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation) Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service	<p>Cheshire East Place Dementia Strategy is for those living with dementia and their carers and the organisations / groups supporting them</p> <p>This aligns Cheshire East Council's Corporate Plan. Primarily the priority to:</p> <p style="text-align: center;"><i>Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services</i></p> <p><u>Cheshire East Place – Dementia Strategy</u></p> <p>This strategy has been developed in partnership between Cheshire East Council and Cheshire Clinical Commissioning Group (CCCG), to consider local support needs in relation to dementia, together with service provision, in order to strive to have the right services, in the right place, for the right people at the right time. It builds on the implementation of our first Joint Dementia Commissioning Work plan (2014-2017) and on the 5 themes of "The Well Pathway for Dementia" (NHS England, 2016).</p> <p>Vision</p>					

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	<p>Our vision is to make a real and positive difference to the lives of people affected by dementia, living in Cheshire East. We want to ensure that people living with dementia and their carers, receive high quality, compassionate and timely care whether they are at home, in hospital or in a Care Home.</p> <p>The impact of dementia on the individual and their family can be substantial and distressing. The Council and CCG intend to lead the way in engaging with and providing support to people with dementia and their families and carers as early as possible, and to complement and strengthen existing services in Cheshire East.</p> <p>In supporting this vision, we have set out several long-term outcomes that we want to achieve as part of our commitment to people living with dementia and their carers, in Cheshire East.</p> <ol style="list-style-type: none"> 1. People living with dementia and their carers and families will feel understood. 2. People living with dementia will be able to remain living within their own home and in their own community. 3. People living with dementia and their carers will feel included and listened to and will be fully involved in decision making. 4. People living with dementia and their carers will know how and where to access support in their community 5. People living with dementia will receive a timely diagnosis and personalised and holistic support following diagnosis.
Who are the main stakeholders, and have they been engaged with?	<ul style="list-style-type: none"> • Elected Members • Cheshire Clinical Commissioning Group (Partners in developing the Strategy) • CEC Internal Staff - Includes CEC Connected Communities, Dementia Reablement Service, Operational staff, Local Area Coordinators, Housing etc • Cheshire and Wirral Partnership (CWP) • Alzheimer's Society (Cheshire) • Age UK Cheshire • My Cheshire Without Abuse • Carers Hub

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	<ul style="list-style-type: none"> • Mid Cheshire Trust • East Cheshire Trust • End of Life Partnership • Care Communities and Primary Care Networks • Deafness Support Network • Service User's (families and carers) • Dementia Friendly Community leads • Body Positive • East Cheshire Hospice (Macclesfield) and St Luke's Hospice (Winsford) • Healthwatch • CEC Lifestyle and Culture • CEC Transport Services • Community Rail Partnership representatives – Alsager and Crewe to Manchester Line • Transport Solution Services (TSS) • Cheshire Fire Service
What consultation method(s) did you use?	<p>Between 17 July 2020 and 14 August 2020 Cheshire East Council conducted a survey to gain information to support its draft Dementia Strategy (this survey was developed with the Dementia Friendly Community leads). The aim was to ascertain how service users, their families and carers feel about certain statements based on five key dementia service principles which will form the basis of the draft strategy: Preventing Well, Diagnosing Well, Supporting Well, Living Well and Dying Well.</p> <p>In total, 207 consultation responses were received, responses were received from:</p> <ul style="list-style-type: none"> • Previous / current carers for a local resident living with dementia, 38% • Healthcare professionals, 29% • Family members of a person living with dementia, 8% • Domiciliary care providers (Care at Home), 7% • Other professionals / carers to resident outside of area, 5% • Volunteers / dementia champions, 4% • Care home providers, 3% • Residents living with dementia, 2% • Interested members of the public, 2%

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Demographic Breakdown of Survey respondents		
Table 1: Number of survey respondents by gender		
	Count	Percent
Male	141	77%
Female	37	20%
Prefer not to say	6	3%
Grand Total	184	100%
Table 2: Number of survey respondents by age group		
	Count	Percent
16-24	<5	<1%
25-34	12	6%
35-44	21	11%
45-54	37	20%
55-64	52	28%
65-74	33	17%
75	21	11%
85 and over	6	3%
Prefer not to say	6	3%
Grand Total	189	100%
Table 3: Number of survey respondents by sexual orientation		
	Count	Percent
Heterosexual (straight)	160	89
Bi / Bisexual	<5	1%
Gay / lesbian	<5	1%

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	Other sexual orientation	<5	1%
	Prefer not to say	16	9%
	Grand Total	180	100%
	Table 4: Number of survey respondents by ethnic origin		
		Count	Percent
	White British / English / Welsh / Scottish / Northern Irish / Irish	168	92%
	Asian / Asian British	<5	2%
	Mixed: White and Black Caribbean / African / Asian	<5	1%
	Other ethnic origin	<5	1%
	Prefer not to say	10	5%
	Grand Total	183	100%
	Table 5: Number of survey respondents by religious belief		
		Count	Percent
	Christian	115	63%
	Other religious belief	6	3%
	None	38	21%
	Prefer not to say	24	13%
	Grand Total	183	100%
	Table 6: Number of survey respondents by limited activity due to health problem / disability		
		Count	Percent
	Yes	49	27%
	No	122	67%
	Prefer not to say	11	6%
	Grand Total	182	100%

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	<p>Ethnic Minorities</p> <p>Ideally our discussions with those from ethnic minorities would have taken place on a one-to-one basis where possible, but due to the Covid-19 pandemic this has not been able to take place. Therefore, a script was developed and sent out to the ethnic minority community leads by the Community Development Officers and the Equality, Diversity, and Inclusion Officer from CEC to obtain as much feedback as possible. From the feedback that was received from this script, the consensus is that more education around Dementia is needed, what it means for ethnic minority communities and their families when they have to look after their own family member who may have dementia. More understanding is required, around culture, by health professionals and more translated resources need to be made available.</p> <p>LGBT+ Community</p> <p>A face-to-face meeting was held with representatives from Body Positive and the Take Pride in Ageing Conference 2019 (which focused on Dementia) was attended. From this, the general issue which was raised was the fact that Accommodation with Care (Care Home) and Care at Home (Domiciliary Care) staff need to have an improved awareness of the specific challenges that those living with dementia and who also come from the LGBT+ community face. Also, a general awareness within the community, about the challenges faced by those from the LGBT+ community living with dementia and their carers</p> <p>Disabilities</p> <p>We have worked with Learning Disability leads from the Cheshire and Wirral Partnership; Cheshire East Council leads to inform this strategy. As those living with a learning disability and dementia (and their carers), are a key point of the strategy, we will ensure that we establish a specific service user group to ensure any actions from the strategy are co-produced before being taken forward.</p> <p>We have engaged with Deafness Support Network to gain their feedback around challenges faced by those with a hearing impairment and living with dementia.</p> <p>We have also engaged with East Cheshire Eye Society and Iris Vision to gain the feedback around challenges faced by those with sight loss and living with dementia</p> <p>Consistent links and dialogue have taken place with individuals undertaking the Cheshire East Sensory Impairment Strategy to ensure a golden thread across both strategies</p>
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	<p>Mental Health</p> <p>Cheshire and Wirral Partnership, members of the Older People Mental Health Teams and Mental Health Forum representatives, have been involved in the development of the strategy.</p> <p>The Dementia Steering Group was set up in January 2021, to be part of shaping the draft strategy and taking any actions forward that may be highlighted – members of this group are, Cheshire East Council Cheshire Clinical Commissioning Group, Cheshire and Wirral Partnership, Dementia Friendly Community Leads, End of Life Partnership, and East Cheshire Mental Health Forum.</p> <p>Face-to-face group engagement also took place throughout parts of Cheshire East by our Dementia Friendly Community Leads and / or members of our Communities team and Dementia Reablement team, throughout August 2021. The findings of all engagement measures have been fed into the further development of the draft strategy.</p> <p>A formal consultation will take place on the draft strategy, this will enable stakeholders to comment on the draft version. It is envisaged that the strategy will very much be a working document and meaningful input from partners and key stakeholders will be incorporated. Once the Strategy has been out for formal consultation and becomes a finalised document, there will be engagement events to promote and create awareness with stakeholders including members of the public.</p>
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<p>Who is affected and what evidence have you considered to arrive at this analysis?</p>	<ul style="list-style-type: none"> • Elected Members (Councillors) • Cheshire Clinical Commissioning Group (Partners in developing the Strategy) • CEC Internal Staff - Includes CEC Connected Communities, Dementia Reablement Service, Operational staff, Local Area Coordinators, Housing etc • Cheshire and Wirral Partnership (CWP) • Alzheimer's Society (Cheshire) • Age UK Cheshire • Carers Hub • Mid Cheshire Trust
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	<ul style="list-style-type: none"> • East Cheshire Trust • End of Life Partnership • Care Communities and Primary Care Networks • Service User's (families and carers) • Dementia Friendly Community leads • Body Positive • East Cheshire Hospice (Macclesfield) and St Luke's Hospice (Winsford) • CEC Transport Services • Transport Solution Services (TSS) <p>The evidence which has been considered to enable us to identify who would be affected and how was the following: Partnership working with Cheshire CCG Dementia Survey July 2020 Face to Face Engagement with various stakeholders including carers and those who are living with dementia. Face to Face discussions with those living with dementia and their carers via Dementia Friendly Leads, Alzheimer's Society, Dementia Reablement Team etc took place in August 2021 which identified further points which need to be addressed within the draft strategy. Meetings held with the Dementia Steering Group which include representatives such as Dementia Friendly Community Leads, Carers Hub and various other stakeholders detailed above. The Group have gone through each of the NHS "The Well Pathway for Dementia" which has been used as the format for the strategy, and discussed various points which have been included into the strategy.</p>
<p>Who is intended to benefit and how?</p>	<p>The strategy has been developed in partnership between Cheshire East Council and Cheshire Clinical Commissioning Group (CCCG), and external stakeholders such as Dementia Friendly Community Leads, to consider local support needs in relation to dementia, together with service provision, to strive to have the right services, in the right place, for the right people at the right time.</p> <p>Our vision is to make a real and positive difference to the lives of people affected by dementia, living in Cheshire East. We want to ensure that people living with dementia and their carers, receive high quality, compassionate and timely care</p>

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Could there be a different impact or outcome for some groups?	Yes - Dementia can affect those of ALL ages, especially the elderly and all cohorts of Community such as those living with a Learning Disability, from an ethnic minority / LGBT+ Community etc. As such all these parts of the Cheshire East Community have been consulted within the development of this strategy.							
Does it include making decisions based on individual characteristics, needs or circumstances?	Yes – the strategy and action plan set out the vision and priorities for improvements to services and support for people living with dementia and their carers, by working together across health, local communities, social care, and the voluntary sector. This will reflect the needs of those living with dementia and their carers and oversee the implementation of these actions.							
Are relations between different groups or communities likely to be affected? (e.g., will it favour one group or deny opportunities for others?)	The strategy is inclusive and committed to improving services and support for people of all ages living with dementia and their carers. Older people make up the highest proportion of people living with dementia. There is a greater likelihood that they will also be physically frail or have other physical disabilities and health conditions. This will potentially be exacerbated by their dementia, which could limit their mobility and opportunities for wider social and recreational activities and “staying connected” in their communities.							
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?	<p>YES</p> <p>There are various actions within the strategy which address how we will need to raise awareness around early diagnosis, benefits of such and obtaining support when required to those who may be affected by Young Onset Dementia, those living with a Learning Disability, those from an ethnic minority background – all will need to be tailored to each cohorts needs / requirements.</p> <p>Also, the need to raise awareness around the issues faced by those from a LGBT+ background (especially with the Care workforce)</p> <p>There is also an aspect detailed in relation to those with Sensory Impairments and how they may be affected and how we could help with improving support to them.</p>							
Is there an actual or potential negative impact on these specific characteristics? (Please tick)								
Age	y		Marriage & civil partnership	n		Religion & belief	y	
Disability	y		Pregnancy & maternity	n		Sex	n	

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Gender reassignment	y		Race	y		Sexual orientation	y	
Carers	y		Socio-economic status	n				
What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts <p>The draft Strategy has been developed and co-produced with service users and professionals working across health, local communities, social care, and the voluntary sector.</p> <p>In supporting the vision of the strategy, we have set out several long-term outcomes that we want to achieve as part of our commitment to people living with dementia and their carers, in Cheshire East.</p> <ol style="list-style-type: none"> 1. People living with dementia and their carers and families will feel understood. 2. People living with dementia will be able to remain living within their own home and in their own community. 3. People living with dementia and their carers will feel included and listened to and will be fully involved in decision making. 4. People living with dementia and their carers will know how and where to access support in their community 5. People living with dementia will receive a timely diagnosis and personalised and holistic support following diagnosis. 						Consultation/ involvement carried out <p>Extensive pre-engagement work has involved an online stakeholder survey (including those living with dementia and their carers), various face to face group sessions with those living with dementia and their carers. Additionally, face to face meetings with stakeholders who have a stake in the dementia journey have taken place.</p>		
						Yes	No	
Age			<p>There are approximately 5,192 people over the age of 65 living with dementia in Cheshire East and this is set to increase to 7,514 by 2025 (<i>Cheshire East Local Profile: Alzheimer's Society July 2019</i>)</p> <p>Dementia primarily affects the elderly, but it also affects young adults (Young Onset)</p>			Yes – <p>Various face to face stakeholder meetings prior to covid 19 pandemic in 2019, Dementia survey</p>		

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		took place online with option to have paper copy and contact number to call should assistance be required to complete the survey on individual's behalf should it be required - July – August 2020, also face to face group engagement took place during August 2021 with those living with dementia and their carers.	
Disability	People with learning disabilities or Down's Syndrome are particularly vulnerable to developing young onset of dementia. Having a physical disability, sight or hearing loss can make life more difficult for those living with dementia and their carers.	Yes – Various face to face stakeholder meetings prior to the Covid 19 pandemic in 2019, Dementia survey took place online with option to have a paper copy and contact number to call should assistance be required to complete the survey on an individual's behalf should it be required - July – August 2020.	
Gender reassignment	For older LGBT+ people, living with dementia can be additionally stressful. Not only is this group of people less likely to have family members and children to provide support. They are also more likely to live on their own	Yes – Various face to face stakeholder meetings prior to Covid 19 pandemic in	


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	and be single. Many people fear that mainstream care services will not be willing or are not able to understand how to meet their needs.	2019, Dementia survey took place online with option to have a paper copy and a contact number to call should assistance be required to complete the survey on an individual's behalf should it be required - July – August 2020.	
Marriage & civil partnership	There is no known element in the proposals which is likely to lead to the discrimination on the basis of this protected characteristic.		x
Pregnancy & maternity	There is no known element in the proposals which is likely to lead to the discrimination on the basis of this protected characteristic.		x
Race	There is an increased risk of dementia for those from an ethnic minority background. There are lower levels of awareness of dementia and high levels of stigma associated with the condition within this community	Yes – Various face to face stakeholder meetings prior to covid 19 pandemic in 2019, Dementia survey took place online with option to have paper copy and contact number to call should assistance be required to complete the survey on an individual's behalf should it be required - July – August 2020.	
Religion & belief	There is an increased risk of dementia for those from an ethnic minority background. There are lower levels of awareness of dementia and high levels of stigma associated with the condition within this community	Yes – Various face to face stakeholder meetings prior	

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		to covid 19 pandemic in 2019, Dementia survey took place online with option to have paper copy and contact number to call should assistance be required to complete the survey on individual's behalf should it be required - July – August 2020.	
Sex	There is no known element in the proposals which is likely to lead to the discrimination on the basis of this protected characteristic.		x
Sexual orientation	For older LGBT+ people, living with dementia can be additionally stressful. Not only is this group of people less likely to have family members and children to provide support. They are also more likely to live on their own and be single. Many people fear that mainstream care services will not be willing or are not able to understand how to meet their needs.	Yes – Various face to face stakeholder meetings prior to covid 19 pandemic in 2019, Dementia survey took place online with option to have paper copy and contact number to call should assistance be required to complete the survey on individual's behalf should it be required - July – August 2020.	
Carers	Unpaid carers, usually family members, provide enormous amounts of support to people living with dementia. Without this support, many people	Yes – Various face to face stakeholder meetings prior	

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	living with dementia would have many restrictions to their lives, or would have to use residential or nursing care, which is usually not what they want	to covid 19 pandemic in 2019, Dementia survey took place online with option to have paper copy and contact number to call should assistance be required to complete the survey on individual's behalf should it be required - July – August 2020, also face to face group engagement took place during August 2021 with those living with dementia and their carers.	
Socio-economic status	There is no known element in the proposals which is likely to lead to the discrimination on the basis of this protected characteristic.		x
Proceed to full impact assessment? (Please tick)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Date 25-08-21
Lead officer sign off		Date 27/09/2021	
Head of service sign off	<i>J Sutton</i>	Date 08/10/21	

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Stage 3 Identifying impacts and evidence

This section identifies if there are impacts on equality, diversity, and cohesion, what evidence there is to support the conclusion and what further action is needed

Age	There are some potential impacts which have been identified to date. The new Dementia Strategy should have a positive impact on people of all ages living with dementia and their carers	<p>Dementia primarily affects the elderly but also affects those young adults (Young Onset)</p> <p>Throughout the development of the strategy there were common themes which were identified either throughout the whole pathway or over numerous aspects of individual pathways. Those common themes have been used to shape the overarching ambitions of the strategy. Those ambitions are:</p> <ul style="list-style-type: none"> • To make improvements in the way we communicate and work in partnership with others • To raise awareness of Dementia amongst staff and the local population to reduce the stigma associated with it • To make the changes needed to enable people to get their diagnosis as early as possible • To ensure good information / advice and support is accessible to all (in a format suited to their needs) throughout their dementia journey, for the person diagnosed and their carers • To ensure that Health and social Care work together to provide care and support to those affected by Dementia • To ensure that a range of different community-based options for people living with dementia 	<p>High – the pathways for people living with dementia and their carers are well-established across health, communities, and social care. However, there is a need for Improvements to be made in relation to communication and partnership working</p> <p>It has been identified that there are some gaps in the pathways / signposting and</p>	<p>A Dementia Steering Group has been established. This group will oversee and co-ordinate the Strategy action plan. There will also be numerous task and finish groups established to look at such priority areas as:</p> <ul style="list-style-type: none"> • Information / advice and awareness of Dementia across <u>all</u> cohorts of the community • Specific Challenges relating to those from such cohorts of the community as ethnic minorities, Learning Disability, Sensory
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		<p>and their carers are available, maintained and promoted so that they have more choice over the support they access</p> <ul style="list-style-type: none"> • To enable and empower residents living with dementia to have a voice and say in shaping their community and the support that they receive • To work with partners to enable early conversations with people with dementia and their carers about advance planning and end of life care, so that people can plan ahead and ensure they are fully involved in decisions on care at end of life and that their wishes are known and acted upon • To ensure there are sufficient groups to provide ongoing appropriate peer support for those living with dementia and their carers. • To ensure that carers are supported pre and post bereavement. 	<p>support provided. Further work will be undertaken to make the improvements needed through the action plan.</p>	<p>Impairment, LGBT+ and Young Onset dementia</p>
Disability	<p>A potential negative impact has been identified. The new Dementia Strategy should have a positive impact by improving the understanding and awareness and pathways for those living with a disability</p>	<p>From stakeholder engagement it was found that more awareness and understanding is required of the challenges faced by those living with a disability and their carers face. There also needs to be improved pathways of support and age-appropriate activities, groups and volunteering opportunities.</p>	<p>Medium – The aim of the Strategy and action plan is to improve the lives of people with a disability and living with dementia and their carers by ensuring they get</p>	<p>As above</p>

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			the right help and support at the right time.	
Gender reassignment	A potential negative impact has been identified. The new Dementia Strategy should have a positive impact by improving the understanding and awareness, and also training for care staff, for those from the LGBT+ Community	From stakeholder engagement, the general issue which was raised was the fact that Accommodation with Care (Care Home) and Care at Home (Domiciliary Care) staff need to have an improved awareness of the specific challenges that those living with dementia and who also come from the LGBT+ community face. Also, a general awareness within the community, about the challenges faced by those from the LGBT+ community living with dementia and their carers	Medium – The aim of the Strategy and action plan is to improve the lives of people from an LGBT+ background and living with dementia and their carers by ensuring they get the right help and support at the right time.	As above
Marriage & civil partnership	No impacts have been raised to date. As such the effects of this plan are currently deemed as neutral on this protected characteristic.	No specific action has been identified around this protected characteristic.	Low	n/a
Pregnancy and maternity	No impacts have been raised to date. As such the effects of this plan are currently deemed	No specific action has been identified around this protected characteristic.	Low	n/a

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	as neutral on this protected characteristic.											
Race	A potential negative impact has been identified. The new Dementia Strategy should have a positive impact by improving overall understanding and awareness, and also training for care staff and working with GPs, for those from ethnic minority Communities.	<p>As a result of engagement with ethnic minorities the consensus is that more education around Dementia is needed, what it means for ethnic minority communities and their families when they have to look after their own family member who may have dementia. More understanding required, around culture, by health professionals and more translated resources need to be made available.</p> <p>Representatives from ethnic minority communities also provided feedback via the Dementia Survey:</p> <table><tr><td>Asian / Asian British</td><td>2%</td></tr><tr><td>Mixed: White and Black Caribbean / African / Asian</td><td>1%</td></tr><tr><td>Other ethnic origin</td><td>1%</td></tr><tr><td>Rather not say</td><td>5%</td></tr></table>	Asian / Asian British	2%	Mixed: White and Black Caribbean / African / Asian	1%	Other ethnic origin	1%	Rather not say	5%	Medium – The aim of the Strategy and action plan is to improve the lives of people from ethnic minority communities and living with dementia and their carers by ensuring they have information and awareness of dementia and get the right help and support at the right time.	As above
Asian / Asian British	2%											
Mixed: White and Black Caribbean / African / Asian	1%											
Other ethnic origin	1%											
Rather not say	5%											
Religion & belief	A potential negative impact has been identified. The new Dementia Strategy should have a positive impact by improving overall understanding and awareness, and training for care staff and working with	As a result of engagement with ethnic minorities the consensus is that more education around Dementia is needed, what it means for ethnic minority communities and their families when they have to look after their own family member who may have dementia. More understanding required, around culture, by health professionals and more translated resources need to be made available.	Medium – The aim of the Strategy and action plan is to improve the lives of people from ethnic minority	As above								

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	GPs, for those from ethnic minority Communities	<p>Representatives from ethnic minority communities also provided feedback via the Dementia Survey:</p> <p>Asian / Asian British 2%</p> <p>Mixed: White and Black Caribbean / African / Asian 1%</p> <p>Other ethnic origin 1%</p> <p>Rather not say 5%</p>	communities and living with dementia and their carers by ensuring they have information and awareness of dementia and get the right help and support at the right time.	
Sex	No impacts have been raised to date. As such the effects of this plan are currently deemed as neutral on this protected characteristic.	No specific action has been identified around this protected characteristic.	Low	n/a
Sexual orientation	A potential negative impact has been identified. The new Dementia Strategy should have a positive impact by improving the understanding and awareness, and training for care staff, for those from the LGBT+ Community	From stakeholder engagement, the general issue which was raised was the fact that Accommodation with Care (Care Home) and Care at Home (Domiciliary Care) staff need to have an improved awareness of the specific challenges that those living with dementia and who also come from the LGBT+ community face. Also, a general awareness within the community, about the challenges faced by those from the LGBT+ community living with dementia and their carers	Medium – The aim of the Strategy and action plan is to improve the lives of people from an LGBT+ background and living with dementia and their carers by ensuring they get the right help and	As above

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			support at the right time.	
Carers	<p>There have been some potential negative impacts identified. They are:</p> <ul style="list-style-type: none"> • Carers are not always registered as Carers with their GP surgery. • There is a need for improved local respite and day care option to enable carers to carry on with their caring role <p>The new Dementia Strategy should have a positive impact by improving the understanding and awareness and pathways for those caring for someone living with dementia</p>	<p>A key priority of the strategy is to address the needs of those caring for people living with dementia. It has been identified that there is a need for such things as:</p> <ul style="list-style-type: none"> • Work is required to work with GPs to ensure that any carers identified at point of diagnosis will be registered on their systems to ensure the Carers are effectively signposted to relevant support at an early stage • Carers will have access to affordable local respite and day care options for a cross section of people living with dementia, as this will enable them to continue effectively in their caring role 	Medium – The aim of the Strategy and action plan is to improve the lives of people who care for those living with dementia by ensuring they have information and awareness of how they can be supported and get the right help and support at the right time.	As above
Socio-economic status	No impacts have been raised to date. As such the effects of this plan are currently deemed as neutral on this protected characteristic.	There could be a disadvantaging effect, as there is potential that those from this sector of society may have lower incomes and / or savings, as a result they may	Low	n/a

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		have less choice as to what dementia care takes place and where.		
<p>Is this change due to be carried out wholly or partly by other providers? If yes, please indicate how you have ensured that the partner organisation complies with equality legislation</p> <p>No</p>				

<div>Stage 4 Review and Conclusion</div> <p>Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed</p> <p>The Strategy Ambitions Action Plans, Dementia Steering Group and any other appropriate task and finish required will look at prioritising the actions above. They will consider the gaps identified and improvements needed from the pre-engagement work.</p>			
Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
Address the overarching ambitions of the strategy	Via on-going monitoring of the strategy	Jane Stanley McCrave	March 2023
Raise awareness and understanding across ALL cohorts of society around dementia	Via on-going monitoring of the strategy	Jane Stanley McCrave	July 2022


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Improved pathways of support, groups and volunteering opportunities for those living with dementia and their carers	Via on-going monitoring of the strategy	Jane Stanley McCrave	September 2023
Raise awareness and understanding with the community and Social Care staff around the individual challenges faced by varying cohorts of the community	Via on-going monitoring of the strategy	Jane Stanley McCrave	July 2022
Understanding from Health professionals, of different cultures and the challenges they face when supporting someone living with dementia. More translated resources are required	Via on-going monitoring of the strategy	Jane Stanley McCrave	September 2023
Work with GPs to register more carers on their systems Improve access to affordable local respite and day opportunities	Via on-going monitoring of the strategy	Jane Stanley McCrave	August 2022
Please provide details and link to full action plan for actions	Action Plan to be collated from above mitigating actions.		
When will this assessment be reviewed?	October 2023		
Are there any additional assessments that need to be undertaken in relation to this assessment?	No		

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Lead officer sign off		Date 27/09/2021	
Head of service sign off	<i>J Sutton</i>	Date 08/10/21	

Please publish this completed EIA form on the relevant section of the Cheshire East website

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Stakeholder Analysis

Cheshire East Place Dementia Strategy

2021

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1. Introduction

The purpose of the Cheshire East Place Dementia Strategy is to set out the strategic framework for reducing the risk of dementia (or delaying its onset) and enabling people living with dementia, their families, and carers to live well in Cheshire East. We are clear about the responsibility that both our organisation and Cheshire Clinical Commissioning Group has, to help shape and deliver a better model of health and social care for our residents who have, or may develop dementia, their families, and carers, by building a collective response to the challenges.

Within the Dementia Strategy we will:

- Celebrate the achievements made so far in dementia care in Cheshire East.
- Set out the vision and key achievements by which the overall success of the strategy will be measured.
- Provide a whole system approach across adult social care, health, public health, third sector, private sector and beyond to meet the identified needs of people with dementia and their family and carers from diagnosis until the end of life.
- Establish Dementia friendly Cheshire East.
- Identify key actions for the period of the strategy which will be undertaken to reduce the risk of developing dementia and to further improve the support for people diagnosed with dementia, their family and carers and equip staff involved in dementia care with the right knowledge and skills.

The power/influence of each stakeholder or stakeholder group will be analysed using a power/interest grid and then the stakeholders are assessed in detail, including looking at their likely attitude to the strategy, their expectations and who might be the best person to communicate with them.

2. The Stakeholders

There are three types of stakeholders in the Dementia Strategy Project:

- (i) Individuals and groups who would be directly affected by the strategy (e.g., residents, professionals)
- (ii) Individuals and groups who would be indirectly affected by the strategy (e.g., Housing Providers, GPs, District Nurses, etc.)
- (iii) CEC Elected Members, Senior Management and Staff (e.g., decision-makers and project team)

These groups of stakeholders can also be sub-divided according to the power/influence that they have over the project and their importance to the project.

Stakeholder Analysis

Stakeholders were identified and classified according to their Power/Influence and how important they are to the success of the implementation of the Strategy and its action plans. They are shown on the Power/Interest Grid (also known as a Stakeholder Value Matrix).

		Stake / Importance	
		Low	High
Power / Influence	High	<p>Healthwatch Local Media CEC Lifestyle and Culture CEC Transport Services Community Rail Partnership representatives Transport Solution Services (TSS) My Cheshire Without Abuse Cheshire Fire Service Deafness Support Network Iris Vision East Cheshire Eye Society Body Positive (Silver Rainbows)</p>	<p>Health and Adults Committee CEC Directorate Management Team CEC Corporate Leadership Team Elected Members Cheshire Clinical Commissioning Group (Partners in developing the Strategy) CEC Internal Staff - Includes CEC Connected Communities, Dementia Reablement Service, Operational staff, Local Area Coordinators, Housing etc Cheshire and Wirral Partnership (CWP)</p>
	Low	<p>General Practitioners District Nurses Pharmacies</p>	<p>Service User's (families and carers) Dementia Friendly Community reps Alzheimer's Society (Cheshire) Age UK Cheshire Mid Cheshire Trust East Cheshire Trust End of Life Partnership Care Communities and Primary Care Networks Carers Hub East Cheshire Hospice (Macclesfield) St Luke's Hospice (Cheshire) Cheshire East Communications Team</p>

The table below shows the identified stakeholders together with a brief explanation of their position in the grid above.

Quadrant in Power/Interest Grid	Stakeholder	Explanation
High Stake/ Importance High Power/ Influence	Health and Adults Committee	This committee consists of 13 members. These members collectively make decisions. The political make up of each committee reflects the political make-up of the council. Members debate and vote on decisions, so decisions are made collectively by the cross-party membership. We would seek approval from the Health and Adults Committee to consult on the draft and final Cheshire East Place Strategy
	CEC Directorate Management Team (DMT)	DMT are responsible for signing off reports, budgets etc prior to anything going to Corporate Leadership Team. They would be required to sign off the report requesting approval to consult, prior to the report going to CLT
	CEC Corporate Leadership Team (CLT)	The CLT is responsible for signing off budgets and entering into contracts. They would be required to sign off the report requesting approval to consult, prior to the report going to Health and Adult Committee
	Elected Members	Elected Members are ultimately responsible for the strategic direction of the Council and must sign off any recommissioning over £1M. They would need to be informed when the draft strategy goes out for consultation.
	Cheshire Clinical Commissioning Group	NHS Cheshire Clinical Commissioning Group (CCG) are partners in the development of the draft strategy. They are also responsible for planning and buying healthcare services for a population of around 770,000 people.
	CEC Internal Staff - Includes CEC Connected Communities, Dementia Reablement Service, Operational staff, Local Area Coordinators, Housing etc	Connected Communities are where people and community organisations come together to provide mutual help and support. Connected people and communities strengthen our community, reduce social isolation, loneliness and enable local people to experience greater wellbeing.

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Quadrant in Power/Interest Grid	Stakeholder	Explanation
		<p>Dementia Reablement Service -This service offers help and support for individuals in the early stages of dementia following a formal diagnosis, and their families and carers.</p> <p>Operational Staff – support service users, families and carers who are dealing with dementia.</p> <p>Local Area Coordinators - They aspire to serve the people of Cheshire East through fulfilling their community leadership role, ensuring quality and value in public services, and safeguarding the most vulnerable in society Externally link to Dementia services , groups etc</p> <p>Housing / Planning – they have developed the Vulnerable Older Persons Strategy and the Supplementary Planning document which both identify Dementia as one of the priorities.</p> <p>All of those named above are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>
	Cheshire and Wirral Partnership (CWP)	<p>CWP provide health and care services for local people, including mental health, learning disability, community physical health and all-age disability care. Their services are provided in partnership with commissioners, local authorities, voluntary and independent organisations, people who access their services, their carers, and families. The Memory Clinics are provided by CWP.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>

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Quadrant in Power/Interest Grid	Stakeholder	Explanation
High Stake/ Importance Low Power/ Influence	Service Users (families and carers)	This set of individuals would be High Stake / Importance as their views and input will be invaluable by informing the Dementia Strategy. They could arguably, be considered as High Power / Influence, due to the importance of their input into this Strategy, and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward
	Dementia Friendly Community Reps	These individuals and the people they support are vital. They oversee their specified DFC and act as a conduit between CEC and those living with Dementia and their carers to develop this strategy. They also work tirelessly to ensure their communities are dementia friendly in all areas. They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.
	Alzheimer's Society	Alzheimer's Society is the only UK charity that campaigns for change, funds research to find a cure and supports people living with dementia today. They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.
	Age UK Cheshire East	Age UK Cheshire East is a local charity, providing a range of services to older people across Cheshire East. They are totally independent of the national charity Age UK but work very closely with them to support older people. Their key focus is on the issues of loneliness and dementia, and they provide a range of services that help address those issues. They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved

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Quadrant in Power/Interest Grid	Stakeholder	Explanation
		in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.
	Mid Cheshire Trust (Leighton Hospital)	<p>Provide support, in a Hospital setting to those living with Dementia, their families and carers. The Hospital have their own Dementia Strategy and have a Dementia Support bundle of information for staff to utilise with anyone treated at the hospital who lives with dementia.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>
	East Cheshire Trust (Macclesfield Hospital)	<p>Provide support, in a Hospital setting to those living with Dementia, their families and carers. – The Silk Ward is a dementia friendly ward within Macclesfield Hospital. There is also a Dementia Steering group which runs at the Hospital where any changes by such departments such as Estates, are passed through to ensure they are dementia friendly from the outset – for example improving signage within the Hospital.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>
	End of Life Partnership	The End-of-Life Partnership (EoLP) aim to create a more complete and holistic approach to living well, care, death and loss through public awareness and community engagement, education and training for the health and social care workforce and the development of best practice and services to better serve the needs of our local communities.

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Quadrant in Power/Interest Grid	Stakeholder	Explanation
		<p>Advanced Dementia Support Team (ADST) support those living with Advanced Stages of Dementia - their carers / care homes who support etc.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>
	Care Communities and Primary Care Networks (PCN)	<p>Care Communities - team of local professionals who work in different services and organisations, out in the community. Together they can be involved in your care, alongside your GP and the PCN. Ensuring a joined-up approach to support.</p> <p>PCN - are a key part of the NHS Long Term Plan, with general practices being a part of a network. The networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>
	Cheshire East Carers Hub	<p>Cheshire East Carers' Hub provides a single point of access for all Carers including both young and adult Carers. The hub will ensure that Carers of all ages will have access to information, advice, and a wide range of support services. These support services are designed to help Carers continue in their caring role for as long as they choose and to reduce the impact the caring role can have on a Carers own health and wellbeing.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>

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Quadrant in Power/Interest Grid	Stakeholder	Explanation
	East Cheshire Hospice	East Cheshire Hospice cares for people living with from life-limiting illnesses. They support those living with dementia and their carers in various ways. They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.
	St Luke's Hospice Cheshire	St Luke's Hospice cares for people living with from life-limiting illnesses. They support those living with dementia and their carers in various ways. They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.
	Cheshire East Communications Team	Cheshire East Communications will be vital in accurately providing information across the borough, they will be a useful tool when promoting the strategy and keeping people updated and informed. They also manage the reputation of the Council and the strategy in both the media and with other stakeholders.
Low Stake/ Importance High Power/ Influence	Healthwatch	Healthwatch Cheshire East, part of Healthwatch Cheshire, is an independent voice for the people of Cheshire East to help shape and improve local health and social care services. They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.

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Quadrant in Power/Interest Grid	Stakeholder	Explanation
	Local Media	They would be pivotal in promoting the draft and final strategy to members of the public.
	CEC Lifestyle and Culture	<p>Their role is to enable the economy, communities, and places of Cheshire East to benefit from engagement with culture, contributing to wellbeing, quality of place, creative skills, and prosperity. This is achieved through the provision and commissioning of arts, heritage, museums, creative media, festivals, and events. They run events and groups for people living with dementia their families and carers.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>
	CEC Transport Services	<p>Their role is to provide transport Services to residents of Cheshire East. This includes Community, voluntary and flexible transport services which include services for older people, disabled people or people who do not have access to a car and who live in rural areas without bus services.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>
	Community Rail Partnership leads	<p>We have linked to this partnership with regards the work they have done to make Alsager Station Dementia Friendly, but also to start discussions about how to make stations within Cheshire East (specifically those that sit on the Crewe to Manchester Line) Dementia Friendly – discussions still ongoing</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved</p>

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Quadrant in Power/Interest Grid	Stakeholder	Explanation
		in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.
	Transport Solution Services	<p>They research, plan, and deliver safe transport solutions such as the Flexi Rider service. They have a staff member who is a dementia champion and who delivers dementia friends awareness sessions to others within the service.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>
	My Cheshire Without Abuse (CWA)	<p>My CWA are a Cheshire-based charity supporting families affected by domestic abuse. They were pivotal in starting the conversation regarding those individuals living with dementia (their carers) and domestic abuse. They are one of the partners in the Dementia / Carers and Domestic Abuse Project Group.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>
	Cheshire Fire Service	<p>Cheshire Fire and Rescue Service are committed to working in partnership with many agencies to support the Alzheimer's Society initiative to make the communities of Cheshire, Halton, and Warrington Dementia Friendly communities.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>

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Quadrant in Power/Interest Grid	Stakeholder	Explanation
	Deafness Support Network	<p>Deafness Support Network provides a wide range of support and services for deaf, deafened, and hard of hearing people in Cheshire and the surrounding area. The Network provides practical help, advice, and specialist support when it's most needed. They would be important due to such things as reducing the risk of social isolation in Service Users who have both dementia and a hearing problem.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>
	Iris Vision	<p>IRIS is a local charity in Crewe, established by local visually impaired people from here a variety of services are run for (and often provided by) visually impaired people. They were engaged as part of the development of the strategy.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>
	East Cheshire Eye Society	<p>East Cheshire Eye Society is an independent charity run by a board of voluntary trustees. Their purpose is to enable people affected by sight loss to lead fulfilling lives at work, at home and in the community. They were engaged as part of the development of the strategy.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>

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Quadrant in Power/Interest Grid	Stakeholder	Explanation
	Body Positive (supporting those from LGBT+ community)	<p>Body Positive provide high quality and innovative services in training, volunteering, campaigning, advice and supporting professionals to deliver positive change.</p> <p>They were engaged as part of the development of the strategy. They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>
Low Stake/ Importance Low Power/ Influence	External Professionals – GPs, District Nurses, Local Pharmacies	<p>Whilst these professionals will be working with service users, their families, and carers, they will have little influence on the Strategy. But will be necessary partners in helping to deliver the actions of the strategy.</p> <p>They are involved in sharing such things as information / ideas / good practice, which form aspects of the draft strategy and will also be involved in taking any actions forward where appropriate, once the Strategy is finalised and actions are taken forward.</p>

3. An explanation of the identified stakeholders.

The table below shows in detail an analysis of the directly affected stakeholders identified as High Stake/Importance and High Power/Influence.

Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
Health and Adults Committee	The Draft Dementia Strategy will need to be presented to Committee to ensure they have enough information to provide authorisation to officers for the draft strategy to go out to consultation.	Supportive / Ambivalent	Information contained within the draft strategy is to outline where we are now, where do we need to be and how will we get there in a clear and concise manner. The draft also needs to link to the Corporate Plan and Cheshire East Council's vision regarding Dementia. The Lead Officer is to ensure the above is included within the strategy	CE Directors and Senior Managers.	Commissioning Lead – via Directors / Heads of Service if appropriate

Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
CEC Directorate Management Team	The Draft Dementia Strategy will need to be presented to DMT to ensure they have enough information to provide authorisation to officers for the draft strategy to go to CLT for permission to go to Committee to request permission to consult on the draft document	Supportive / Ambivalent	Information contained within the draft strategy is to outline where we are now, where do we need to be and how will we get there in a clear and concise manner. The draft also needs to link to the Corporate Plan and Cheshire East Council's vision regarding Dementia. The Lead Officer is to ensure the above is included within the strategy	CE Directors and Senior Managers.	Commissioning Lead – via Directors / Heads of Service if appropriate

Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
CEC Corporate Leadership Team	The Draft Dementia Strategy will need to be presented to CLT to ensure they have enough information to provide authorisation to officers for the draft strategy to go to Committee to request permission to consult on the draft document	Supportive / Ambivalent	Information contained within the draft strategy is to outline where we are now, where do we need to be and how will we get there in a clear and concise manner. The draft also needs to link to the Corporate Plan and Cheshire East Council's vision regarding Dementia. The Lead Officer is to ensure the above is included within the strategy	CE Directors and Senior Managers.	Commissioning Lead – via Directors / Heads of Service if appropriate
Elected Members	The Draft Dementia Strategy will need to be presented to Members to ensure they have enough information to provide authorisation to officers for the draft strategy to go to Committee to request permission to consult on the draft document	Supportive / Ambivalent	Information contained within the draft strategy is to outline where we are now, where do we need to be and how will we get there in a clear and concise manner. The draft also needs to link to the Corporate Plan and Cheshire East Council's vision regarding Dementia. The Lead Officer is to ensure the above is included within the strategy	CE Directors and Senior Managers. People living with dementia, families, and carers.	Commissioning Lead – via Directors / Heads of Service if appropriate

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Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
Cheshire Clinical Commissioning Group	<p>They are a partner in developing the strategy therefore, we would need to ensure we effectively communicate with each other and ensure the draft strategy goes through both of our Governance processes in a similar timeframe. They are represented on the Strategy Steering Group.</p> <p>More work may be required in setting up information / services relevant to service users, families and carers affected by Dementia, should gaps in provision be identified</p>	Supportive / Ambivalent depending on what (if anything) needs commissioning / re-commissioning	The draft strategy has been undertaken in partnership with the CCG and they would need to agree the contents of the draft version (via their appropriate governance processes) prior to it being consulted upon.	<p>Cheshire CCG leads, CE Directors and Senior Managers</p> <p>People living with dementia, families, and carers.</p>	Commissioning Lead – via Directors / Heads of Service if appropriate

Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
CEC Internal Staff	<p>They would need to be involved in the Strategy Steering Group. They may need to change ways of working, undertake further training where required.</p> <p>More work may be required in setting up information / services relevant to service users, families and carers affected by Dementia, should gaps in provision be identified</p>	Supportive / Ambivalent	We are to ensure that relevant internal staff have been involved in the development of the draft strategy, where possible be members of the Dementia Steering Group.	<p>CE Directors and Senior Managers</p> <p>People living with dementia, families, and carers.</p>	Commissioning Lead

Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
Cheshire and Wirral Partnership (CWP)	<p>They would need to be involved in the Strategy Steering Group. They may need to change ways of working, undertake further training where required.</p> <p>More work may be required in setting up information / services relevant to service users, families and carers affected by Dementia, should gaps in provision be identified</p>	Supportive /Ambivalent	We are to ensure that relevant representatives from CWP have been involved in the development of the draft strategy, especially around information relating to the Memory Clinics, where possible be members of the Dementia Steering Group.	<p>CE Directors, Senior Managers, CCG Leads</p> <p>People living with dementia, families, and carers.</p>	Commissioning Leads for both CEC and CCG

The table below shows in detail an analysis of the directly affected stakeholders identified as High Stake/Importance and Low Power/Influence.

Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
Service Users (Families and Carers)	<p>We will ask for representatives from this group to be members of any appropriate subgroups that are created as the Dementia Action plans are addressed</p> <p>Surveys / Engagement / Consultation events will also take place where they will be asked to attend</p>	Supportive / Ambivalent	<p>Make sure that any survey, engagement; consultation is effectively promoted in the right areas – ensuring all aspects covered – including BME, LGBT etc.</p> <p>Any events should be accessible and cover all the different areas of CEC to ensure Service Users, Families and carers are not having to travel too far to attend</p>	<p>CE Directors, Senior Managers, CCG Leads</p> <p>Personal experience of dementia support services.</p>	Commissioning Leads for both CEC and CCG

Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
Dementia Friendly Community Reps	<p>They are involved in the Strategy Steering Group and will be pivotal in not only taking the strategy action plans forward but also working together with other members of the steering group to raise awareness, get involved in piloting any pathways etc</p> <p>More work may be required in setting up information / services relevant to service users, families and carers affected by Dementia, should gaps in provision be identified</p>	Supportive / Ambivalent	<p>We are to ensure that relevant representatives from Dementia Friendly Communities in CE have been involved in the development of the draft strategy, especially around information relating to DFC Communities.</p> <p>These stakeholders are pivotal members of the Dementia Steering Group and will work to develop what the draft document looks like and support with any actions from the action plan moving forward.</p>	<p>CE Directors, Senior Managers, CCG Leads</p> <p>People living with dementia, families, and carers.</p>	Commissioning Leads for both CEC and CCG

Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
Age UK Cheshire	<p>They are represented on the Strategy Steering Group and will be pivotal in not only taking the strategy action plans forward but also working together with other members of the steering group to raise awareness, get involved in piloting any pathways etc</p> <p>More work may be required in setting up information / services relevant to service users, families and carers affected by Dementia, should gaps in provision be identified</p>	Supportive / Ambivalent	We are to ensure that relevant individuals have been involved in the development of the draft strategy, where possible be members of the Dementia Steering Group.	<p>CE Directors, Senior Managers, CCG Leads</p> <p>People living with dementia, families, and carers.</p>	Commissioning Leads for both CEC and CCG

Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
Alzheimer's Society	<p>They are involved in the Strategy Steering Group and will be pivotal in not only taking the strategy action plans forward but also working together with other members of the steering group to raise awareness, get involved in piloting any pathways etc</p> <p>More work may be required in setting up information / services relevant to service users, families and carers affected by Dementia, should gaps in provision be identified</p>	Supportive / Ambivalent	We are to ensure that relevant individuals have been involved in the development of the draft strategy, where possible be members of the Dementia Steering Group.	<p>CE Directors, Senior Managers, CCG Leads</p> <p>People living with dementia, families, and carers.</p>	Commissioning Leads for both CEC and CCG
Mid Cheshire Trust (Leighton Hospital)	<p>They are involved in the Strategy Steering Group and will be pivotal in not only taking the strategy action plans forward but also working together with other members of the steering group to raise awareness, get involved in piloting any pathways etc</p>	Supportive / Ambivalent	We are to ensure that relevant individuals have been involved in the development of the draft strategy, where possible be members of the Dementia Steering Group.	<p>CE Directors, Senior Managers, CCG Leads</p> <p>People living with dementia, families, and carers.</p>	Commissioning Leads for both CEC and CCG

Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
	More work may be required in setting up information / services relevant to service users, families and carers affected by Dementia, should gaps in provision be identified	Supportive / Ambivalent	We are to ensure that relevant individuals have been involved in the development of the draft strategy, where possible be members of the Dementia Steering Group.		
East Cheshire Trust (Macclesfield Hospital)	They are involved in the Strategy Steering Group and will be pivotal in not only taking the strategy action plans forward but also working together with other members of the steering group to raise awareness, get involved in piloting any pathways etc More work may be required in setting up information / services relevant to service users, families and carers affected by Dementia, should gaps in provision be identified	Supportive / Ambivalent	We are to ensure that relevant individuals have been involved in the development of the draft strategy, where possible be members of the Dementia Steering Group.	CE Directors, Senior Managers, CCG Leads People living with dementia, families, and carers.	Commissioning Leads for both CEC and CCG

Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
End of Life Partnership	They are involved in the Strategy Steering Group and will be pivotal in not only taking the strategy action plans forward but also working together with other members of the steering group to raise awareness, get involved in piloting any pathways etc More work may be required in setting up information / services relevant to service users, families and carers affected by Dementia, should gaps in provision be identified	Supportive / Ambivalent	We are to ensure that relevant individuals have been involved in the development of the draft strategy, where possible be members of the Dementia Steering Group.	CE Directors, Senior Managers, CCG Leads People living with dementia, families, and carers.	Commissioning Leads for both CEC and CCG
Care Communities and Primary Care Networks	They are likely to be called upon to attend some Dementia Strategy steering group meetings to advise on their experience / support given etc. to Service users, their families, and carers	Supportive / Ambivalent	Not yet fully known	CE Directors, Senior Managers, CCG Leads	Commissioning Leads for both CEC and CCG

Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
Cheshire East Carers Hub	<p>They are involved in the Strategy Steering Group and will be pivotal in not only taking the strategy action plans forward but also working together with other members of the steering group to raise awareness, get involved in piloting any pathways etc, especially around the support required for those caring for individuals living with dementia</p> <p>More work may be required in setting up information / services relevant to service users, families and carers affected by Dementia, should gaps in provision be identified</p>	Supportive /Ambivalent	We are to ensure that relevant individuals have been involved in the development of the draft strategy, where possible be members of the Dementia Steering Group.	<p>CE Directors, Senior Managers, CCG Leads</p> <p>People living with dementia, families, and carers.</p>	Commissioning Leads for both CEC and CCG

Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
East Cheshire Hospice	They are involved in the Strategy Steering Group and will be pivotal in not only taking the strategy action plans forward but also working together with other members of the steering group to raise awareness, get involved in piloting any pathways etc More work may be required in setting up information / services relevant to service users, families and carers affected by Dementia, should gaps in provision be identified	Supportive /Ambivalent	We are to ensure that relevant individuals have been involved in the development of the draft strategy, where possible be members of the Dementia Steering Group.	CE Directors, Senior Managers, CCG Leads People living with dementia, families, and carers.	Commissioning Leads for both CEC and CCG

Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
St Luke's Hospice (Cheshire)	They are involved in the Strategy Steering Group and will be pivotal in not only taking the strategy action plans forward but also working together with other members of the steering group to raise awareness, get involved in piloting any pathways etc More work may be required in setting up information / services relevant to service users, families and carers affected by Dementia, should gaps in provision be identified	Supportive /Ambivalent	We are to ensure that relevant individuals have been involved in the development of the draft strategy, where possible be members of the Dementia Steering Group.	CE Directors, Senior Managers, CCG Leads People living with dementia, families, and carers.	Commissioning Leads for both CEC and CCG

The table below shows in detail an analysis of the directly affected stakeholders identified as Low Stake/Importance and High Power/Influence.

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Stakeholder	How will they be affected by the Dementia Strategy?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the Dementia Strategy?	Who would be the best person to engage with the stakeholders?
Healthwatch	<p>They are involved in the Strategy Steering Group and will be pivotal in not only taking the strategy action plans forward but also working together with other members of the steering group to raise awareness, get involved in piloting any pathways etc</p> <p>More work may be required in setting up information / services relevant to service users, families and carers affected by Dementia, should gaps in provision be identified</p>	Supportive / Ambivalent	We are to ensure that relevant individuals have been involved in the development of the draft strategy, where possible be members of the Dementia Steering Group.	<p>CE Directors, Senior Managers, CCG Leads</p> <p>People living with dementia, families, and carers.</p>	Commissioning Leads for both CEC and CCG
Local Media	They would be contacted to request their involvement in promoting the draft strategy and any awareness campaigns which may follow	Supportive / Ambivalent	Not yet known	<p>CE Directors, Senior Managers, CCG Leads</p> <p>People living with dementia, families, and carers.</p>	Commissioning Leads for both CEC and CCG

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CEC Lifestyle and Culture	They are likely to be called upon to attend some Dementia Strategy steering group meetings to advise on their experience / support given etc. to Service users, their families, and carers	Supportive /Ambivalent	Not yet known	CE Directors, Senior Managers, CCG Leads People living with dementia, families, and carers.	Commissioning Leads for both CEC and CCG
CEC transport Services	They are likely to be called upon to attend some Dementia Strategy steering group meetings to advise on their experience / support given etc. to Service users, their families, and carers	Supportive / Ambivalent	Not yet known	CE Directors, Senior Managers, CCG Leads	Commissioning Leads for both CEC and CCG
Community Rail Partnerships	They are likely to be called upon to attend some Dementia Strategy steering group meetings to advise on their experience / support given etc. to Service users, their families, and carers	Supportive /Ambivalent	Not yet known	CE Directors, Senior Managers, CCG Leads People living with dementia, families, and carers.	Commissioning Leads for both CEC and CCG
Transport Solution Services	They are likely to be called upon to attend some Dementia Strategy steering group meetings to advise on their experience / support given etc. to Service users, their families, and carers	Supportive / Ambivalent	Not yet known	CE Directors, Senior Managers, CCG Leads People living with dementia, families, and carers.	Commissioning Leads for both CEC and CCG

My Cheshire Without Abuse	Currently pivotal members of the Dementia / Carers and Domestic Abuse project group. This will continue as we progress with this project	Supportive / Ambivalent	Key members of the Dementia / Carers and Domestic Abuse Group, any information which requires disseminating and anything they need to be involved in will be communicated effectively and in a timely manner	Via Dementia / Carers and Domestic Abuse Project Group People living with dementia, families, and carers.	Commissioning Lead (Chair of Project group)
Cheshire Fire Service	They are involved in the Strategy Steering Group and will be pivotal in not only taking the strategy action plans forward but also working together with other members of the steering group to raise awareness, get involved in piloting any pathways etc More work may be required in setting up information / services relevant to service users, families and carers affected by Dementia, should gaps in provision be identified	Supportive / Ambivalent	We are to ensure that relevant individuals have been involved in the development of the draft strategy, where possible be members of the Dementia Steering Group.	CE Directors, Senior Managers, CCG Leads People living with dementia, families, and carers.	Commissioning Leads for both CEC and CCG
Deafness Support Network	They currently attend some Dementia Strategy steering group meetings to advise on their experience / support given etc. to Service users, their families, and carers	Supportive / Ambivalent	Not yet known	CE Directors, Senior Managers, CCG Leads People living with dementia, families, and carers.	Commissioning Leads for both CEC and CCG

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Iris Vision	They are likely to be called upon to attend some Dementia Strategy steering group meetings to advise on their experience / support given etc. to Service users, their families, and carers	Supportive / Ambivalent	Not yet known	CE Directors, Senior Managers, CCG Leads People living with dementia, families, and carers.	Commissioning Leads for both CEC and CCG
East Cheshire Eye Society	They are likely to be called upon to attend some Dementia Strategy steering group meetings to advise on their experience / support given etc. to Service users, their families, and carers	Supportive / Ambivalent	Not yet known	CE Directors, Senior Managers, CCG Leads People living with dementia, families, and carers.	Commissioning Leads for both CEC and CCG
Body Positive	They are likely to be called upon to attend some Dementia Strategy steering group meetings to advise on their experience / support given etc. to Service users, their families, and carers	Supportive / Ambivalent	Not yet known	CE Directors, Senior Managers, CCG Leads People living with dementia, families, and carers.	Commissioning Leads for both CEC and CCG

The table below shows in detail an analysis of the directly affected stakeholders identified as Low Stake/Importance and Low Power/Influence.

UNCLASSIFIED

Stakeholder	How will they be affected by the ECH Care Recommissioning?	Will they be openly supportive, negative, or Ambivalent?	What are their expectations and how can these be managed?	Who and/or what influences the stakeholder's view of the ECH Care Recommissioning?	Who would be the best person to engage with the stakeholders?
General Practitioners, District Nurses and Pharmacies	Professionals may need to create new processes/procedures to accommodate any identified information / services	Supportive / Ambivalent	Not yet known	CCG Leads CE Directors, Senior Managers, People living with dementia, families, and carers.	Commissioning Leads for both CEC and CCG

4. A reflective conclusion on the report's findings.

During the process of developing the draft Dementia Strategy we have found those that have been engaged with and / or asked to support in the development of the document, have been very happy to do so. We have found that when we speak to people living with dementia, their carers and anyone involved in the Dementia support pathways, everyone is very passionate about helping to ensure that things are improved where required, happy to share current good practice etc.

As this strategy is in its draft format, there are still some areas which require further engagement and the involvement, and the requirements of the named stakeholders are not yet known.



Working for a brighter future together

Adults and Health Committee

Date of Meeting:	16 November 2021
Report Title:	Cheshire East Joint Market Position Statement
Report of:	Helen Charlesworth-May, Executive Director for Adults, Health and Integration
Report Reference No:	AH/31/21-22
Ward(s) Affected:	All Wards

1. Executive Summary

- 1.1.** The Care Act (2014) places a duty upon local authorities to help to make sure that there are lots of different types of services and support available (market shaping) through the development of a Market Position Statement (MPS).
- 1.2.** A Market Position Statement is a document published by a commissioning authority which summarises the supply, demand, and commissioning intentions in a local authority area. The Market Position Statement brings together local information and analysis with regards to commercial opportunities within the public health, health and social care market in that area.
- 1.3.** The Cheshire East Market Position Statement takes an all-age approach and has been developed jointly across the Council and NHS Cheshire CCG.
- 1.4.** This report outlines the results of the consultation process and presents the final version of the Joint Market Position Statement 2021-25 for approval.

2. Recommendations

- 2.1.** That the Adults and Health Committee approve the final version of the Market Position Statement 2021-25 as outlined in appendix 1.

3. Reasons for Recommendations

- 3.1.** The Care Act (2014) places a duty upon local authorities to help to make sure that there are lots of different types of services and support available (market shaping) through the development of a Market Position Statement (MPS).
- 3.2.** As a statutory requirement, it is therefore important that the Council publishes a final version of the Market Position Statement.

4. Other Options Considered

- 4.1.** There are no alternatives to the recommendation as it is a statutory requirement for the Council to undertake market shaping activities through the development of a Market Position Statement.

5. Background

- 5.1.** As a requirement within the Care Act 2014, a Market Position Statement should outline the following:
 - What support and care services people need and how they need them to be provided.
 - The support and services available at the moment, and what is not available but needs to be.
 - What support and care services the council thinks people will need in the future.
 - What the future of care and support will be like locally, how it will be funded and purchased.
 - How commissioners want to shape the opportunities that will be available.
- 5.2.** The Market Position Statement provides key messages for provider markets taking an 'All Age' approach, and also includes wider market shaping for Public Health, Community Wellbeing and Community Development. The Market Position Statement therefore takes a more integrated and broader market shaping approach and does not focus on adult social care in isolation.
- 5.3.** The Market Position Statement for 2021-25 aims to achieve a shift in social care and health transformation, providing key messages for specific markets, while setting out our 'Strategic Commissioning' approach and wider 'Market Opportunities' and expectations such as:
 - Coproduction and Engagement (Our TOGETHER Guide for coproduction with individuals and communities)
 - Market Engagement and Coproduction
 - Outcomes Focused and Person Centred
 - Performance Monitoring
 - Quality Assurance
 - Safeguarding

- Workforce Development, Recruitment and Retention
- Social Value
- Community Approach: Connected Communities
- Procurement timeline

5.4. The Market Position Statement has been developed jointly by the local authority with NHS Cheshire CCG to ensure that it developed in line with the recently published White Paper 'Integration and Innovation: Working Together to Improve Health and Social Care for All'; the Health and Care Bill; and Build Back Better Plan for Health and Social Care; and is therefore in line with Health and Social Care integration developments.

5.5. A Market Position Statement should be the starting point of a council's market shaping activities (as part of its commissioning function) and not the end point of a process of market facilitation. The Market Position Statement is a tool to encourage continuous dialogue with stakeholders, and therefore for commissioners and providers to use for continued engagement and coproduction.

6. Consultation and Engagement

6.1. The Market Position statement has been jointly developed by Cheshire East Council and NHS Cheshire CCG, including stakeholders from adult social care, children's social care and public health.

6.2. The draft Market Position Statement went out for an 8-week consultation process between 20th July and 15th September 2021. This included:

- The draft Market Position Statement was published on the Council's website along with an online survey/questionnaire to receive and quantify comments.
- Communications via social media campaign and press release will be launched to make residents aware of the Council's consultation and engagement process.
- Communications to all contracted providers and via the Chest Procurement Portal for wider markets/suppliers not contracted.
- Promotion with contracted Providers via contract management processes.
- A workshop with the Voluntary Community Faith Social Enterprise (VCFSE) sector via the Cheshire East Social Action Partnership (CESAP) VCFSE Leaders Group.
- A workshop with Care Providers via the Cheshire East Council Mutual Aid Group.

6.3. In total 26 survey responses were received from individuals and various organisations. A total of 13 organisations also attended two workshops for the VCFSE sector and Care sector.

6.4. The full consultation results are available in the consultation report (appendix 2.0). Key headlines from the report include:

- 88% of survey respondents agree with the key messages for providers.
- 81% of survey respondents agree with the messages to the whole market.
- 76% of survey respondents agree with our commissioning strategy and market opportunities.
- 57% of survey respondents agree with the messages to providers of children and young people services.
- 81% of survey respondents agree with the messages for providers of public health, early intervention and community services.
- 81% of survey respondents agree with messages for providers of care and support to adults.

6.5. The Market Position Statement is the starting point of market shaping. Therefore following on from the initial consultation of the Market Position Statement, ongoing market engagement and coproduction will be undertaken for each individual area of commissioning e.g. through supporting the care market with regards to workforce, recruitment and retention issues; or the service development and re-commissioning of Substance Misuse Services building on our recovery community model.

7. Implications

7.1. Legal

7.1.1. The Care Act 2014 places a duty on local authorities in terms of market shaping and commissioning of adult care and support; and managing market failure. The Care and Support Statutory Guidance states that *“It is suggested that a local authority can best commence its duties under Sections 5 (market shaping and commissioning) and 48 to 52 (provider failure) of the Care Act by developing with providers and stakeholders a published market position statement.”*

7.1.2. The Market Position Statement is one way that local authorities can meet its duties to make available information about the local market and demonstrates activity to meet other parts of Section 5 of the Care Act.

7.2. Finance

7.2.1. There are no financial implications or changes to the MTFS as a result of the recommendation in this report. Budgets and services are aligned to commissioning activities described within the Market Position Statement, in line with the Council’s Medium-Term Financial Strategy (MTFS) processes.

7.3. Policy

7.3.1. The Market Position Statement will contribute towards the vision of the Corporate Plan 2021-2025 to be an open, fair, and green Council and help to deliver the priority to be a Council which empowers and cares about people. The Market Position Statement enables the Council to be open and transparent about our commissioning intentions based on capacity, demand, engagement, and coproduction in partnership with key stakeholders, and importantly with local residents and people who use commissioned services and those who may use them in the future.

7.4. Equality

7.4.1. An Equality Impact Assessment (EIA) has been developed for the Market Position Statement. Feedback from the consultation and engagement of the Market Position Statement has been incorporated within the EIA.

7.5. Human Resources

7.5.1. It is not anticipated that additional staff resources will be needed for the development and delivery of the Market Position Statement.

7.6. Risk Management

7.6.1. The Market Position Statement has been developed in partnership with stakeholders via the Cheshire East Older People Joint Commissioning Project Group. The Project Group is underpinned by project management principles and processes, included a robust project plan and risk management process. Risks are recorded, monitored, and escalated as appropriate. There are no high-level risks associated with the development of the Market Position Statement

7.7. Rural Communities

7.7.1. Commissioning and market shaping should include local population needs analysis to understand the demand and needs of specific groups and communities, as well as identifying gaps in provision and capacity to meet the gap. This therefore includes the development of services within rural communities, and accessibility of services for residents living in rural communities. The Market Position Statement provides specific local consideration and focus on rural communities.

7.8. Children and Young People/Cared for Children

7.8.1. The Market Position Statement takes an 'All Age' approach with key market messages for children and young people service providers, and also Public Health service providers that are targeted at children and young people.

7.9. Public Health

7.9.1. The Market Position Statement provides key market messages for Public Health service providers, and also for broader provider markets which focus on prevention and the wider determinants of health.

7.10. Climate Change

7.10.1. The Market Position Statement sets out the council's strategic commissioning approach, including expectations in terms of Social Value, which includes Social, Economic and Environmental impacts. Providers are therefore required to demonstrate their impact on the environment through their contract with the Council, for example the recently commissioned Community Equipment Service has set recycling and reuse targets for equipment and also carbon reduction activities for the transportation of equipment through the use of electric vehicles.

Access to Information	
Contact Officer:	Shelley Brough, Head of Integrated Commissioning Shelley.brough@cheshireeast.gov.uk
Appendices:	1.0 Joint Market Position Statement 2021-2025 2.0 Consultation Report
Background Papers:	1.0 Cheshire East Council Corporate Plan 2.0 Care Act 2014 3.0 DHSC (2021) Care and Support Statutory Guidance

Cheshire East Council and
NHS Cheshire Clinical Commissioning Group

Joint Market Position Statement

2021/25



Cheshire
Clinical Commissioning Group



Cheshire East
Council

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1. Introduction and vision

Welcome to the first joint Cheshire East Council and NHS Cheshire Clinical Commissioning Group (CCG) Market Position Statement. The Statement helps us to meet our legal duty to sustain and shape the market.

Following on from the previous Cheshire East Council Market Position Statement, we want to transform **social care and health services** to achieve a focus on **early intervention and prevention** and **improved person-centred outcomes**. This new statement also takes a wider, **all age approach**, across Children's Social Care, Public Health, Communities and Adult Social Care.

During the period covered by this statement, we face the challenges presented by Covid-19, a population ageing above the average rate of the North West or England as a whole, and a slowly shrinking working age population. The Council's Corporate Plan highlights our priorities and underpins this Market Position Statement. The statement is also aligned to our wider joint strategy developments including our Connected Communities Strategy, Children and Young People's Joint Commissioning Strategy, Live Well for Longer Strategy, and Cared for Children Sufficiency Statement.

The integration of Health and Social Care is key to driving transformation. We are therefore working with our partners to develop a 'Place Based' vision and plan for the commissioning and delivery of health and care services. Our ambition is to improve outcomes and meet the needs of local communities by focusing on **prevention** and **population health** to **reduce health inequalities**.

We aim to achieve this ambition through the development of collaborative strategic commissioning for Cheshire East communities. Our vision for integrated commissioning is therefore aligned to the **Cheshire East Partnership 5-year Plan** which aims to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives.

In common with other local authorities, we continue to face financial pressures. However, we continue to strive to ensure the provision of **safe, good quality, accessible services** that meet **individual needs**, while ensuring **best value** and **real choice**. **Coproduction** is embedded within everything that we do, putting local people at the heart of commissioning and the delivery of services.



Nichola Thompson
Director of Commissioning
and Transformation
Cheshire East Council

Introduction from Richard Burgess (Deputy Director of Strategy and Partnerships), NHS Cheshire Clinical Commissioning Group

We are committed to delivering our strategic objectives which have been set out to improve wellness in our communities; deliver high quality services for everyone who needs care; reduce inequalities in health outcomes; and ensure our health and care system is financially sustainable.

Health and care integration at 'Place' is essential for us to meet these objectives and therefore we will work closely with our partners over the next 12 months to accelerate our integrated priority areas, further developing our care community delivery models; shifting to outcome-based population health management approaches to commissioning and supporting new and emerging Integrated Care Systems (ICSs).



Richard Burgess
Deputy Director of Strategy
and Partnerships
NHS Cheshire Clinical
Commissioning Group

Our vision is to enable people to live well for longer; to live independently and to enjoy the place where they live.

The Cheshire East 5 year Partnership Plan 2019-2024 across health and social care aims to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives.

The high level outcomes within the Plan include:

1. Create a place that supports health and wellbeing for everyone living in Cheshire East
2. Improve the mental health and wellbeing of people living and working in Cheshire East
3. Enable more people to Live Well for Longer in Cheshire East
4. Ensure that children and young people are happy and experience good physical and mental health and wellbeing

The Covid-19 pandemic has allowed us to re-think what is important for Cheshire East. We have seen great community spirit, people helping people, businesses helping businesses, and service providers and our staff and partners going the extra mile in unprecedented circumstances. We want to build on the changes we have seen in the last year, with the council's key vision of being open, fair and green leading to the following Corporate Plan strategic priorities.

Our Corporate Plan Priorities

An open and enabling organisation

Ensure that there is transparency in all aspects of council decision making

Listen, learn and respond to our residents, promoting opportunities for a two-way conversation

Support a sustainable financial future for the council, through service-development, improvement and transformation

Look at opportunities to bring more income into the borough

Support and develop our workforce to be confident, motivated, innovative, resilient and empowered

Promote and develop the services of the council through regular communication and engagement with all residents

A council which empowers and cares about people

Work together with residents and partners to support people and communities to be strong and resilient

Reduce health inequalities across the borough

Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation

Be the best Corporate Parents to our children in care

Support all children to have the best start in life

Increase opportunities for all children and young adults with additional needs

Ensure all children have a high quality, enjoyable education that enables them to achieve their full potential

Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia devices

A thriving and sustainable place

A great place for people to live, work and visit

Welcoming, safe and clean neighbourhoods

Reduce impact on the environment

A transport network that is safe and promotes active travel

Thriving urban and rural economies with opportunities for all

Be a carbon neutral council by 2025

2: What is a market position statement?

A market position statement (MPS) is a document published by commissioning authorities which summarises the supply and demand in a local authority area. The MPS brings together local information and analysis relating to commercial opportunities within the public health, health, and social care market in that area.

The MPS should:

- help existing and prospective providers to understand the local context, explaining what health and care services and support is available, any gaps, and how services should be delivered
- support providers to shape and develop their services to meet local need and demand
- describe potential future needs and opportunities for providers

3: Key messages for providers

- Services should be **person centred** and **outcomes focused**
- We focus on **early intervention and prevention** to reduce avoidable **health inequalities**
- We work in **partnership with local people** and the **voluntary community and faith sector**, building on local **strengths and community assets** to support our early intervention and prevention approach, including reducing hospital admissions and to support more people who need low level support following hospital discharge.
- Prevailing models of service delivery, pathways and integration will focus on **prevention**, hospital avoidance, the development of **home first and discharge to assess** pathways, which operate 7-day working as appropriate.
- We are moving towards more **flexible commissioning models** which enable services to respond quickly and meet short term demand identified.
- We aim to reduce inequalities, promote fairness and opportunity for all, and support our most vulnerable residents. As part of this work, we are committed to providing **more extra care facilities**, including **dementia services**.
- **Social Care and Health Integration** will enable a more **collaborative** approach to commissioning. An example is the joint commissioning of beds across health and social care. We also want to see greater collaboration in the marketplace around **recruitment**.
- **Social value** (Community Wealth Building and Sustainability) is a key focus for all commissioning and procurement activities across health and social care.

4. Local and national context

The Cheshire East Borough Profile provides a high-level overview of the borough of Cheshire East. It contains information on demographics, learning, health and wellbeing, caring for children & adults, employment, households and crime.

Population

At a national level, by 2026 older people will account for almost half (48%) of the number of new households, resulting in 2.4 million more 'older' households than there are today. By 2041, the composition of the older age group will have changed dramatically. There will be a higher proportion of the older age groups, including the over 85s; more older people from black and minority ethnic groups, and double the number of older disabled people. One in 5 children born today can expect to live to 100 years old. The rise in the older people population and particularly those in the 'older old' age groups presents a challenge for those who provide adult social care services and the wider community.

Current Cheshire East population

Figure 1 shows a population pyramid for Cheshire East. The population is estimated to be fairly even in terms of gender split with slightly more females than males. As females have a higher life expectancy (life expectancy of birth at 83.7 years for females compared to 80.3 for males, 2015 to 2017 data) it is unsurprising to see more females than males in the 90 and over age group at the top end of the pyramid. The lower end of pyramid shows a dip in the proportion of individuals aged from late teens to early twenties in Cheshire East. This is possibly a result of young people leaving to go to college or university.

Figure 1. Population pyramid of mid-year 2019 population estimates for Cheshire East by gender and year of age by percentage of population in age band.

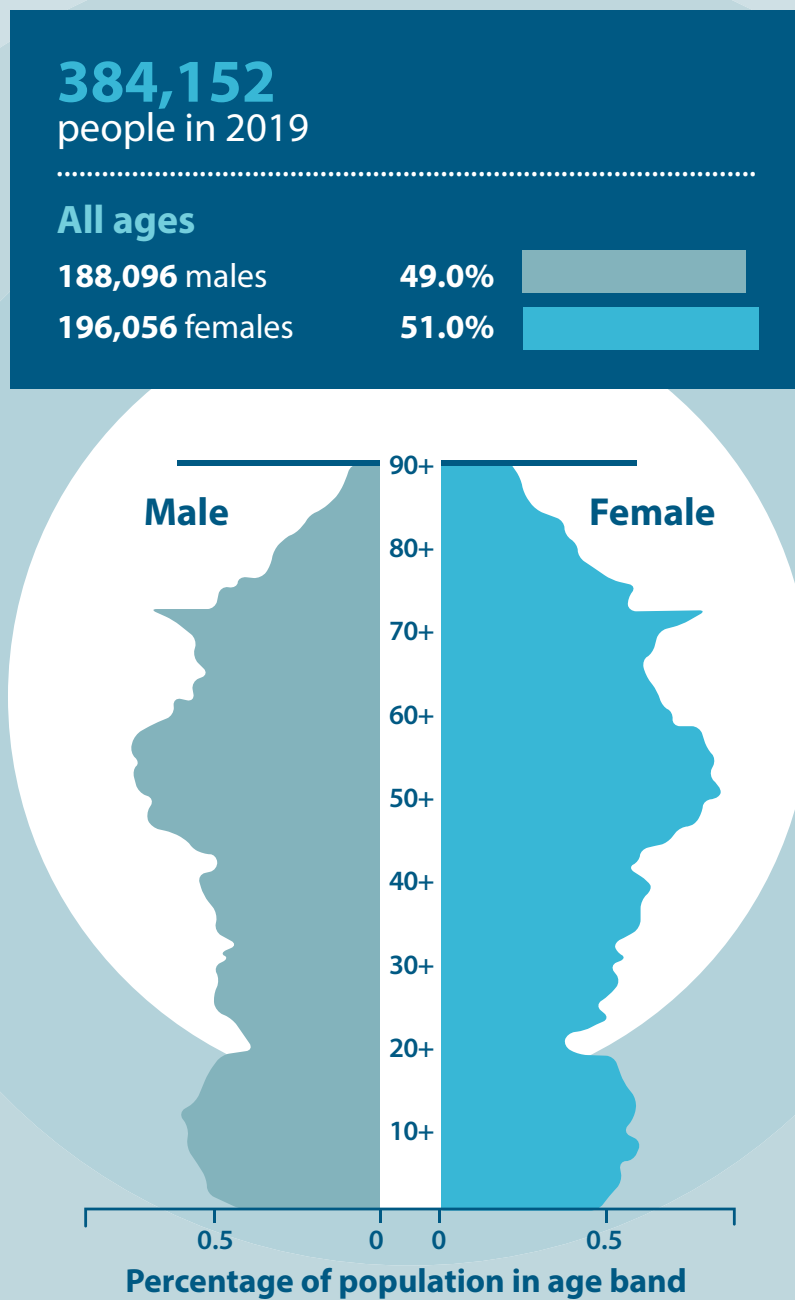
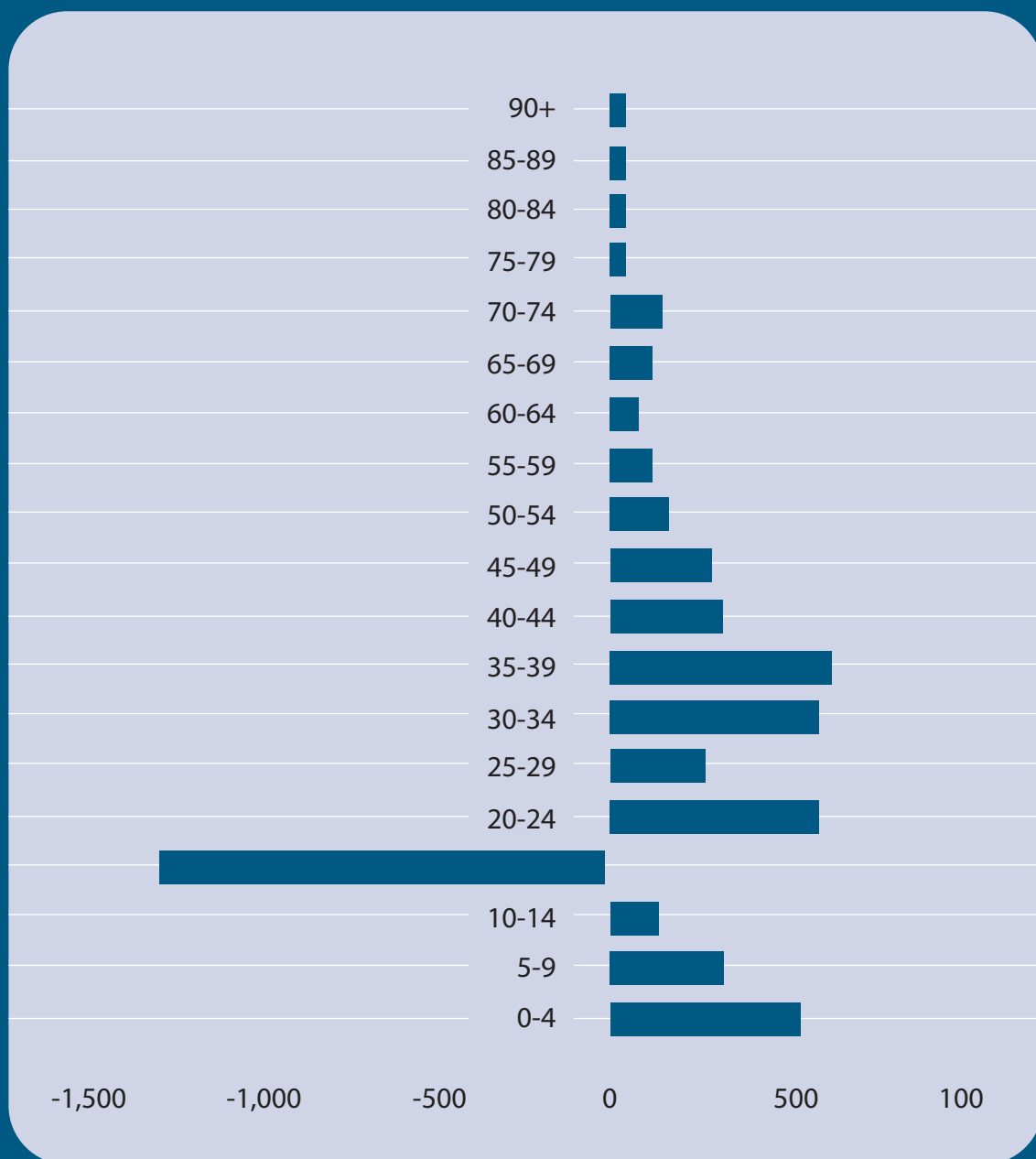


Figure 2 shows net internal migration - inflow minus outflow. There is a positive net inflow for all age groups except for 15 to 19 year-olds. This group shows a large decrease of 1,274, reflecting the data in figure 1.

Most internal migration is to neighbouring authorities, with Stockport, Cheshire West, Manchester and Newcastle-under-Lyme accounting for roughly 28% of all Cheshire East's outflow population.

Figure 2. Net internal migration for Cheshire East by 5-year age groups for year ending June 2019 (inflow minus outflow)



Population projection

Population projections are carried out every 2 years by the Office for National Statistics (ONS) and are an indication of potential trends over the next 25 years. Assumptions for future levels of births, deaths and migration are based on observed levels, mainly over the previous 5 years.

Table 1 shows the latest population projections, based on 2018 mid-year estimates and predicting population levels from mid-2018 to mid-2043.

Table 1. 2018-based subnational principal population projections for Cheshire East, the North- West and England, with total and proportion of total population (%) for 2018, 2028 & 2038

	Total	0-14	15-64	65 plus	70 plus	85 plus
2018-based subnational principal population projections – 2018						
Cheshire East	380,790	64,316 (17%)	229,786 (60%)	86,688 (23%)	63,371 (17%)	11,769 (3%)
North West	7,292,093	1,316,373 (18%)	4,621,095 (63%)	1,354,625 (19%)	972,267 (13%)	170,193 (2%)
England	55,977,178	10,144,712 (18%)	35,653,213 (64%)	10,179,253 (18%)	7,356,660 (13%)	1,364,978 (2%)
2018-based subnational principal population projections – 2028						
Cheshire East	399,336	63,088 (16%)	231,189 (58%)	105,059 (26%)	77,185 (19%)	15,306 (4%)
North West	7,581,231	1,288,501 (17%)	4,705,246 (62%)	1,587,484 (21%)	1,138,119 (15%)	206,611 (3%)
England	58,751,651	9,839,524 (17%)	36,736,399 (63%)	12,175,728 (21%)	8,805,137 (15%)	1,675,779 (3%)
2018-based subnational principal population projections – 2038						
Cheshire East	413,025	62,487 (15%)	226,440 (55%)	124,098 (30%)	94,918 (23%)	22,016 (5%)
North West	7,801,681	1,278,483 (16%)	4,694,188 (60%)	1,829,010 (23%)	1,370,285 (18%)	283,279 (4%)
England	60,766,253	9,709,113 (16%)	36,727,207 (60%)	14,329,933 (24%)	10,774,423 (18%)	2,348,558 (4%)

Both regionally and nationally, there is projected to be a proportional population growth in those aged 65 and over, with a decrease in the populations aged 0 to 14 and of working age.

Table 2 shows the levels of change between 10-year and 20-year intervals for the 2018-based subnational principal population projections, to consider how the population of Cheshire East specifically is anticipated to change.

Table 2. 2018-based subnational principal population projections for Cheshire East across age bands with 10- and 20-year difference with percentage change (%)

2018-based subnational principal population projections – Cheshire East	Total	0-14	15-64	65 plus	70 plus	85 plus
2018	380,790	64,316	229,786	86,688	63,371	11,769
2028	399,336	63,088	231,189	105,058	77,185	15,306
10 year change (% change)	18,546 (5%)	-1,228 (-2%)	1,403 (1%)	18,370 (21%)	13,814 (22%)	3,537 (30%)
2038	413,025	62,487	226,440	124,098	94,918	22,016
20 year change (% change)	32,235 (8%)	-1,829 (-3%)	-3,345 (-1%)	37,410 (43%)	31,547 (50%)	10,247 (87%)

In the next 20 years the population of Cheshire East is predicted to grow by 32,235, increasing total population by 8% to 413,025. This represents a crude growth rate of 1,611 people per year.

As found with the Census to Mid-Year estimates there is again an expected decrease in the number of individuals aged 15 to 64 (-3,345) as well as those aged 0 to 14 (-1,829). As previously discussed, the decrease in working age population is likely due to an ageing population and the decrease in those aged 0 to 14 is likely to be due to individuals having smaller families than in previous years. This is supported by the household projections also showing a decrease in the number of households that have two or more dependent children in the coming years.

Household trends identify a potential need to support the housing needs of this older population as well as a predicted increase in the number of single households within Cheshire East by 2043.

In summary, we are facing the challenges presented by a population ageing at a faster rate than across either the North West or England as a whole, as well as dealing with a slow reduction in the working age population.

While an ageing population is presenting challenges globally, there are a number of local factors that are likely to have a disproportional impact in Cheshire East as compared to the North West or England. The following data points are taken from the 2018 ONS report “Living longer: how our population is changing and why it matters”, to provide additional insight alongside the projections and estimates previously discussed.

Local considerations

The older population is not equally spread across the UK. Higher concentrations of older populations are found in rural and coastal areas than urban areas. The borough of Cheshire East is defined by the Rural Services Network SPARSE classification as 'predominately rural', while the Defra Rural Classification is 'urban with significant rural'. Rural areas are expected to see larger than average increases in population aged 65 and over with virtually no increase in the younger populations.

Access to services

Older people are more likely to live in rural areas than younger people, which means accessing services (such as shops, health visits and socialising) often involves longer journeys. Public and private transport is less available in rural areas, so these people are more reliant on cars. However, driving rates decrease with age. This can leave older people in rural areas isolated and struggling to access services, particularly those who cannot afford to pay for taxis or have no family members close by.

We may therefore need to consider providing greater support for transport in the future, given that 'barriers to housing and services' is already highlighted in the Indices of Deprivation (IMD) for a number of rural Lower Super Output Areas (LSOAs) likely to see an increase in this vulnerable population. Such areas include Congleton and Holmes Chapel Rural L1, Sandbach and Alsager Rural L1 and L3, and Acton, Minshull and Wybunbury L1 and L2. (17 of 234 LSOAs in Cheshire East are in the top decile i.e., the most deprived in this domain, IMD-2109).

Health services

At age 65 years, both men and women can expect to spend around half of their remaining life in good health. However, the likelihood of becoming disabled and/or experiencing multiple chronic and complex health conditions increases with age. As life expectancy increases, so does the amount of time lived in poor health. The Health Survey for England shows that in 2016, 29% of those aged 60 to 64 years had two or more chronic conditions. For those aged 75 years and over this rises to almost half. As the population of Cheshire East continues to age, there may be a requirement to support more individuals with chronic conditions.

Social care

Social care requirements increase with age, with people aged 65 and over on low incomes the most likely to need help with daily activities. Although those on low incomes are more likely to receive help than those on higher incomes, the gap between the need for help and receipt of help is widest for those on low incomes. We have both areas of deprivation (particularly in Crewe) and of affluence. Social care offerings may need to be adjusted to ensure that those in low income areas are getting the support they need.

Wellbeing

Personal wellbeing (life satisfaction; how worthwhile life is; happiness), levels vary across different ages. Ratings are lowest around mid-life but then start to rise around ages 60 to 64 years, peaking between the mid-60s and mid-70s before starting to decrease with age.

Similarly, anxiety levels are highest in mid-life and start to decline in people's early- to mid-60s, dropping to their lowest levels in the mid- to late-60s after which they stay relatively stable. The decreasing in wellbeing at the oldest ages reflect declines in health and the increased risk of widowhood. This is an issue likely to require future support in the borough.

Equality and diversity

Providers have a responsibility to ensure that services are accessible to all and are designed to meet the needs of the local population. Information about equality and diversity is essential in the planning, commissioning, and delivery of local services.

Under the Equalities Act, we are required to ensure that services do not discriminate against people in any of the 9 protected characteristics groups:

Age, Disability, Gender reassignment, Marriage or civil partnership (in employment only), Pregnancy and maternity, Race, Religion or belief, Sex, Sexual orientation

Ethnicity

We must consider ethnicity through the protected characteristic of race. Levels of ethnicity are hard to measure. This is for two reasons. First, ethnicity is not a single measure but a composite measure of many different factors that make up an individual or community. Second, the proportions of different ethnic groups in an area can change quickly. The most reliable estimates for ethnicity within Cheshire East are the 2011 census figures, shown in Table 3. Other experimental estimates are available.

Table 3

1991

Total residents	380,790	
White	335,759	98.6%
White: Other*	Not measured	
Mixed	Not measured	
Asian / Asian British*	1,332	0.39%
Black / Black British	900	0.27%
Other / Chinese	1,288	0.38%

2001

			Difference
Total residents	351,817		12,538
White	345,637	98.24%	9,878
White: Other*	4,564	1.30%	
Mixed	2,076	0.59%	
Asian / Asian British*	1,918	0.55%	586
Black / Black British	714	0.20%	-186
Other / Chinese	1,472	0.42%	184

2011

			Difference
Total residents	370,127		18,310
White	357,940	96.71%	9,878
White: Other*	9,435	2.55%	4,871
Mixed	3,873	1.05%	1,797
Asian / Asian British*	4,935	1.33%	3,017
Black / Black British	1,402	0.38%	688
Other / Chinese	1,977	0.53%	505

* denotes changes in classification to allow comparison and will not match census figures exactly. % do not sum to 100 due to the inclusion of 'White: Other'

Nationality (2011 Census)

Nationality	Total	Percentage
English only identity	243,425	65.77%
British only identity	60,134	16.25%
English and British only identity	42,460	11.47%
Polish	4,073	1.10%
Scottish only identity	3,411	0.92%
Welsh only identity	3,212	0.87%

Country of birth (2011 Census)

Nationality	Total	Percentage
England	336,198	90.83%
Scotland	6,204	1.68%
Wales	5,836	1.58%
Poland	3,868	1.05%
Ireland	1,826	0.49%
Northern Ireland	1,576	0.43%
India	1,416	0.38%

Cheshire East has a high proportion of 'White' residents at 96% of the population. This is higher than both the national (86%) and regional average (90%). The figure for 'White: other' population is included above as this represents the largest minority group population in Cheshire East (2.6%) but is hidden due to the way 'White' is considered a single homogenous group when reported. This population group almost doubled in size between the 2001 and 2011 census.

Cheshire East Joint Strategic Needs Assessment (JSNA)

Health and Wellbeing Boards have a duty to produce a Joint Strategic Needs Assessment (JSNA). The JSNA identifies health and social care needs that can be met or affected by the council and clinical commissioning group and identifies opportunities for improvement. Our JSNA includes a breakdown of health inequalities across the borough in the form of a 'Tartan Rug' which maps health indicators geographically.

Local and national policy context

The Care Act 2014 sets out the law around market development in adult social care. The act describes the duties and responsibilities for market-related issues for the Department of Health, CQC and for local authorities.

- section 5 sets out duties on local authorities to facilitate a diverse, sustainable, high-quality market for their whole local population (including those who pay for their own care) and to promote efficient and effective operation of the adult care and support market as a whole.
- sections 48 to 56 ensure that no one goes without care if their provider's business fails and their services cease. It covers CQC market oversight and local authority duties for ensuring continuity of care in the event of provider failure and service cessation.

Our Market Position Statement is aligned to a number of strategies and plans, including:

Cheshire East Council Corporate Plan

Cheshire East Partnership 5-Year Plan

Cheshire East Children and Young People's Plan

Equality, Diversity and Inclusion Strategy 2021-2025

All Age Mental Health Strategy 2019-22

My Life My Choice – A Strategy for Learning Disabilities in Cheshire East (2019-2022)

All Age Autism Strategy - 2020-2023

Vulnerable and Older People's Housing Strategy

Domestic Abuse Strategy

Neglect Strategy

5. Messages to the whole market

Financial impact of Covid-19

The COVID-19 pandemic is a global crisis on an unprecedented scale. Coronavirus has affected countries and communities worldwide and without doubt has significantly changed our way of life as we all know it. Against this backdrop, we have incurred significant additional costs and seen income in many areas reduced, including parking, weddings, planning applications, council tax and business rates.

In common with every other clinical commissioning group, and council, Cheshire East is also dealing with unprecedented financial pressures due to increasing demand on our statutory duties to protect the most vulnerable, particularly in adult and children's social care.

The impact of COVID-19 only adds to the uncertainty around the funding of vital local services that we must both manage and seek to secure. We must also plan for and support the recovery of our economy, our communities and our local public services.

Independent studies have identified that the forecast shortfall in funding for council services in England as a whole as a result of the COVID-19 pandemic is £3.1 billion. This is in addition to an underlying shortfall of as much as £4 billion that reflects the short-term nature of funding settlements from central government and the failure to recognise the growth in demand for services.

We have reported a potential £13 million funding deficit for Cheshire East Council related to the impact of COVID-19 in 2020/21 in addition to an already identified shortfall of £12 million in 2021/22. There is uncertainty around the impact of COVID-19 on the remainder of this financial year and around the longer-term impacts of the pandemic into 2021/22 and beyond.

During 2021/21 the CCG received £38.4m of funding to support the COVID-19 pandemic of which the majority of additional expenditure was to support the Hospital Discharge Programme (HDP) of circa £33.4m and primary care £3.9m. The HDP was implemented nationally to maximise hospital bed capacity by funding post-discharge recovery and support services, rehabilitation and reablement for the patients discharged from hospital.

The HDP Scheme 1 funding was in place until the patient recovered whilst the HDP Scheme 2 was implemented in September 2020 and provided 6 weeks post discharge funding. The HDP costs and estimates are based on agreed packages of care for each individual along with a number of other specific contracts used to support the HDP. The CCG has also supported the creation of 18 GP-led COVID Vaccination sites across Cheshire with which are being led by the GP Primary Care Networks. The CCG expenditure in relation to property leases, clinical waste and set up costs was £559k (less allocation of £503k - £56k).

Expenditure overview

Cheshire East Council provides more than 500 services for approximately 382,400 residents. From gritting roads to looking after vulnerable people, hundreds of different services are delivered every single day. We are responsible for managing total expenditure in excess of £700 million. After accounting for conditional income and grants received, this creates an annual net revenue budget of approximately £300million to cover the day-to-day running costs of providing vital services. The figure equates to approximately £15 per week per resident.

During the 2020/21 financial year, NHS Cheshire CCG has been supporting NHS England and Improvement and other partners in its national response to the COVID-19 pandemic. As a consequence, an interim finance regime was implemented nationally which set the value of contracts (level of funding) to be paid to NHS and Independent Providers along with the implementation of the Hospital Discharge Programme.

This resulted in the CCG expenditure being fully met for the first six months of the financial year, resulting in a balanced position with a further allocation being granted for the remaining six months of the financial year with a final outturn for the year of a small surplus of £35,000. Further details of the CCG's financial overview is available via the CCG's annual report.

Cheshire East Council Medium Term Financial Strategy 2021-25

Cheshire East Council's Medium Term Financial Strategy (MTFS) outlines the key financial issues (including those that relate to the ongoing pandemic), the proposed response to these financial challenges, and our plans for spending. As part of the strategy, service commissioners will continue to work with stakeholders to achieve significant savings through service transformation and re-design; contract re-negotiation with existing providers; and decommissioning or reinvestment in more effective and efficient services for improved outcomes for local people.

Council spend in 2019/20 (pre Covid-19) across the independent and voluntary and community sector was:

- over £166 million gross (£113 million net) on adult social care
- over £44 million gross (£40.7 million net) on children's social care
- over £16 million gross (net is £0 due to funding from the PH grant) on public health
- over £4.5 million gross (£3 million net) on housing-related services

Procurement legislation (Public Contracts Regulations 2015)

Cheshire East Council is a contracting authority as defined within Regulation 2 of the Public Contracts Regulations 2015. This means that contracts above the relevant threshold must be tendered in accordance with the Regulations and all contracts are subject to the treaty principles of transparency, equal treatments and non-discrimination, proportionality and mutual recognition. These Regulations remain in place following the UK's exit from the European Union.

However, a new "Find a Tender" service for publishing contract notices replaced the Official Journal of the European Union (OJEU) on 1 January 2021. Cheshire East Council will still be using the Chest procurement portal to publish its procurement opportunities.

Central government are considering further reforms to the Regulations and have published a Green Paper, 'Transforming Public Procurement', which is currently out for consultation. The goal is to speed up and simplify the procurement process, place value for money at the heart of procurement, and unleash opportunities for small businesses, charities and social enterprises to innovate in public service delivery. The new Regulations are expected to be in place by September 2023.

NHS Provider Selection Regime

NHS England and NHS Improvement have set out proposals to replace the current rules for procuring NHS healthcare services through the NHS Provider Selection Regime. The aim of the new regime is to create more flexible arrangements that better support the NHS ambition for greater integration and collaboration between NHS organisations and their partners, while reducing administrative bureaucracy. These proposals include Public Health Services.

LiveWell Cheshire East

LiveWell Cheshire East is an online resource providing a directory of local services, activities, and groups, together with information and advice related to care and health. Residents can access LiveWell from the homepage of the council's website or directly via the LiveWell website.

As such, the council encourages relevant local organisations to list their services (including commissioned services). To do this you can go to the following page on the LiveWell website.

Digital Solutions

It is important for providers to identify and incorporate digital solutions and innovation alongside all services areas where possible and appropriate. This includes assistive technology (telehealth / telecare) services, but also wider digital solutions and innovation within care provision. It also includes digital and innovative solutions for children and young peoples services, public health, early intervention and prevention, and community wellbeing services.

Service user contributions to costs of social care services

Cheshire East Council's charging policy for services follows the Care Act 2014. Any individual found through a social care assessment to have eligible needs for care and support services may be expected to pay all or part of the costs depending on their individual circumstances.

Some services are not chargeable, such as Intermediate Care and some reablement services. Some services are charged at a flat rate, such as deferred payments, telecare services, Money Management fee and full cost administration.

The council will communicate with residents in relation to any charges and fees when services are accessed and in the event of any changes.

The charging policy and further information can be found at Paying for care (cheshireeast.gov.uk)

Self-funders

At present, anyone with Capital over £23,250 will be required to full fund their own care services. Irrespective of a resident's financial means, they are entitled to a Social Care Assessment.

The Building Back Better Plan for Health and Social Care explains proposals from Central Government to financially support residents who are paying the full cost of their care, specifically the capping of adult social care costs.

Cheshire East Council will work to understand the changes of this plan and upon implementation will support residents who are eligible for funding support from the Local Authority.

Under the Care Act 2014, councils have a duty to provide information and support to residents who fund some or all of their care and support needs. We continue to develop support to such residents. We have implemented a Care Finder tool as part of the LiveWell directory which will support residents with the search for services and support that are appropriate for their needs, giving them greater choice and control.

We will sometimes make care arrangements for people who are liable to meet the full cost of their care and support needs.

It is hard to get a true picture of the number of self-funding residents in the borough, as many people paying for their own care may never become known to us. However, we expect the number of self-funders requiring care and support to increase.

6. Our commissioning strategy and the market opportunities

This section sets out our ambition for how we want to work with providers, through the key principles of good commissioning. It also provides information about how providers can improve the quality of the services they deliver in line with our values, strategy and priorities.

Our Commissioning Cycle



Stage of Commissioning

Commissioning Activity

Purchasing/Contracting

Coproduction and engagement with service users and communities

Coproduction and engagement with service users and communities as commissioners or service providers is key to service improvement and development and ensuring quality service provision. Cheshire East Council's TOGETHER coproduction guide was coproduced by young people, adults and older people living in Cheshire East.

TOGETHER is our shared definition of coproduction in Cheshire East because it's inclusive to all:

T eamwork
O pen-minded ideas and discussions
G enuine communication for all partners
E qual partners help to shape and improve support for all
T rust each other to make the right decisions
H onest
E ngage and empower children, young people, adults and families
R espect for everyone's views and opinions

Our promise is that we will work **TOGETHER** as equal partners towards a common goal for people living in Cheshire East.

We will:

- ✓ listen to your views
- ✓ communicate honestly
- ✓ trust each other
- ✓ be person centred
- ✓ adapt to people's needs
- ✓ respect and value all opinions
- ✓ do what we say we will

We won't:

- ✗ use jargon or acronyms
- ✗ give too much information
- ✗ rush meetings
- ✗ take too long to complete our actions
- ✗ be judgmental

Outcomes-focused

Taking an outcomes-based approach is about listening to people and acting on what they say they want to achieve. Outcomes-based working is important to ensure that the person is treated as an individual and that they are at the centre of decisions that affect them, rather than being shoehorned into a service. The approach gives people choice and control and helps them feel empowered.

We commission in order to achieve outcomes for our citizens, communities and society as a whole; based on knowing their needs, wants, aspirations and experience.

We are currently developing a Joint Outcomes Framework across health and the local authority which will inform our priorities for commissioning for population health outcomes.

Market engagement and coproduction

It is important that providers work collaboratively with commissioners to co-design and coproduce local services. This includes the transformation and re-design of services prior to going to the market for competitive procurement, or market engagement opportunities such as 'Bidder Days' 'Market Engagement Events' or 'Supplier Surveys'. These are published on the CHEST procurement portal. Providers need to register their interest via the portal.

Performance monitoring

We are under continuous pressure to deliver commissioned services with limited budgets and resources. Combined with Covid-19, this means we must find new ways to make efficiencies to meet increasing demand, whilst delivering public services effectively at the same time.

Cheshire East Council spend approximately £350 million annually on commissioned services. We have an obligation to provide value for money from each of these, whilst ensuring that the provision is sustainable/stable and achieves positive outcomes for residents.

Robust contract management is therefore essential. For each service, we monitor performance to check the following:

- are we getting value for money?
- are we meeting ongoing and increasing demand?
- have the intended outcomes been realised?
- have social value intentions been achieved?
- is the service sustainable and stable?
- has the provider been delivering in terms of performance compliance and quality assurance?
- what are the key risks?
- are we delivering against statutory obligations?

Providers submit performance information quarterly, and we conduct various validation spot checks and audits. These include reviewing information within the case management system, annual audits and reporting (for example reviews of policies, procedures, processes, and workforce structures), and site visits and feedback from service users, workforce and partner agencies to determine the accuracy of the data submitted and the quality of the service received.

Quality assurance

We are fully committed to working with all care providers to achieve high quality, person-centred care services. Our Council Contracts and Quality Assurance (QA) team works with all care providers to monitor and support the delivery of good quality care in line with contractual obligations and against the following key domains as detailed in our standard Performance Monitoring Framework:

- person-centred care
- choices and preferences
- respecting and involving service users
- care and welfare of service users
- safeguards from abuse or risk of abuse
- appropriate workforce to meet needs
- access to a quality service
- right to complain
- record keeping

The QA team works with Cheshire Clinical Commissioning Group, social work teams, safeguarding teams, the Care Quality Commission and Healthwatch to gather information. A risk-based approach to QA inspections of care homes and providers is in operation based on local intelligence, but all homes/providers receive at least one visit per year (with more frequent visits where the risk is higher). All providers receive a comprehensive visit report and action plan (where needed) with ongoing monitoring as required.

A monthly governance meeting takes place with key partners where providers of concern are discussed, and appropriate actions are agreed. This could result in a provider who has defaulted on the terms within their contract being placed in suspension of any new care placements until their action plan has been completed and any associated concerns addressed to the satisfaction of the wider governance group.

During the Covid pandemic the QA team have worked closely with providers to ensure that they are supported in relation to new guidance, Personal Protective Equipment (PPE) supplies and emotional support.

A new Quality Mark system is due to be implemented in 2021/22. This will expand on current QA systems to:

- give greater transparency and information about care service through the publication of quality ratings.
- assist people and commissioners to make informed choices when looking to purchase care.
- drive up quality across the care market.

We commission Cheshire and Wirral Partnership NHS Foundation Trust (CWP) provides Infection **Prevention and Control (IPC) services** to care providers within Cheshire East to enable them to maintain high levels of IPC standards across Health and Social Care.

In order to support health and social care providers in their compliance with Care Quality Commission (CQC) standards, a programme of audits and bespoke visits have been introduced across care homes, and support with the self-assessment process is available to providers.

As part of covid recovery planning the IPC team have designed focused recovery planning visits that will support providers in the following areas:

- advice and support on maintaining social distancing in all areas of the home
- admissions and discharges operating procedures
- review of personal protective equipment (PPE) use to ensure compliance with recommended guidelines
- review of cleaning provision to ensure this is considerate of COVID-19 environmental burden/contamination and appropriate cleaning products
- review of visitors and visiting provision in line with government recommendations
- Q&A session with management and/or staff
- review of Infection Prevention Control quality assurance and improvement processes
- isolation and cohort areas/plans.
- discuss any IPC/COVID-19 issues or concerns homes may have or have had.
- outbreak management plan/preparedness.
- general IPC provision and training

The CQC, QA team, Adults Safeguarding Provider team, commissioners, and Infection Prevention and Control (IPC) nurses all work closely together with providers. Regular information sharing meetings take place to discuss the quality of locally registered services and agree ways to improve this where required and plan how to respond to developing problems.

The council has a joint working protocol with the CQC which is grounded in improving and maintaining high quality and person-centred services for people. It sets out the areas of responsibility for CQC and councils and describes how they work together and coordinate their roles, activities and information sharing. It aims to foster an environment which facilitates open and honest conversations about quality.

Safeguarding

Safeguarding is central to everything we do. This includes our commissioning, contracting and procurement processes. We believe that every adult has the right to be treated with dignity, have their choices respected, and live a life free from fear.

All providers must demonstrate commitment and adhere to both Cheshire CCG and Cheshire East Council multi-agency safeguarding policies, procedures and good practice guidance.

Governance is provided by the Safeguarding Adults Board and the Cheshire East Safeguarding Children's Partnership. These boards are made up of representatives from the council, the NHS, the police, independent care providers and the voluntary sector. We take cases of suspected abuse very seriously and all partners work closely together, using an overarching policy to make sure that safeguarding enquiries are completed when allegations of abuse, neglect or exploitation are presented and that people at risk are protected from harm.

Adult safeguarding

The Care Act 2014 places adults at risk at the centre of decision making about them, ensuring that their wishes and feelings are considered and that their desired goals and outcomes are recognised.

The Care Act defines an adult at risk as someone who:

- has care and support needs
- is experiencing or is at risk of experiencing abuse or neglect
- is unable to protect themselves from abuse

Councils have a duty to undertake Section 42 enquiries for adults at risk meeting these criteria. They also have discretion to undertake an enquiry based on information presented to them.

Members of the Service User Subgroup of the Adult Safeguarding Board have designed information to assist both potential victims and practitioners to understand the process and what they can expect to happen. This ensures that safeguarding is person-centred and outcomes-focused.

Children's safeguarding

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children.

In order to fulfil this responsibility effectively, all practitioners in this setting must make sure their approach is child-centred. This means considering the best interests of the child at all times.

No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. Through our day-to-day contact with children and direct work with families, staff take notice of indicators of possible abuse or neglect and consult with Children's Services in Cheshire East Council (or in neighbouring councils, dependent upon the child's area of residence).

Workforce development/recruitment and retention

Recruitment and retention for providers is an ongoing challenge. We will continue to work collaboratively with providers to support them to recruit, develop and retain high quality care staff.

Key areas for consideration include:

- staff vacancies and turnover rates – why do employees leave the profession and what can be done to retain staff?
- exit interviews – are they carried out to understand why employees leave and are lessons learnt?
- understanding of local care needs – Cheshire East Council will keep providers informed of how the population demographic looks going into the future so they can tailor their services to meet that demand
- recruitment – supporting providers to have the right values and behaviours within their organisations. Looking at how to recruit employees who demonstrate a willingness to learn and involving current service user and relatives in the recruitment process
- retention – supporting providers to look how they can help staff to feel valued and at the wider benefits they could consider to help retain staff such as flexibility in working times, paying above the National Living Wage, and staff development and career opportunities.

As part of the procurement process whereby care providers apply to be on a Cheshire East Council contract, questions are asked around recruitment and retention so that we can be assured that providers have robust processes in place. Recruitment and retention issues are also reviewed as part of the our Quality Assurance process and are included in our contracts.

Collaborative working also takes place with external agencies such as Skills for Care who support providers to support with recruitment and retention via Provider Forums and online resources.

Person-centred approach

We are fully committed to working with all care providers to A person-centred approach means seeing people as individuals who have strengths and preferences and putting them at the centre of their own care and support. The traditional service-led approach has often meant that people have not been able to shape the kind of support they need. Personalised approaches such as involving people in planning their support and offering the option of personal budgets enable people to identify their own needs and make choices about how and when they are supported to live their lives.

Personalisation should also involve the use of an integrated, community-based approach for everyone. This involves building community capacity and local strategic commissioning so that people have a good choice of support regardless of age or disability, including support from user-led, community and voluntary organisations. It means ensuring that people can access universal services such as transport, leisure, education, housing, and health, as well as employment opportunities. All systems, processes, staff and services need to put people at the centre of shaping their support package.

Personalisation also means ensuring that people have access to information, advocacy and advice to make informed decisions about their care and support, along with finding new collaborative ways of working (sometimes known as “coproduction”) that supports people to actively engage in the design, delivery and evaluation of local services.

Personalisation in children’s social care

Accessing support from children’s social care starts with an assessment of need, either via an Early Help assessment or Children and Families (combined) assessment. Based on the outcome of the assessment, ‘**Direct payments**’ may be offered as an alternative to a council service.

Where direct payments are considered appropriate, they can be used for:

- supporting a child to access an activity that promotes the development of social relationships and friendships – for example, hiring a PA for support to access an activity.
- parental respite
- the purchase of equipment (in exceptional circumstances only).

Early Help Individual Payments (EHIPs) are primarily aimed at providing short breaks to eligible young people aged up to 18 years old to meet an identified need. To be eligible for an EHIP, a child or young person must be in receipt of higher rate Disability Living Allowance (mobility and/or care component) and must not be receiving a funded service from social care (such as direct payments or traditional respite) or have an open case with social care. The payment can include the costs of activities, transport and accommodation along with some limited categories of equipment that promote a short break.

Personalisation in adult social care

Adult social care support is available to individuals aged 18 and over (with no upper age limit for eligibility). A **needs assessment** is carried out under the Care Act, which may result in a care and support plan being drawn up. The plan outlines the needs of the individual and the support required. Each person plays a central role in deciding their level of support and care. Personal budget allocations are discussed as part of the process to develop an individual’s care and support plan where there is an unmet social care need. **Personal budget allocations** (including the option to manage the money as a **direct payment**) are also available from adult’s social care for adult carers of adults, as part of a carer’s assessment.

Examples of how this budget can be used are:

- employing a Personal Assistant (PA) to help with daily living requirements
- support to meet assessed eligible community care needs, such as support to access an activity.
- respite care

For information on referrals and further information, please see the links:

- **Cheshire East Council** – Personal Budgets and Direct Payments

- **Direct Payments Support Service** – People Plus

The Cheshire East Council Direct Payment Policy is currently under review as an all age policy, with engagement and consultation to be undertaken during 2021.

Home first

The evidence is clear that 'home' is the most appropriate place for resolving crises and recovery for adults and older people being discharged from hospital. This **care and support must be personalised to enable people to live in dignity and stay in control.**

Wherever possible, people leaving hospital will be supported to recover at home through the provision of short-term reablement or rehabilitation, be assessed for any ongoing care needs from home, and be supported to avoid a hospital admission from home. Social care has a long history of delivering effective reablement and has much experience to share, working in partnership with healthcare colleagues to design and deliver a "home first" approach locally. To achieve this, we will look to extend best practice and re-orientate services and funding to help more people get home when that is the most appropriate place for them – and to stay at home.

Social value

Cheshire East Council and NHS Cheshire CCG are members of the Cheshire and Merseyside Social Value Network, and have signed up to the Cheshire and Merseyside Social Value Charter.

The Charter provides the following definition of social value:

- the good that we can achieve within our communities through the purchasing (commissioning and procurement) of goods and service related to environmental, economic and social factors
- our approach for enabling communities to live a 'good life' through improved outcomes as a result of the added value that we achieve through our commissioning and procurement activities
- an enabler for the growth of 'Social Innovation' (SI) and in the reduction of 'avoidable' inequalities within our communities – linked to the Marmot Principles
- a requirement of the public sector as 'Anchor Institutions' to use our purchasing power to enable local people to live a good life, and to ensure that Cheshire East is a great place to live and work

As part of the Network, we are also supportive of the Cheshire and Merseyside Social Value Award (Quality Mark). Cheshire East Council has been awarded the Social Value Award. If your organisation is passionate about showing how you impact and benefit local communities, the environment and the economy, then you can apply for the quality mark free via Social Value Business.

Cheshire East Council and NHS Cheshire CCG have reviewed and launched a new Social Value Policy and Social Value Framework which underpins the Policy:

The Framework is a useful tool for commissioners and providers to use to coproduce Social Value outcomes and Key Value Indicators during the procurement process and for the delivery of services. Other additional tools available to support commissioners and providers to direct social value through our contracts include our Crowd Funding Portal and Volunteer Website. The Cheshire East Social Action Partnership (CESAP) can also support providers to identify local voluntary, community, faith and social enterprise partnerships to build connections and partnerships with.

Community model

Working in partnership with local people and communities is a core principle in everything we do.

Vision	<p>By working together, we can connect with our communities to build a more open, fairer and greener Cheshire East.</p>
Mission	<p>Together, we will build safe and healthy communities with services in the right place at the right time. We will listen, understand, and engage with our residents to build a spirited and resilient Cheshire East.</p>
How can we do this?	<p>Through the council's Communities team and the commissioned Cheshire East Social Action Partnership service we will build on our Connected Communities approach across Cheshire East. This approach puts people, services and community organisations at the centre of everything we do and embeds services within local networks, enabling mutual help and support. By combining additional efforts and resources that strengthen existing community assets and supporting innovative approaches whilst encouraging and enabling people to be more involved in building their communities, we will make the borough a better place to live, work and socialise.</p>

Create a community-powered approach where we adapt existing practices to become more flexible and less bureaucratic

By encouraging and enabling volunteering

Through the People Helping People service, which was set up in response to the COVID-19 pandemic, volunteers have responded to the needs of the community by supporting much needed community-based activities and vulnerable residents. We will build on this and develop our volunteer offer, which will include pathways for people to access training and employment. Our dedicated website Cheshire East Volunteers showcases volunteering support and enable volunteers to seek opportunities and organisations to request support. We want to make the volunteering experience accessible, seamless, and rewarding.

By supporting our vulnerable neighbours

Our community is diverse, and we have a range of groups of vulnerable people who with the right support can feel more connected and part of their community. During the COVID pandemic we have identified a new cohort of vulnerable people known as the Clinically Extremely Vulnerable, who have a range of conditions and if not supported early, could be part of a future Adult Social Care cohort requiring more complex support. Vulnerable people are not limited to those with underlying health conditions.

Residents in minority groups, such as Black, Asian and Minority Ethnic (BAME) or people with disabilities and other equality groups, people who are socially isolated (often elderly or those living alone), or whose employment or family situations have resulted in them becoming vulnerable (veterans, carers, unemployed) often experience health inequalities. Embedding a mutual aid local offer will mean that the most vulnerable in our community have an essential service to link in with to access early help. They will be provided with information, support to access to a range of community-based services, and the opportunity to be matched with willing volunteers to ensure their essential needs are met.

By improving life opportunities and by reducing health inequalities

We want people to have good lives and live well for longer. We believe that health should be determined by individual choice, rather than just by where you live. Each individual has the potential to flourish, so we are committed to providing opportunities for everyone to achieve their goals and ambitions. We know our borough is multi-faceted, consisting of diverse and thriving communities, so we must provide services which address both local and borough-wide priorities. One size does not fit all, so we will ensure fairness and equality by:

- developing networks with partners to gather and share local intelligence so we know what is important
- supporting our Inequalities Commission that focuses on health improvement
- commissioning areas of the Joint Strategic Needs Assessment (JSNA) to identify health and social care needs
- harnessing the potential of the Voluntary Community Faith and Social Enterprise (VCFSE) sector by empowering existing assets (people and groups) in our community to deliver innovative solutions to meet local need and achieve individuals' personal goals

- using resources to conduct pioneering research into emerging issues and use findings to commission future services
- sharing our knowledge and expertise to allow local services to develop and become sustainable in meeting the needs of their community
- planning and preparing seasonal public health campaigns with partners

By reducing social isolation

More and more people are talking about loneliness. In fact, research estimates that over 9 million in the UK are lonely at any given time. It's something which affects us all during our lifetimes. For some people, it can be short-lived. For others, it is more enduring and becomes a permanent feature of their life. We are passionately working with voluntary, community, faith sector organisations and businesses alike, building a network of kindness and generosity amongst communities. We are proud to be empowering and together developing a wide range of activities to bring people together to keep alleviating loneliness. Projects include listening services, befriending, walking buddies, luncheon clubs and dementia social groups.

By developing community-led peer support

We recognise the importance of community-led mental health peer support to give people the opportunity to provide support and guidance to each other, thus giving individuals more choice, independence and feeling empowered. We want to make sure that peer support across Cheshire East is safe and effective and a place where professionals and residents feel confident to refer to and visit and that these peer support opportunities are part of the pathway of support given to residents when they need it.

We want to develop a robust peer support network to enable the growth of new community-led peer support opportunities and to tap into the wealth of experienced groups already functioning. We will enable opportunities by supporting those with lived experience to develop groups so that their skills, experiences and knowledge can support others to help manage their conditions.

Create a culture of community collaboration WITH each other, changing from silo thinking to a holistic whole system approach

We will work WITH local people to fund ideas together

We want to grant-fund projects that make the biggest difference, we want to be transparent in our approach, and, where we can, we want to jointly fund activities WITH our communities. We will give grants to local people who have the ideas, skills and willingness to make local improvements through the My Bright Idea Fund. Alongside that, by providing a crowdfunding platform we will allow proposals to be put forward transparently to attract funding and resources from across all services whilst gaining community engagement pre-project go-live.

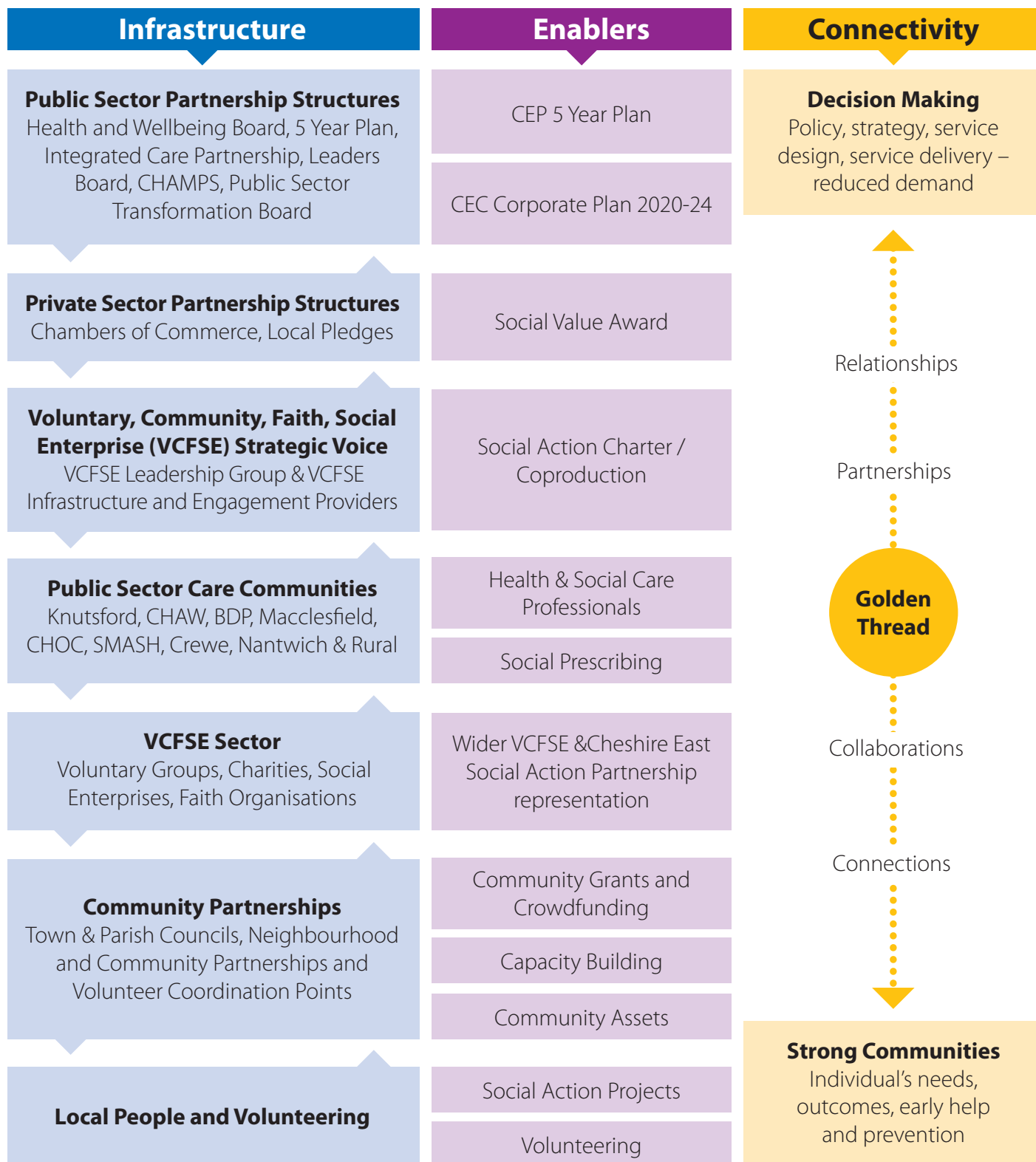
We will work WITH local people to turn their efforts into local services: We are seeing a rise in health inequalities across our communities. We will work with local communities to understand local need, as they are often better placed than public sector services to look at local solutions. We will inspire and facilitate conversations with local people to create innovative solutions and develop new bespoke services which will be delivered by local people. A leader in Asset-Based Community Development, Cormac Russell, states “The more parent and resident fingerprints that can be found on a project, the more likely it is that project will be meaningful and sustainable”. It is then that we will start to see greater changes and more resilient communities for the future.

TOGETHER we can experiment and resource new and innovative ideas and ways of working

TOGETHER we can develop our Connected Communities place infrastructure

We are committed to building partnerships across Cheshire East to ensure our communities are connected and thrive. By ensuring our communities have a place-based approach and voice we can influence policy and service delivery to be tailored to meet our bespoke community needs. The partnerships are key to multi-agency strategic and local working arrangements; the enablers give those partnerships a steer of focus and resource to take concepts into reality, and the connectivity is our golden thread throughout all our associated work.

The developing Connected Communities place infrastructure



TOGETHER we can increase our Voluntary, Community, Faith, Social Enterprise (VCFSE) sector strategic voice

By facilitating conversations across the VCFSE sector we will create a better understanding of community needs and enable ways of working more collectively to create, enhance and deliver services collectively across our places. The key role of the Cheshire East Social Action Partnership (CESAP) will ensure that the VCFSE sector are represented at decision-making forums and are consulted on changes that will affect residents. The VCFSE sector working in collaboration rather than in competition will improve the strategic voice to local funding allocation and policy making.

We will aim to ensure that the broad range of VCFSE sector organisations are represented and have a strategic voice ranging from Veterans, and Faith organisations to Social Enterprises.

Ways we can achieve this are as follows:

- VCFSE representation strategically engaging the VCFSE sector in Cheshire East partnership structures and at public sector strategic boards
- Facilitating collaboration, partnership working and joint bidding
- Supporting coproduction
- Improving communication and collaborative approaches

TOGETHER we can invest in our community partnerships

Community work happens at a very local place-based level in different neighbourhoods, parishes and towns. We are strengthening our local networks and partnerships, ensuring community activity and locally-identified needs have clear links into strategic partnerships. Fully utilising local communication channels and gathering additional local intelligence to ensure we are reaching those communities who are most disadvantaged and where health inequalities are most prevalent will be key to improving the place we live. The networks and partnerships below are key to our place-based commissioning and provide vital information on local needs, identified through community-led action plans.

Key existing community partners that we want to strengthen links with include:

- Town and parish councils – by working with the Cheshire Association of Local Councils (ChALC), we can work more closely with our town and parish councils.
- Neighbourhood and community partnerships – by investing further in the 15 existing Neighbourhood Partnerships and creating additional themed partnerships to bring key people

together to address needs will allow us to be more collaborative and coordinated in our approach to improve a shared offer and access and pool resources.

- Volunteer Coordination Points – by supporting a local 'go to' place for people who need community support and so support local networks, build connections, and provide volunteer coordination and help in matching volunteers to vulnerable and isolated people needing help. We can develop a set of standards to help recruit, support and share volunteers.

TOGETHER we can develop our community assets

We will build on our place-based social franchising model, which is first and foremost about partnership, offering a range of benefits to its members and putting local communities first. Our Connected Communities Centres have been the beating hearts of our communities, enabling them to access a range of early intervention and prevention services. We will renew our Connected Communities Centre franchise offer to ensure the community assets remain inclusive and also encourage opportunities for people to learn, develop ideas, and volunteer.

By connecting with the My Bright Idea Fund through our franchise model, we will ensure residents have a supported and safe place to deliver local activities and the opportunity to apply for funds. Keeping place at the heart of delivery, we will be more inclusive to rural areas by developing an additional franchise offer. Our Connected Communities venues will ensure all our residents have a key community asset focal point to connect, access services and tackle key community issues. We will work with our communities to shape how our Cheshire East Council owned community facilities can operate. This may include transferring responsibilities to the community or coming together to ensure the community asset is having the biggest impact on providing a place for people to connect.

TOGETHER we can grow our digital community

By investing time and resource in to ensuring our communities become better connected through digital solutions, we will ensure our reach is greater, participation is higher, people are less isolated, and our services are more accessible. We want our communities to connect but we also understand that face-to-face is not always suitable or available so together we want to use technology to support people within their homes. Using technology, we want to reduce isolation and we want to develop technology to support home learning and working where appropriate. We will continue to invest into digital solutions and online access to services through our Cheshire East website and LiveWell Cheshire East and to improve access to self-help information through accessible self-help and interactive online solutions.

7. Messages to providers of children and young people's services

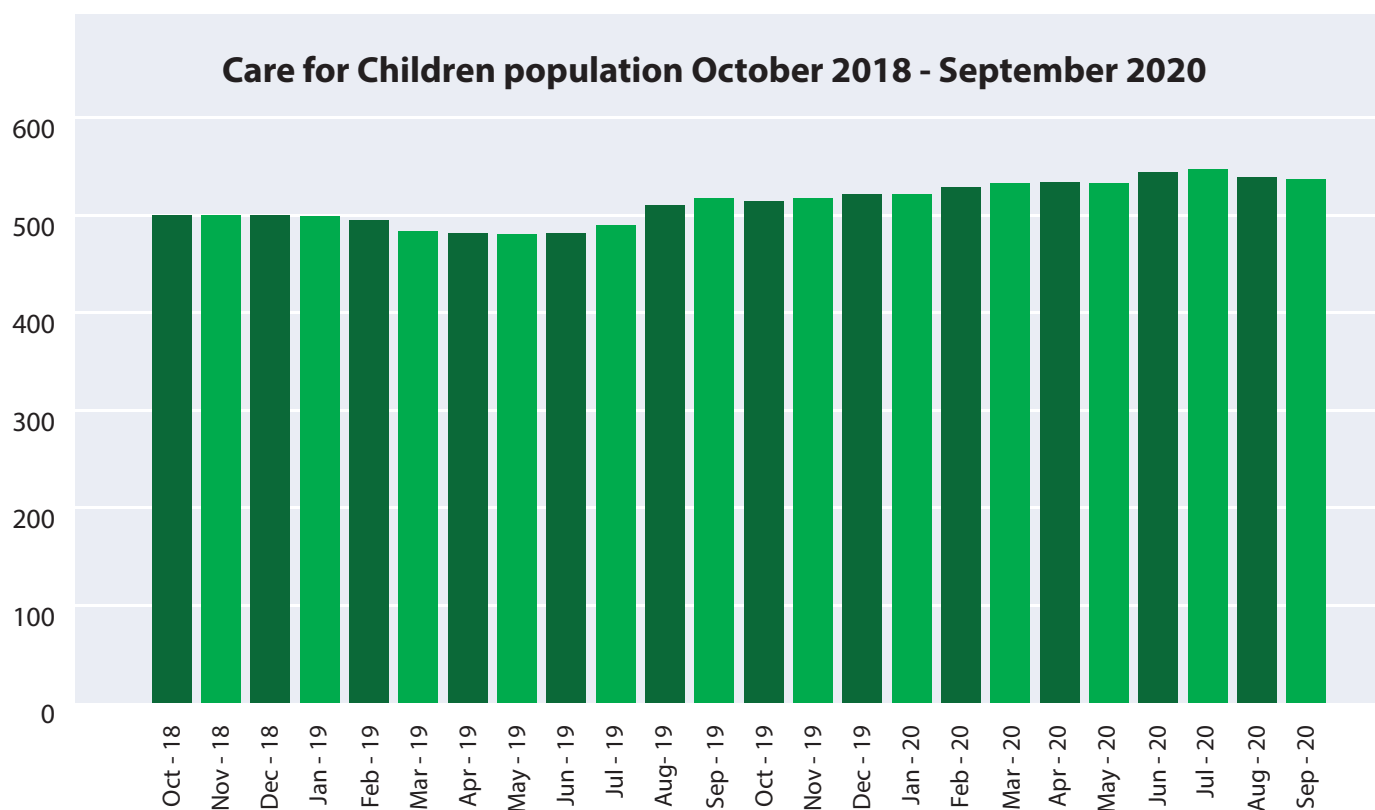
We work hard to make sure that the experience for all our children and young people is truly collaborative and that everything we do is focused on our belief that children are best placed remaining within their families and communities. The Cheshire East Council TOGETHER for Children and Young People ambition shows how we aim to work together to make Cheshire East a great place to be young. We have a strong Early Help and Prevention offer in place to support families to stay together. We believe that:

- children and young people are best supported within their families and their communities
- all children and young people should enjoy the best education which prepares them to thrive in adulthood
- families and communities can be strong and resilient, given the right help, by the right people, at the earliest opportunity

Our continued commitment is to delivery high quality, effective universal services and help families early when they need extra support. Our families continue to require support in areas such as neglect and domestic abuse. Alongside the existing commissioned services detailed below, the Council is to launch a new Early Help and Prevention volunteer service in June 2021. This will add further capacity to support our vulnerable families.

Cared for children

Our numbers of cared-for children and young people have risen in line with the national increases and alongside an increase in the total numbers of children and young people in the borough and a change in operational culture and practice. The highest reason for removing children from their family home continues to be abuse and long-term neglect. We must be confident that cared-for children and young people are in the environment that will best meet their needs.



Child protection

As at 31 March 2020, the total number of children subject to a child protection plan was 253, which is below the North West average of 343. The main category of abuse continues to be neglect.

Year	Total number of children	Neglect	Physical abuse	Sexual abuse	Emotional abuse
31 Mar 20	253	195	13	23	22
31 Mar 19	268	166	35	25	42
31 Mar 18	286	133	61	18	74
31 Mar 17	275	135	46	26	68

Children in need

As at 31 March 2020, the total number of children in need was 2106. This is in line with the same point in the previous year and is below the North West average of 2,525. With total numbers across North West councils ranging from 1007 – 8502, the rate per 10,000 helps to provide useful context. Cheshire East's rate of 272.5 compares to the North West average of 371.5. The rate across the North West ranges from 251.3 in Trafford to 717.8 in Blackpool. 9% of children in need in 2020 were recorded as having a disability.

Year	Total number of children
31 Mar 20	2,106
31 Mar 19	2,108
31 Mar 18	2,182
31 Mar 17	1,974

The extracts of demand above are set out in more detail within our cared for children sufficiency statement. The children's social care market is encouraged to review the sufficiency statement and contact commissioners to explore the market opportunities in more detail. The council wishes to ensure the most effective local good quality provision (residential, fostering and supported accommodation and independent living) for our cared for children and care leavers.

Our care at home commissioned services have in the past concentrated on supporting families with children with a disability. However, our plan moving forward in 2021-22 is to engage with the market to explore a wider scope of service that extends to families with children on the edge of becoming cared for.

Special Educational Needs and/or Disabilities (SEND)

The 0-25 SEND Partnership and Cheshire East Council are committed to providing the best quality education and support for all our children and young people to ensure they achieve the best possible outcomes. Having the right educational placement, in the right location is key to supporting children and young people to achieve their potential and to develop the range of skills and experiences they need to equip them for adulthood.

The number of Cheshire East children with an Education Health and Care Plan (EHCP) has risen significantly each year (i.e. as at Jan 2016 we had 2470 EHCPs at January 2020 Census Date. The rise in the last year (18.4%) was:

- Higher than the national average (10.2%)
- Higher than the North West average (11.7%)
- Higher than all our SNs (who averages a rise of 10%)
- The 16th highest in the country and 5th highest in the North West

Cheshire East is above both the national average and our statistical neighbours for the number of existing EHCPs for all age groups, other than post 16. Need is also changing with an increase in Speech, Language and Communication Needs and Social, Emotional and Mental Health Needs across all Localities. Needs linked to Autism and Specific Learning Difficulties are also high.

Our latest SEN Sufficiency Statement continues to analyse the demand and capacity required to provide good quality, local SEN place for our children with SEND. Our improvements in local sufficiency of SEN specialist school places over the last three years and the plans for the coming two years will see us deliver a 48% increase in local SEN Provisions, with 232 additional places for Cheshire East pupils with SEND. It is however recognised that there will be a continued role for independent non-maintained special schools and that where this is required we would prefer this resource to be closer to where demand is most prevalent, allowing reduced travel requirements for our pupils with SEND. Our 2017 SEN Sufficiency statement was used to good effect to deliver improved capacity internally but also allowed the independent sector to make investment decisions to the benefit of local SEND pupils. A new independent special school was opened in Crewe during 2020 and this Market Position Statement hopes to build on the relationship / intelligence across the sector.

Care at home services (children with a disability)

The Care at Home contract ensures that effective and responsive care and support in individual's homes is delivered by externally commissioned, independent, Care Quality Commission registered care at home providers, who will assist children and young people within their own homes maintaining their independence as much as possible. This is done by providing care staff who care, have compassion, courage, good communication, commitment, and competence that will work pro-actively with children, young people and their families to meet their needs and deliver real outcomes. Our Care at Home model for children with a disability is currently being reviewed to expand the scope of services to include children on the edge of care, support to those children with autism and improve the pathways for children leaving tier 4 mental health beds and returning home. Care at home will be re-commissioned late 2022.

Short breaks services (children with a disability)

The short breaks service aims to provide early intervention and preventative services to children, young people and their families in the form of short break services, which can range from one hour to a full weekend break. Short break services for

disabled children are currently being recommissioned following a 9-month extension due to COVID19. New contracts will be in place during 2021.

Volunteer model

We wish to provide a coordinated and joined up Volunteer Infrastructure Support Service for vulnerable families to provide early intervention and prevention. This is a new service model that will provide a family support volunteering service to offer local support and help to families with children who need practical and emotional support to better manage their families post- lockdown to promote safety, stability, and independence.

Care leaver mentoring

A mentoring service for care leavers from the age of 16 to their 25th birthday, providing continuity of support to care leavers as they cease to be the statutory responsibility of the local authority.

SEN disagreement resolution and mediation service

This service is a statutory requirement for local authorities under the Children and Families Act 2014. Mediation services are specifically linked to decisions about education, health, and care needs assessments and education and health and care plans (EHCP), while disagreement resolution services can be used to try to resolve other issues in relation to a child's special educational needs (SEN).

Children's advocacy and independent visitors (IVs)

The advocacy service ensures that children and young people are aware of, and able to access, appropriate services, advice and information which empowers them to ensure their views and wishes are heard and reflected in decision making about their lives.

Children's day nurseries in Crewe

These services have been commissioned to increase the availability of support to vulnerable families and children and provide the best start in life for children by supporting good quality early years education and care. This should have a lasting impact on education, social and behavioural outcomes.

Care service to children in residential homes

This contract provides care and support to the cared for children and young people within local residential homes, supporting Cheshire East Council with its continuing journey to improving outcomes for cared for children and young people.

Supported lodging accommodation for young people

A supported lodging accommodation service available to 16-17 year old cared-for children and care leavers. The service could also be utilised by former relevant care leavers until the age of 25 with agreement from the council's permanence and throughcare team's service manager. Young people receive the right level of practical, emotional and financial support until they are at least 21, and, where necessary, until they are 25. Care leavers have accommodation that best meets their needs and helps them to develop their independent skills safely.

Supported accommodation and independent living provision

Housing related support provision supports young people aged 16 and over with a range of needs to acquire the skills to move on successfully to more independent living and to develop the responsibilities associated with adulthood. This service provides a safe and suitable accommodation offer that meets individual needs and aspirations.

Missing from home / care service

This service is in partnership with 3 other councils (Cheshire West and Chester, Halton and Warrington). The contracted provider ensures effective delivery of the critical missing from home and care service for children and young people.

Children's prepaid card services

Prepaid cards are currently in place within Children's Services within the following areas:

Early Help Individual Payments (EHIPS)

Parents/carers can receive up to £1,000 per financial year to access a break from their caring responsibilities. This scheme is managed and maintained via the Children with Disabilities Short Breaks team.

COVID Emergency Scheme

(Care leavers, unaccompanied asylum-seeking children, Children in Need/Care Placement teams). This scheme is managed and maintained via the Family Placement team in Children's Services and has been used to disburse funds safely during the COVID pandemic.

Both the above schemes offer the following benefits:

- reduction in the movement of cash throughout council offices and establishments
- improved outcomes for cardholders by offering a person-centred money management system, promoting independence and enabling people to manage their own money or entitled benefit as they choose
- income generation through reclaiming of unspent funds
- increased control, transparency, and analysis in a timely manner

SEND Flexible Purchasing System

This is a Cheshire East led system with 23 Local Authorities across the North West in developing a Flexible Purchasing System (FPS) to enable commissioners to more effectively source SEND school placements. Over time the independent non maintained special school / college sector will be able to see the levels and types of demand across the 23 local authorities and this should help with service developments.

Key features of a flexible purchasing system:

- new providers can join, and existing providers can add new provision
- light-touch evaluation process, to facilitate decision-making by local authorities at the point of placements
- indicative prices facilitating bespoke packages for young people and allowing for innovation of services. (This limits the need for providers to front load price at the start of a tender process in the current turbulent market and wider economic conditions, and allows providers to become more competitive and efficient as those conditions resolve)
- targeted referral to preselected providers will be possible against specific categories
- longer lifespan to reduce the need for regular tenders
- cohort purchases available to buy placements for groups as well as individual young people

There are currently three lots on the FPS. These can be changed over the lifetime of the contract.

- lot 1 – day placements
- lot 2 – 38-week Residential School placements
- lot 3 – 52-week Residential School placements

Phase 2 will include further lots to cover 16+ education placements and is anticipated to go live in early 2022.

A number of 'all age' service areas and public health services specifically for children and young people sit within section 8 of this Market Position Statement.

8. Messages for providers of public health, early intervention, and community services

Commissioning for public health, early intervention and communities in Cheshire East will focus on the following areas:

Substance misuse services

The Cheshire East Substance Misuse service is an all age, whole-family, integrated drugs and alcohol service. Community based recovery, early help, and prevention are at the forefront of empowering local people to achieve and maintain their long-term health outcomes and wellbeing goals.

We are currently working in partnership at a local and regional level to understand, develop and respond to wider population needs with a current focus on the learning from the Drug Related Death Panel (a multi-disciplinary panel led by Cheshire East Council), development of digital alcohol early intervention and prevention, and the Cheshire East Council Alcohol Care pathways.

During the COVID-19 pandemic, the Cheshire East Substance Misuse team saw a significant increase in the number of referrals and the number of people accessing structured treatment to address their alcohol use. We have also seen an increase in people lapsing and relapsing who previously were doing well in recovery. The complexity of people now entering into alcohol treatment has also increased, with many now presenting with serious physical health issues and the added complexity of mental health issues that require an individualised package of care and support from our alcohol team and partner teams. The service has seen a 79.5% increase in numbers of people entering treatment for 'alcohol only' and a 100% increase in those entering structured treatment to address 'alcohol/non-opiates' issues.

Due to this increased demand, we have increased investment to the Cheshire East Substance Misuse Service to provide increased treatment capacity and capacity to support the hidden harm for children and young people resulting from parental substance misuse.

Work has begun to review the current service model and to coproduce the future model with stakeholders, in particular service users and individuals in recovery and their families. Priorities for the service moving forward will remain focused on community recovery, early help, prevention, and education within our communities.

Areas of focus will include alcohol, our partnership approach with mental health, developing pathways with hospitals, housing, and criminal justice, and prevention and education for children and young people.

Sexual health services

A new Sexual Health service has recently been commissioned in Cheshire East. This went live on 1 October 2019 with a 7-year contract. The new integrated service focuses on prevention, early help and the long-term health of residents. There is now an improved offer of an online digital service that is delivered alongside clinics to improve access. Services will continue to be developed and reviewed on a regional Cheshire and Merseyside basis to ensure that the service is responsive to meet the wider population needs. The service will continue to develop integrated partnerships to improve health outcomes for people and target vulnerable groups within our communities.

Lifestyle services

One You Cheshire East is an integrated lifestyle and health promotion service providing four core programmes:

- falls prevention
- weight management
- physical activity
- smoking cessation

The One You service aim is to improve the life expectancy and healthy life expectancy of the local population by delivering support which encourages people to take up positive lifestyle behaviours. The programmes consist of one-to-one or group-based classes with content shaped by National Institute for Clinical Excellence (NICE) guidance, research studies, and evidence of what works locally. The current contract began in November 2019 and runs for an initial period of 3 years.

Healthy Child Programme (0-19+)

Following extensive consultation, engagement and coproduction with children and young people, families, professionals and stakeholders, the Healthy Child Programme was successfully awarded to Wirral Community Foundation Trust in 2020. The contract runs for up to 7 years and was remodelled to suit need and demand across the borough.

The service consists of:

- universal level Health Visitors
- school nurses
- breastfeeding services
- the Family Nurse Partnership (FNP)
- the National Child Measurement Programme
- specialist SEND and mental health nurses for children and young people.

A graduated approach to safeguarding is achieved through escalation to a specialist safeguarding team who have a reduced caseload and can support whole families who require risk support (based on THRIVE model). The THRIVE model is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families.

A central contact hub consisting of a multi-skilled team will increase capacity to respond in a timely way to children, young people & families, and professionals. Advice and support will be available over the phone to address any low-level or universal queries. Information sharing will be improved due to immediate access to systems and information plus the admin team will

reduce pressure on the clinical team, allowing them more time to visit the families and have a greater presence in the community.

Face-to face work continues, with health visitors and the FNP having local bases in children's centres and health centres. School nurses will continue to offer their core service from schools and key community settings to ensure all young people are able to access the service.

Emotionally Healthy Children and Young People

Cheshire and Wirral Partnership Trust (CWP) have been the lead provider for the Emotionally Healthy Children and Young People programme since contract award in 2019 (phase 3 of the programme previously known as Emotionally Healthy Schools). CWP have a sub-contracting arrangement in place with Visyon, Just Drop In, South Cheshire Clasp and Xenzone, creating a borough-wide service which offers early intervention across multiple platforms. The offer includes youth group work face-to-face counselling, telephone support, training for professionals, online counselling and support, drop-in sessions, parental help and support, whole-family support, and pathways into services including Children and Adolescent Mental Health Services (CAMHS). Over the last two years, there has been a focus on maintaining the training offer to schools to ensure staff are prepared and skilled to support children and young people with their mental health and emotional wellbeing. Consultations are available to all schools to discuss specific cases where there are concerns around escalating need. These are led by a mental health clinician and guidance is offered around strategies, approaches and next steps, ensuring the child receives the right support at the right time.

There has also been a drive to deliver a programme of training and support to early years settings. Partnership working with early years services and a key group of settings has been successful in developing a bespoke training offer underpinned by evidence-based practice and clinical expertise. The consultation offer described above has been extended to early years settings to create a fair offer for children of all ages. Work will continue in year 3 (2021-2022) to strengthen and extend this offer to more settings, with the aim of reaching children in private settings, maintained nurseries, and foundation stage in schools.

Commissioners will work with stakeholders to understand future need and demand (including changing needs as a result of the Covid-19 pandemic), with the aim of coproducing the future model for the service, building on existing learning, strengths, and assets.

Infection prevention control (IPC) services

The Infection Prevention Control Service supports local providers such as residential homes, dentists and GP practices to deliver their services in a way which minimises the risk of communicable disease outbreaks such as COVID-19, influenza or norovirus. Additionally, where these do occur, they also provide rapid support and information to ensure that the outbreak is managed effectively thereby minimising risk of further transmission. This work is conducted with links to key stakeholders such as the council's Public Health and Social Care Quality Assurance teams, and hospital-based Infection Control Teams. A TB Nursing function is also part of the service, including outreach and monitoring of medication adherence. The current contract was awarded in April 2020 and runs for an initial period of 3 years.

Community equipment services

A new pan-Cheshire Community Equipment Service was commissioned by Cheshire East Council, Cheshire West and Chester Council and Cheshire Clinical Commissioning Group in 2020 and was launched in April 2021. The service provides a range of aids to support people to live independently and to carry out everyday tasks in the home including mobile hoists, profiling beds and walking frames. The contract is for an initial period of 4 years. The integrated service will provide greater uniformity of offer for prescribers and residents in the Cheshire area, and will be managed with strong links to professionals who work with individuals (such as occupational therapists, social care assessors and physiotherapists).

Assistive technology services

Assistive technology offers a further way in which people's social care needs can be met whilst offering them further choice and control and increased independence. Cheshire East Council commissions an Assistive Technology Service which is in its 3rd contract year, having originally been commissioned in December 2018. There is also an option for a further 1-year extension. The service offers a range of devices dependent on service user need. This includes pendant alarms, falls detectors, GPS devices and activity monitoring.

The service provides an assessment of an individual's needs (following referral), supply/withdrawal of devices via technicians, and monitoring via a call centre. Additionally, a response service providing falls pick-up is also provided through this commission. This gives reassurance for residents and thus reduces the likelihood of them needing to take up longer-term care options. Currently there are 3,435 people receiving assistive technology through the council and there were 2,038 installations within a 12-month period. The service will be reviewed in 2021 with the aim of understanding how the technology offer will need to change in the future.

Domestic abuse services

Tackling domestic abuse continues to be a key priority for Cheshire East Council and traditionally remains a hugely unreported offence. Each year, around 2.4 million people nationally experience some form of domestic abuse and 62% of children living with domestic abuse are directly harmed by the perpetrator, in addition to suffering the harm caused by witnessing the abuse of others.

The council commission a borough-wide Whole Family Domestic Abuse Service for children, young People, adults and their families delivered by My CWA (Cheshire Without Abuse). The service went live on 1 April 2019 with a 3-year contract period and options to extend for 2 additional years.

The service model places significant emphasis on the integration of collaborative partnerships with the Council's Domestic Abuse team, High Risk Independent Domestic Violence Advocacy (IDVA) team and partner agencies. A single, clear point of contact (Hub) enables a coordinated approach, which supports safer and stronger communities allowing residents to live free from abuse and its effects and has a positive impact on the safety, health and wellbeing of adults, children and communities.

Carer services

The national Carers Trust defines a carer as someone who 'cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support'. Despite each carer being completely unique in their circumstances, there are some basic needs that many carers have in common. This includes but is not limited to the need for a break from their caring role; the need for peace of mind; social support; emotional support and financial support. Early intervention is crucial in order to delay and prevent carers' needs from escalating. It is important that the Care Act (2014) 'wellbeing principle' is embedded at the heart of our community through self-care as well as enabling more carers to be identified and supported effectively. Early intervention, prevention and wellbeing are significant components of the Care Act.

On a national level, Carers Trust states that there are around 7 million carers in the UK. This equates to approximately 1 in 10 people, which illustrates that the numbers in Cheshire East are comparable with the national average. The number of unpaid carers is increasing steadily throughout the UK. In Cheshire East alone we currently know of over 3,000 adult carers, but we acknowledge that there are many more who do not receive any support to undertake their caring role. This demonstrates that a lot more work needs to be done to identify and support carers in the community before they reach crisis point.

Estimated total number of carers in Cheshire East

The 2011 census results state that there were around 40,000 people in Cheshire East providing unpaid care. It is, however, likely that census figures are underestimating the number of young carers. The figure for those providing unpaid care in Cheshire East, therefore, is estimated to be around 41,500

Estimated total number of carers in Cheshire East who need support:

It is estimated that there are around 8,300 carers who need support to help them cope in their caring role. This is estimated to be made up of 2,350 young carers (aged 0 to 17) and 5,900 adult carers (caring for adults or young people). There is a further approximate 6,000 who are known to adult social care. An unknown proportion of these may need some form of support. These are all adult carers. This leaves a further estimated 27,200 adult carers who are not known to the health, social care, and voluntary and community sectors. An unknown proportion of these may need some form of support.

Estimated number of carers who need support but are not currently supported in Cheshire East

By comparing the number who are highly likely to need support with the number currently supported, it is possible to come up with the likely minimum number of carers who need support but are not being supported. Using this calculation there are likely to be at least 3,000 carers who need support but are currently not being supported. Of this figure, the majority are young carers – about 1,900; the remaining 1,100 are adult carers.

The Cheshire East Carers JSNA section provides more details of local needs and strengths.

Cheshire East Council would like to work with partners to develop 4 key areas that align with the National Carers' Strategy, through the development of a Carers' Partnership Board made up of a range of agencies including but not limited to health, social care and employment colleagues along with carer representatives. This collaborative approach will help us to coproduce an all age carers strategy. The Cheshire East Health and Wellbeing Board will work in partnership with the Carers Partnership board to improve the health and wellbeing of all carers.

Our vision is that carers will be identified and will have access to the information they need to make decisions and choices about their life and their caring role and will also be able to maintain their own health and wellbeing.

The Cheshire East Carers hub is a commissioned service and works collaboratively with the council. Further information about the Carers Hub is available via the Cheshire East Council website. This service is for all carers regardless of their age and who they care for. As such, it can be for adult carers, parent carers, working carers and young carers.

Our ambition for future areas for the development of carers' services will be directed through the development of a refreshed carers strategy coproduced with carers.

9. Messages for providers of care and support to adults

Prevention

To succeed in our ambition to enable people to live well and for longer, we must invest in effective prevention services and build mutually supportive partnerships with statutory, voluntary, community and faith sectors.

Too often in times of financial constraint, investment in prevention and early intervention services is sacrificed in favour of statutory provision. We believe that this is a false economy and that a shared preventative and outcomes-focused approach coproduced with care providers, service users and partners not only delays or prevents the need for crisis interventions and long-term reliance on traditional models of care but enables adults to thrive and to make a valuable and valued contribution to their communities as they age.

The response to the Covid 19 pandemic clearly demonstrates the willingness of local communities to mobilise informal support and befriending services to those who are vulnerable or socially isolated. We believe that more can be done to increase access to a wider range of support services for vulnerable adults and older people whether or not they have an assessed need for care and support.

Over recent years we have strengthened relationships between commissioners in Adult Social Care and Health, Social Work teams, Community Development Officers, and the voluntary sector to develop strong foundations from which we can work to enhance service users' independence, wellbeing and quality of life while reducing the reliance on traditional care services.

For those in receipt of care we have reinforced the focus on supporting service users to achieve positive outcomes through our commissioned care contracts.

However, we recognise there is much further to go. A key aim of the recommissioning of the Care at Home contracts is to work with local care providers and service users to coproduce a truly outcomes- focused approach to the delivery of homecare services that enables people, wherever possible, to regain their independence and the confidence they need to achieve their desired outcomes and goals.

While we recognise that there will always be a percentage of service users that require residential or nursing care, there is a shared ambition locally to increase the intermediate housing and care options available, for example through the development of Extra Care Housing. Evidence suggests that Extra Care Housing allows older people and people with complex needs to maintain their independence for longer and prevent or delay the need for more traditional care settings. This is explored later in this document.

We strongly encourage housing, care and support providers to communicate with commissioners from health and social care and the council's housing strategy services prior to developing and/or investing in schemes and services. Providers that develop services without discussions with commissioners do so at their own risk. Developing or building services does not guarantee that the council or CCG will use these facilities/services or fund care at levels that do not align with our fee structures.

Learning disabilities

In 2020, 5,253 adults (aged 18 and over) in Cheshire East are estimated to have a learning disability, with around 1,196 having a moderate or severe learning disability. The number of adults with a learning disability is projected to stay around the same at 5,244 by 2030.

Cheshire East Council currently provides support to 768 people with a learning disability equating to an annual spend of £36 million. The Cheshire and Wirral Partnership NHS Trust has a forecast spend in 2020/21 of £9.4m for Learning Disabilities (and Dementia).

‘My Life, My Choice - an all age strategy for people with learning disabilities in Cheshire East 2019-2022’ sets out the vision for people with learning disabilities in the borough. Through our commissioning intentions we aim to ensure that all individuals can live a healthy, happy and independent life with choice and control over the care and support they receive.

The 2015 national plan ‘Building the Right Support’ and the supplementary report ‘Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition’, jointly commissioned by the Association of Directors for Adult Social Services (ADASS), NHS England (NHSE) and the Local Government Association (LGA), provided a high-level recommended service model for learning disabilities care and provision.

The supplementary guidance acknowledged that:

“Children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, have the right to the same opportunities as anyone else to live satisfying and valued lives and to be treated with the same dignity and respect.”

In line with ‘Building the Right Support’, the Transforming Care Programme aims to:

- reduce admissions and inpatient numbers of those with a learning disability and/or autism of all ages to learning disability and mental health beds
- reduce the health inequalities experienced by people with a learning disability and/or autism.

- improve provision and support available in the community to enable people with a learning disability and/or autism to live safe, happy lives without the need for inpatient services
- implement good quality systems and processes to ensure the right stakeholders are involved to try to prevent admissions and to put support in place for people in the community

Services are commissioned both internally and externally and include:

In-house council-run services

- day opportunities
- Shared Lives
- supported living services
- respite/short breaks services

NHS services

- Cheshire East Community Learning Disability team, including health facilitation and intensive support.
- Learning Disability CAMHS 0-18

Independent sector services (both Cheshire CCG and Cheshire East Council)

- domiciliary care/outreach
- supported living
- residential and nursing care
- respite/short breaks

We want to provide services that offer the very best experience and life chances for individuals with learning disabilities, which are person centred, deliver value for money and allow individuals to flourish and thrive, where they can integrate within their community and lead an active and fulfilled life. For us to commission effectively for people with a learning disability throughout their lives, we will look to change the way we plan, deliver and commission services for people with learning disabilities to offer the very best experience and life chances.

This includes engaging with young people to plan jointly with children’s services for the individual to transition successfully into adulthood.

Key priorities in learning disability services include

Improving the supported living accommodation offer

Working with our housing and service partners, we will focus on a variety of supported housing solutions to meet the needs of those with a learning disability. We will ensure that people can live in a home of their choice, near to their local communities, with their own front door (where applicable) and access to local amenities. This will enable people to take the next step in their journey towards independent living, including those currently living out of area in residential placements, those currently living in hospital settings, individuals coming through transition from children's services to adult services and older people with learning disabilities whose housing needs have changed.

Transition services

A key area of service development is around transitions from children's services to adult services, supporting young people to remain independent within their local communities and prevent them entering costly services. This will include a key focus on areas such as supported living and day opportunities provision.

Assistive technology and digital solutions

We will ensure that our learning disability providers use assistive technology and explore digital solutions where possible and lead the way with innovative applications and devices which help promote independence and keep individuals safe. We are keen to ensure that assistive technology is used within new supported living schemes to encourage greater independence, including the reduction of night support, and so to support cost-effective models of care and accommodation.

Day opportunities

We aim to increase choice and control and transform our current day opportunities offer for people with learning disabilities. By developing a greater range of options within the community around day opportunities, we will be able to offer viable alternatives to traditional day services, which will provide a more person-centred and flexible approach. We will develop an outcomes-based approach to day opportunities where services are provided in a person centred manner that will achieve a set of results for that individual.

Engagement with providers on the Complex Care Dynamic Purchasing System (DPS)

The Complex Care DPS went live in December 2018 and within the service model there is a focus around specific 'lots' (service sections) for people with a learning disability and other complex needs. The commissioning of the DPS has raised the profile of learning disability and other complex needs services, whilst also enabling commissioners from the council and Cheshire CCG, service users, carers and providers to work closer together to develop services. We aim to explore further the cluster commissioning approach which has been developed under the innovation lot within the DPS, to commission bespoke services for groups of people with learning disabilities.

Respite/short breaks

We have recently re-commissioned our Children with Disabilities Short Breaks Services to ensure a more person-centred and innovative approach. We will review the adults' short breaks "respite" offer in 2022/23. The review will focus on service demand, requirements, and models of care moving forward. The current community respite offer is an area where we would like to enhance our service offer to improve choice and control and provide alternatives to bed-based provision.

The current state of supply in learning disability services

Complex Care Dynamic Purchasing System (DPS)

The current Complex Care DPS comprises of approximately 117 registered providers who supply a range of services. 98 of the providers on the framework deliver services to people with a learning disability. Only 63% per cent of providers registered on the DPS are actively bidding for work. This amplifies the need to continue to engage with the market and make changes to the existing care brokerage process where applicable.

Current market issues

- A shortage of supported living provision providing good quality care and support for people with a learning disability with more complex needs and challenging behaviour (including complex mental health and complex learning disability). An increased supply is needed so that individuals do not have to move out of the area to access appropriate accommodation, care and support.
- A risk of the south of the borough being flooded with housing developments/care and support services that may be too numerous to meet demand and may not meet people's needs nor provide cost effective solutions for the council.
- A requirement for remodelling some of the 24-hour shared housing supported living provision for people with learning disabilities and a need to improve the use of assistive technology.
- A need for more personalised day activities for adults with learning disabilities, including supported employment options
- A need for single dwellings and properties to support those who have been in hospital settings as part of the Transforming Care Programme. This area of the market needs to be stimulated.
- Approximately 37% per cent of our current registered Complex Care DPS providers are not bidding for care packages. We need to engage with these providers to further stimulate the market.

Direction and potential opportunities

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

- supported living accommodation for individuals with learning disabilities in the north of Cheshire East (including areas such as Handforth, Wilmslow, Knutsford etc.) to ensure individuals living locally can remain closer to home, family and local networks
- care and support for people with complex needs (e.g. challenging behaviour, people who may exhibit chaotic presentations)
- services for people in transition from children's services to adult services
- reconfiguration and replacement of existing supported living properties in the borough based on shared housing and communal living, especially for older people with learning disabilities, including those with physical disabilities and dementia
- development of innovative and cost-effective services that can reduce the reliance on traditional building-based day services by improving the offer around community-orientated activities in areas such as volunteering, employment and skill development, including activities at weekends

We will work closely with people with learning disabilities and their families to ensure that we are clear about what's important to them, to identify their priorities to help shape a market of care which is person-centred and supports people's long term aims and goals. We will do this by engaging with the Learning Disabilities Partnership Board and the Self Advocates and Carers Forums.

We will continue to work closely with providers of learning disability services to ensure that they are enabled to deliver high quality, innovative services which reflect best practice. To do this we will hold regular engagement events with providers.

Autism

Data from the Adult Psychiatric Morbidity survey (2009) estimated that in 2020 there would be approximately 2,145 people (age 18+) in Cheshire East with autism - 89% male and 11% female. The prevalence of autism was found to be 1% of the general population in England. The rate among men (1.8%) was higher than that among women (0.2%).

Cheshire East Council support

Cheshire East Council currently supports 224 adults with autism (these clients also have another primary support reason such as learning disability or mental health support need), equating to an annual cost of £14.2 million.

We are committed to commissioning services which improve the lives of people with autism. We will do this in partnership, using a coproduction approach with autistic people, families, carers, local groups and partner organisations. The SEND Written Statement of Action includes a key priority to ensure efficient, consistent and timely pathways of assessment and support for people with autism to access the most appropriate support, employment, education and housing to meet their needs. To complement this work, we aim to develop services which enable people with autism to feel safe, lead an independent life, and participate in and remain living close to their local communities.

NHS commissioned services

Children and young people

Integrated autism assessment and support for children and young people aged 0 to 25 includes early identification and access to support via the local offer through a coordinated Multi-Disciplinary Team (MDT) assessment and diagnosis. The model is based on the child and family-centred 'Thrive Multi-disciplinary Framework' comprising four connected pathways:

1. **Getting Advice** – 'First Concerns / Early Identification'
2. **Getting Help** – 'Local Offer/Specialist Autism Assessment'
3. **Getting More Help** – 'Post Diagnostic Support'
4. **Getting Risk Support** – 'Prevention of Crisis/Specialist Risk Support'

We have commissioned a range of pre- and post- diagnostic support for parents and carers with a child/children referred onto the pathway. This support includes Space for Autism and ChAPS (Cheshire Autism Practical Support), both third sector service providers.

Specialist NHS autism services include:

- Adult Autism Team
- East Cheshire 0-16 CAMHS
- Central and East 16-19 CAMHS

Adult autism services

An assessment and diagnostic service is commissioned along with the following:

- | | |
|---------------|---|
| Tier 1 | The Autism Hub provides pre- and post-diagnostic support and access to training and support for individuals, families and third sector partners from the specialist team, as well as bringing together other partners including Space 4 Autism in Macclesfield. |
| Tier 2 | Assessment and diagnostic service – strengths based, assessment and two follow-ups. |
| Tier 3 | Specialist and advice and consultation for practitioners supporting adults with autism. |
| Tier 4 | Enhanced support/bespoke interventions. |

Key priorities in autism services include:

Implementing the All Age Autism Strategy

The Cheshire East All Age Autism Strategy went live in 2020. We have developed an All Age Autism Strategy group which is passionate and understands the importance of improving services for people with autism. The group has members from health, education, social care, multi-agencies, and carers. The Autism Strategy group is aimed at improving the lives of adults with autism and through this group we will monitor the implementation of the priority areas within the Strategy.

Further Develop the Supported Living Accommodation Offer

We are keen to further develop our supported living accommodation within the borough to ensure that it can meet the needs of those with autism. This will ensure individuals living locally can remain closer to home, family and local networks. This will enable people to take the next step in their journey towards independent living including those currently living out of area in residential placements, those currently living in hospital settings, and those moving from children's services to adult services.



Expanding low-level autism specific services

There are several social care services available within the borough that support people with autism (e.g. supported living, day services). However, there is a shortage of low-level services for people with needs identified on the autistic spectrum, particularly people with low-level care and support needs or needs that do not trigger the Care Act threshold.

The current state of supply in autism services

Complex Needs Dynamic Purchasing System (DPS)

The current Complex Needs DPS comprises of approximately 118 registered providers who supply a range of services. 99 of the providers on the framework have indicated that they can deliver services that support people with autism. We aim to engage with our provider market in 21/22 to gain a better understanding of the abilities and skills of this market in meeting the needs of people with autism.

Direction and potential opportunities

We would welcome basic conversations with providers around innovative, good quality and cost-effective solutions for people with autism, in particular in relation to the following groups and services:

Accommodation and support needs of people with a primary support need of autism and complex needs shaped to deliver cost effectiveness whilst maximising independence, choice, control, and safety (including in areas where we have demand and a lack of good quality provision such as Handforth, Wilmslow, Knutsford etc.).

Services for people with low level needs - examples include outreach services to provide support to people with autism and their families to access local communities, pursue hobbies and recreational opportunities.

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

Mental health

Our children and young people consistently tell us that their mental health is a number one priority for them. Evidence shows that half of all lifetime mental health problems develop by the age of 14; over 75% before the age of 24, and that up to 1 in 4 people are affected. Cheshire East Council is currently providing support to 415 children who have an assessed mental health support need.

The Adult Psychiatric Morbidity survey (2016) estimated that there are approximately 41,240 people in Cheshire East who experience any common mental health disorder including depression and anxiety. 62% of those experiencing common mental health disorders are female and 38% male. Between 5,400 to 6,000 adults in Cheshire East are estimated to be living with a severe mental illness such as schizophrenia, bipolar disorder, psychotic depression and other less common psychotic disorders. Cheshire East Council currently supports 476 adults who have a mental health support need, equating to an annual cost of £7.9 million.

The Cheshire and Wirral Partnership NHS Trust has a forecast spend in 2020/21 of £62.5m for all mental health services (children and young people, and adults), and Cheshire CCG spends an additional £0.5m on other third sector mental health services.

Services are commissioned both internally and externally and include:

In-house council run services

- Day opportunities
- Mental health reablement

NHS services

Cheshire and Wirral Partnership

- Secondary Care
- Improving Access to Psychological Services (IAPT)
- Liaison services
- Community mental health teams
- Early intervention in psychosis
- Inpatient mental health services
- Child and Adolescent Mental Health Services (CAMHS)
- All Age Mental Health Crisis Phone Line
- Youth Justice Service
- Crisis Home Treatment team
- Eating disorder services

Other NHS mental health services

- The Wellbeing Hub
- Primary care mental health
- Employment support/IPS Wave 2

Cheshire and Merseyside and collaboratively commissioned services

- Perinatal mental health
- Military veterans

Independent sector services

- Domiciliary care/outreach
- Supported living
- Residential and nursing care
- Mental health floating support
- Mental health crisis beds
- You in Mind (searchable database of community services inclusive of self-help guides)
- Emotionally Healthy Child Programme – delivered by Cheshire Wirral Partnership, Just Drop In, Visyon, South Cheshire CLASP and Kooth

Cheshire CCG also commission a range of services including: Just Drop In, Visyon, RAGE, KOOTH, My Happy Mind (schools software), You in Mind (signposting platform), Northumberland Self Help Guides, Silvercloud (IAPT), and Churches Together.

The NHS Long Term Plan states the ambition to establish a comprehensive offer for children and young people, extending to those up to the age of 25, that aims to identify and treat mental ill health at the earliest possible point. Cheshire CCG commission a number of third sector services that are working with younger people in innovative ways, including the provision of free counselling anchored in the Getting Help and More Help quadrants of THRIVE. Data suggests that the number of 18 to 25 year-olds accessing counselling in East Cheshire is increasing year on year with more younger people accessing these services, more complex referrals, and considerable challenges in triaging cases to ensure that individuals receive the right support. This year, we have commissioned additional Getting Help, including web-based chat for parents, sleep support sessions, and counselling.

We need to ensure our commissioned mental health services are personalised and provide intensive support based around individual need to address complex issues and behaviours. Services must be focused on helping individuals achieve specific personal outcomes in relation to managing affairs such as personal finances, being a good tenant and the ability to access and maintain relationships with support services. Individuals need to be supported to be able to support themselves to return to live within their community and to be able to maintain their independence.

All Age Mental Health Partnership Board

The board commenced in December 2019. This board includes representatives from health and social care along with third sector colleagues, as well as service user and carer representatives.

Some of the key objectives that the board will be working on include:

- monitoring progress and actions against agreed priorities within the NHS Long Term Plan and the Cheshire East All Age Mental Health Strategy
- supporting service users and carers and promoting the development of good quality service provision and equity of access across Cheshire East
- implementing action plans against the strategic priority areas that would benefit from a partnership approach, and identifying lead organisations and related outcomes

Key priorities in mental health services include:

Early intervention services for children and young people

The NHS Long Term Plan states the ambition to establish a comprehensive offer for children and young people, extending to those up to the age of 25 that aims to identify and treat mental ill health at the earliest possible point. Cheshire CCG commission a number of third sector services that are working with younger people in innovative ways, including the provision of free counselling anchored in the Getting Help and More Help quadrants of THRIVE. Data suggests that numbers of 18-25 year olds accessing counselling in Cheshire East is increasing year on year with more numbers of younger people accessing these services, more complex referrals and considerable challenges in triaging cases to ensure that they receive the right support. This year, we have commissioned additional Getting Help, including web based chat for parents, sleep support sessions and counselling.

Supported living

We will continue to work closely with our Strategic Housing Team and engage with the provider market to ensure that we have good quality accommodation in all areas across Cheshire East. This will include a variety of supported living housing solutions to meet people's needs. We require effective solutions to support a reduction in the deterioration of people's mental health, which also promotes recovery and supports people to stay well in the community. We are keen to see innovative approaches to managing people's mental health through the use of assistive technology and other digital solutions.

Crisis care

We are continuing to review and develop new services that support admissions avoidance and ensure safe alternatives to acute admissions. The current pilot of commissioned crisis beds has demonstrated the effectiveness of provision with a less restrictive option of staying in a community short stay bed alongside beneficial interventions from the home treatment team; individuals can be supported to a positive resolution of their current mental ill health.

The current state of supply in mental health services

Complex Care Dynamic Purchasing System (DPS)

The Complex Needs DPS contains 89 providers who support people with mental health support needs aged 16 and over. The aim of the DPS is to support service users with complex mental health needs to maintain a safe place to live, whilst enabling them to recover, sustain recovery, be socially included and to gain, regain or maintain independent living skills.

Approximately 37% per cent of our current registered Complex Care DPS providers are not bidding for care packages.

Current market issues

- A focus on ways of improving early intervention in the prevention of emotional health and wellbeing issues, to minimise escalation of mental health concerns, building on our commissioned Emotionally Healthy Child Programme.
- A lack of provision in the north of the borough (Handforth, Wilmslow etc.) and the risk of a potential over supply in the south. The number of both operational and planned mental health housing developments/care and support living schemes in the south may be too great to meet demand and may not meet people's needs, nor provide cost effective solutions for the council.
- A lack of dedicated day opportunities services for adults aged 18 years and over who are experiencing or have been diagnosed with mental health problems, including those with complex needs and drug and alcohol issues.
- The commissioning of packages of care for service users who reside outside of the borough - this can be due to factors such as the individual being in hospital, or because there are limited services available locally to meet the individual(s) needs. As part of our future commissioning strategy, the needs of this complex client group need to be explored and further developed.

Direction and potential opportunities

We would welcome basic conversations with providers at this stage around what innovative, good quality and

cost-effective solutions might look like in relation to the following groups and services:

- ways to improve the early help offer for children and young people's mental health
- services that support younger adults with mental health and autism who often find it hard to find accommodation that meets their support needs.
- step-up crisis prevention/step down provision to prevent and discharge those from Tier 4 CAMHS
- accommodation and support for adults who have mental health support needs and are involved in substance misuse. This would be linked to supported living accommodation and could include those stepping down from acute in-patient settings into community settings
- care/support and accommodation for older people who have mental health support needs and extremely challenging behaviour and adults with early onset dementia
- we will be recommissioning the mental health crisis beds service in 21/22; part of the offer we will be consulting around is the development of a drop-in crisis café type facility for individuals to access during the daytime/evening
- services that can provide accommodation for those with functional mental health nursing care provision for older people
- support for 16 and 17-year olds with mental health support needs, to include accommodation and reablement and floating support services
- day opportunities services for adults 18 and over experiencing or diagnosed with mental health problems, including those with more complex mental health needs or where there are additional presenting issues such as substance misuse, homelessness etc.
- flexible models of care and support reflective of people's changing needs to ensure that we align with national agenda principles and government directives (including personalisation, increasing the uptake of direct payments/personal health budgets, and the 5-year forward view for mental health)
- innovative technology or digital solutions to support people with mental health conditions to help bolster our "front door" offer, and to help better manage demand in terms of the numbers of people accessing social care assessments (for example)
- low level services that can support demand reduction across primary, secondary, and social care services, whilst keeping people safe and well in the community, including peer support (we have adequate capacity in terms of our commissioned early intervention and prevention contract)

Carer respite (bed-based and community)

Bed-based and community-based respite care services were recommissioned in 2018 and 2019 following extensive engagement and consultation with carers, service users and organisations which support carers. Providers were also consulted to ensure the service being commissioned was viable and could be delivered. Commissioners also looked at the respite offer in other local authority areas.

It was apparent from the feedback received that bed-based respite offers a lifeline to both carers and the cared for person which enables the carer to be able to plan for regular breaks and holidays which subsequently enable them to continue in their caring role. The range of beds commissioned were extended to include nursing and physical disability support. It was also clear from the feedback that for some people, residential support wasn't the answer to supporting them to sustain their role as a carer. Community respite was therefore also commissioned to enable the cared-for person to be supported in their own home for periods of hours as opposed to an overnight stay in a care home environment.

Both the bed-based and the community respite have been impacted by the Covid-19 pandemic, with admissions to care homes for carer respite reduced due to the need for people being required to self-isolate for the duration of their stay (if 14 days or less). Furthermore, the availability of providers to offer community respite has been impacted as their focus has been on staff meeting care needs of the people they support.

However, it is also recognised that prior to the pandemic, the take up of community respite was slow and further work is required to ensure that community respite is considered a feasible support mechanism to meet the needs of carers.

The current contracts for both bed-based and community carer respite services are in place until autumn 2023. However, additional community respite services will be commissioned in 2021 to enhance the existing offer and to ensure the service is available across all parts of the borough.

Extra care housing

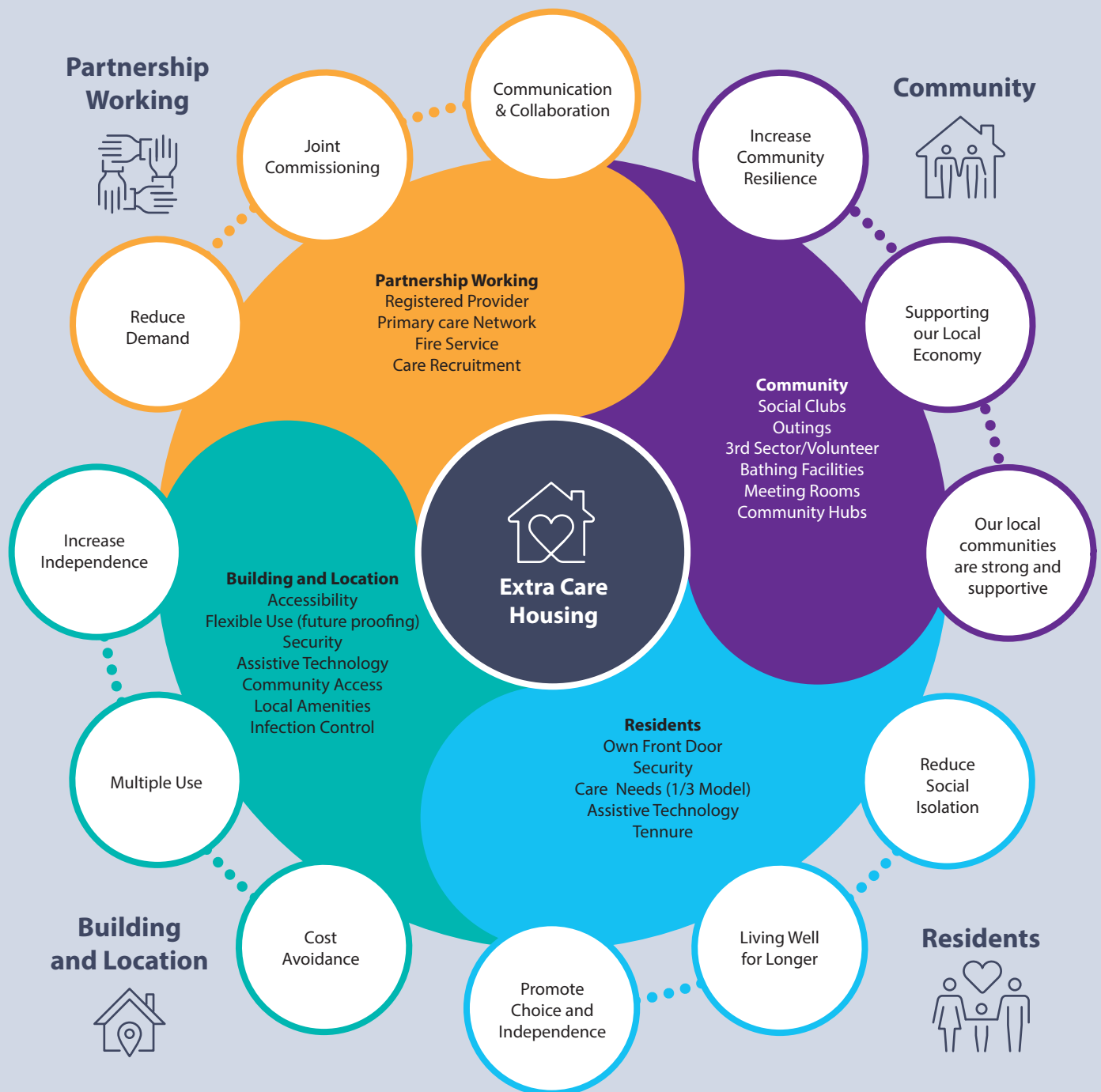
There are currently 4 extra care housing (ECH) schemes in Cheshire East, offering a total of 212 social rented, shared ownership and wholly-owned apartments. Two schemes were built using a Private Finance Initiative (PFI) grant, whilst the other two schemes were built by local registered providers. Three of the 4 schemes have mixed tenure. Each scheme has communal areas, a hair salon and other facilities which are available for residents and members of the local community to use. It should be noted that a third PFI scheme was destroyed by fire in 2019 which resulted in the reduction in Extra Care Housing offer of 132 mixed tenure apartments in the Crewe area. **Details of the existing Extra Care Housing schemes are in the table below.**

Year	Town	Housing provision
Oakmere	Handforth	53 rented, shared ownership and wholly owned apartments
Willowmere	Middlewich	71 rented, shared ownership and wholly owned apartments
Heath View	Congleton	45 rented apartments
Mill House	Nantwich	43 rented and shared ownership apartments

Waiting lists for ECH are low but are not necessarily the best indicator of demand for this service type. Currently, there are just under 50 households waiting for ECH apartments, although around half of these households are assessed as not currently in need of care and support from the onsite provider and are therefore low priority. The longest waiting list is for the Congleton scheme. However, 85% of the people on this list have no current care needs and are therefore considered to be low priority due to the need to achieve an equal balance of those with and without care needs.

The preferred model of care is based on one-third high needs, one-third medium needs and one-third low needs although the definition of high, medium and low is under review.

The council currently commissions a care provider to deliver a 24/7 presence in each of the four schemes. Current contracts are due to expire in July 2023 and will be re-procured at this time. Any opportunities will be advertised on the North West procurement portal, The Chest. It is possible that the council may consider commissioning care for additional schemes, but this would be conditional on agreement on the level and mix of residents' care needs, liability for empty apartments and possibly site-specific circumstances.



Due to the loss of the Beechmere Extra Care scheme, there has been an impact on surrounding provision and Cheshire East Council will be looking to ensure that future demand in this area will be met through ECH locally. It is a stated ambition of the council's Corporate Plan to seek through partnership working to increase the number of ECH units that meet the current and future care needs of the population.

Nationally there has been an increase in the population of older people. Cheshire East, much like the rest of the UK, has an ageing demographic. As of 2019, the population of over-65s in the borough totalled 88,200. This equates to 22.5% of the borough population. Compared to England as a whole, this is above average with that amount being 18.0%. The Ageing Well Plan discusses how we meet the needs of the ageing demographic and refers directly to the option of ECH and ensuring we provide choice and control.

Cheshire East Council aims to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents. As part of this work, we are committed to providing more extra care facilities, including dementia services. We want to work with partners to develop appropriate accommodation and extra care housing models and will measure the success of our actions and projects by measuring the number of extra care housing places to meet the needs of residents.

Care at home

The Care at Home service is integral to the “Home First” model, enabling people to live safely and independently in their own home for as long as possible.

We currently have two different types of Care at Home contracts, there are 9 ‘Prime’ providers and 35 ‘Framework’ providers delivering care at home throughout the borough.

The service will be recommissioned in 2022 and work is underway to reflect on the existing service and learn from the challenges currently faced.

The vision for the new service is that it will provide a more flexible offer incorporating some of the ‘add on’ care at home services which may be required at certain points in the year, for example, Rapid Response support, which is usually commissioned separately every year to support the additional resource requirements created by winter pressures.

A key aim of the recommissioning of the Care at Home contracts is to work with local care providers and service users to coproduce a truly outcomes-focused approach that enables people, wherever possible, to regain their independence and the confidence they need to achieve their desired outcomes and goals.

Ideally, the service will enable people to retain links with their local community, engaging with hobbies and interests and to continue to have a fulfilling life as an active community member. The focus will not be just about providing traditional care in somebody’s home, but about supporting people to have fulfilled lives, achieving their desired outcomes.

Rapid Response

The Rapid Response service facilitates people to return home from hospital when they are medically fit.

The service is designed to provide a short period of support, usually up to 6 weeks, to enable the person to regain the skills and confidence that may be lost due a stay in hospital. Rapid Response intervention can prevent the person from needing to access residential care, enabling people to continue their journey to wellness in familiar surroundings with the appropriate level of support. The service can also be utilised to prevent hospital admissions in some cases.

Traditionally, the Rapid Response service is stepped up to support winter pressures, ensuring that there is patient flow within the borough’s hospitals and that beds don’t become blocked with patients who are well enough to be discharged but have some ongoing care and support needs.

It is intended that the Rapid Response service will be commissioned as part of the re-commission of the wide Care at Home service to provide a holistic, timely and seamless hospital discharge process.

Accommodation with care – residential and nursing care

There are 97 CQC registered care homes across Cheshire East. This includes 43 care homes with nursing and 52 care homes without nursing. There are a total of 4,221 care home beds across the borough.

The council operates a Dynamic Purchasing System for residential and nursing care contracts with successful care home providers placed on a Framework from which individual care packages are “called off.” The service is due to be recommissioned in 2022.

Care home providers are expected to deliver high quality, safe and personalised services that promote choice, dignity, control and quality of life for all residents and provide modernised care and support services that deliver value for money.

The service types fall into the following key areas:

- residential
- nursing
- dementia
- learning disabilities and mental health
- physical disabilities
- continuing health care

The vision for the service is that people feel confident and assured that they are receiving the right support, in the right place, at the right price, to maximise their independence, aid their recovery, and build their resilience to remain healthy and safe.

This contract is designed based on people's outcomes that will be underpinning the principles of choice, control, and independence, enabling people to seek alternatives to care and support through improved access to wider community settings.

Care home providers must support residents to reduce or delay the need for more intensive care and support by:

- developing an asset-based approach to delivering services; nurturing an inclusive community which adds social value
- enabling everyone to make a contribution
- increasing independence, making the best use of local knowledge and networks
- improving the quality of life and social inclusion for residents
- engaging with local communities, providers and the council in a way that improves service effectiveness and equity across the borough
- increasing and supporting voluntary activity where appropriate
- using innovative approaches through utilising networks already in existence and developing/supporting the development of healthier, more engaged, and supportive communities
- a willingness to work in partnership with others to develop added value, which may include actively seeking funding from external sources to continue to develop and promote services locally

The council's contract management function supports the delivery of all contracted providers by having a formal contractual arrangement based on the service specification and a comprehensive performance management framework. We work collaboratively with local partners to ensure care services demonstrate value for money and are regularly monitored. Care homes are visited periodically to ensure that they are delivering quality care to residents and, where needed, to support the development of improvement plans with the care providers.

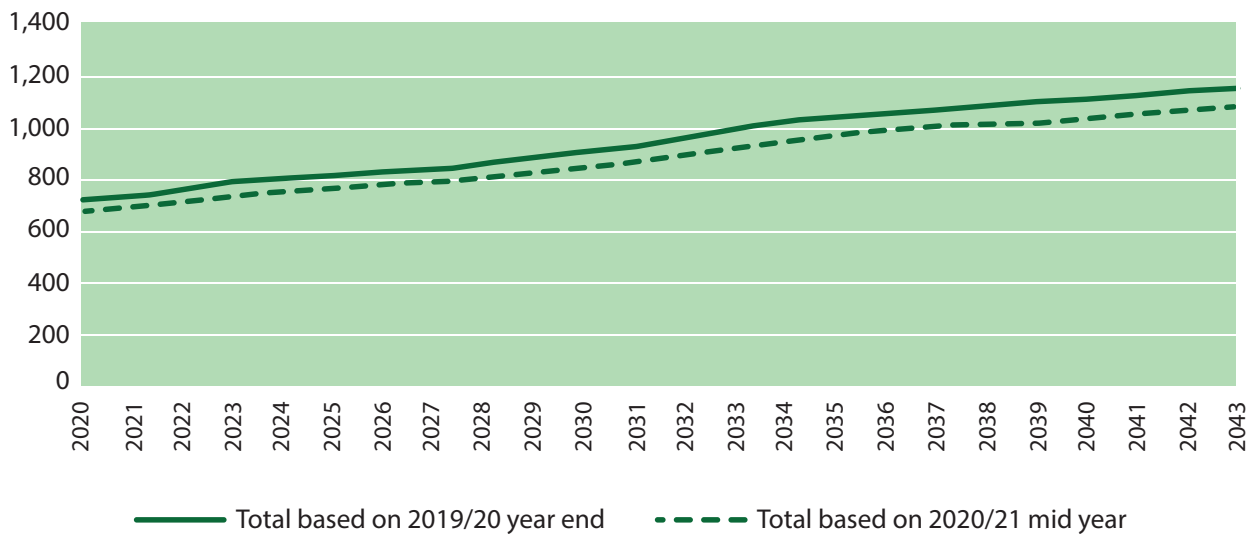
As more people are living longer, it is estimated that by 2025 the number of people with dementia in the UK will be more than 1 million. Therefore, the demand for nursing dementia beds has increased over the last 5 years.

We have also seen an increase in demand for mental health services and we are strengthening our approach to expand the mental health workforce to meet need. We want to work with stakeholders to prevent frequent out of area mental health placements, where people are placed in a care home out of their local area and to prevent people in a mental health crisis staying too long in a general and acute hospital bed where there is often a lack of psychiatric expertise.

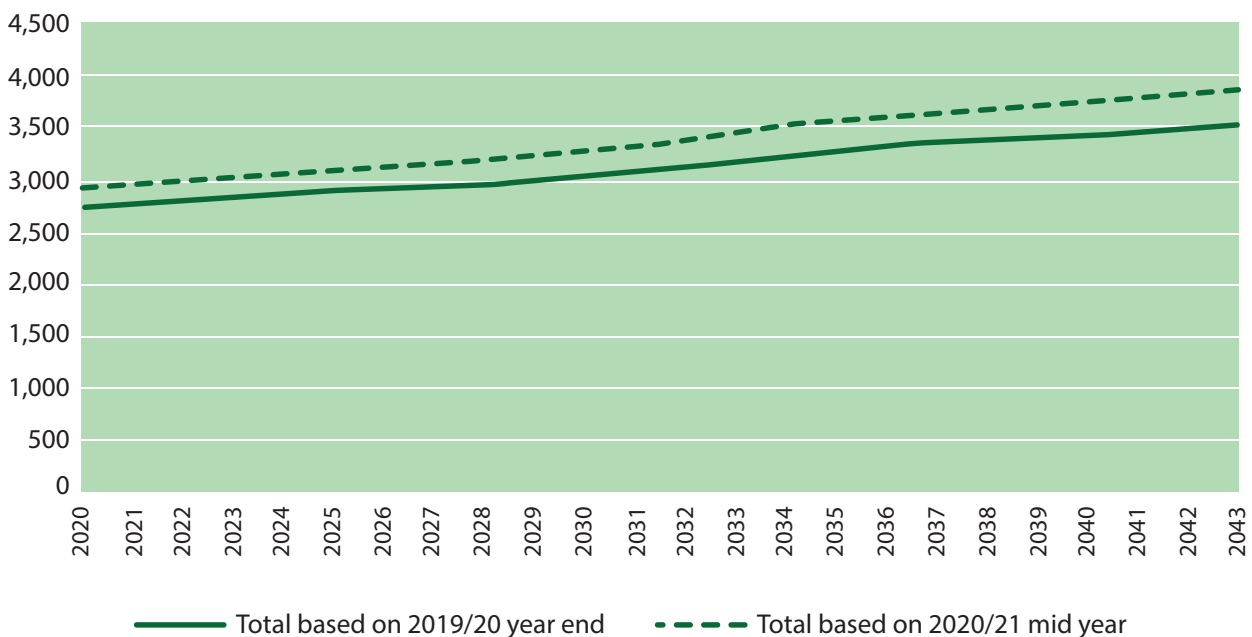
Cheshire East Council has seen an increase in need for male-only units within care homes. This will support both older men living with dementia and younger men with disabilities to receive quality care and the dignity and respect they require. Dedicated male units will help to tackle the loneliness men can feel and activities can be tailored to the hobbies the residents enjoy. For some men living with dementia, managing relationships can become difficult and lead to behaviours that challenge others within a mixed sex setting. By establishing a male-only dementia unit, the environment can support men to live positively and at ease.

Cheshire East Council aims to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents. As part of this work, we are committed to supporting the development of more extra care facilities, including dementia services. We want to work with partners to develop appropriate accommodation and extra care housing models and will measure the success of our actions and projects by measuring the number of extra care housing places to meet the needs of residents.

Long term support service users forecasts 2020-2043: Cheshire East - all Residential service users



Long term support service users forecasts 2020-2043: Cheshire East - all Community service users



Please note: These projections relate to service users receiving 'Long Term Support (LTS)' funded or arranged by the local authority. This will include 'full cost' service users known to the local authority but will not include those who arrange and fund their own care independently of the local authority ('self-funders') or those solely funded by other organisations such as the NHS.

As you can see from the above table forecast a rise in demand for community services with an increase in the actual spend from approx. £38,000 in 2019 to approx. £45,000 in 2020. There has also been a decline in the number of people requiring permanent care. It will take time to accurately determine the long-term impact of the COVID-19 pandemic on the demand for nursing and residential care. As we move to recovery from the pandemic, there is evidence that the need and demand for more community-based services is increasing.

The council is looking to work with the care home market to support providers, where appropriate, to diversify their service offer and business models to ensure that the care market is responsive to changes in need and demand and enables people to lead more independent and fulfilling lives.

Dementia

Currently in draft form, the Cheshire East Place Dementia Strategy is a joint strategy between Cheshire East Council and NHS Cheshire CCG. Stakeholders/partners have already been pivotal in developing the Strategy and have been engaged with to ensure it has been developed collaboratively. Council and health commissioners have worked together to map out what the pathway for those living with dementia and their carers/families currently looks like across Cheshire and have identified gaps and areas for further improvement.

Common themes resulting from the engagement and consultation are as follows:

- those living with dementia and their carers feel they don't have a voice at a strategic level with the council
 - too much information is online
 - lack of bereavement support and signposting
 - need for earlier care planning discussions with people affected by dementia.
 - need for age-appropriate services/activities for those with early onset dementia
 - LGBT+ issues - care at home and accommodation with care providers are being trained accordingly to gain an understanding of the specific issues people in this group may face
- Our focus will be on:**
- reviewing and improving pathways for residents living with dementia and their carers across Cheshire East, looking at good practice and where it can be replicated to ensure that ALL residents are supported with a positive journey (from the Preventing Well up to and including Dying Well pathways)
 - investigating options to improve person-centred care planning for people affected by dementia
 - looking at what community and voluntary groups/organisations can offer and ensuring that this is effectively promoted
 - raising awareness of what support/information is available, and looking at innovative ways to share information/raise awareness (other than via an online portal)
 - developing guidance for frontline practitioners regarding carers who may experience intentional or non-intentional domestic abuse
 - developing and providing training for accommodation with care (care homes) and care at home (domiciliary care) staff
 - looking at how we can improve support to those living with a learning disability and their carers - individuals with a learning disability face a heightened risk of early onset dementia, and this may therefore place different demands on dementia services/carers
 - working on giving those living with dementia and their carers a voice at a strategic level
 - developing an annual Dementia Action Plan

10. Planned commissioning and procurement for 2021/22

All details about commissioning and procurement opportunities are published on the Chest Procurement Portal. Suppliers are able to register on the Chest for procurement opportunities that are of interest to them. Suppliers will then receive notifications of commissioning and procurement opportunities, including opportunities to engage with commissioners during market engagement events, bidders days or one to ones.

Integrated and joint commissioning and procurement arrangements across Health and the Local Authority will be developed at local Place level (Cheshire East) and through the formation of the Cheshire and Merseyside Integrated Care System (ICS). The Market Position Statement will be therefore be updated as these arrangements evolve, including the publication of future procurement opportunities.

Service area	Contract end date
Children's Early Help Volunteer Service	New Commission
North West SEND FPS - Phase 2 (Post 16 yrs)	Nov 2021
Assistive Technology (Joint Commission via BCF)	31st December 2022
Prepaid Cards	31st March 2022
Healthwatch	31st March 2022
Carers' Hub (Joint Commission via BCF)	31st March 2022
Adult Advocacy	31st May 2022
Early Help Framework	30th June 2022
Care Leavers Mentoring	31st July 2022
Direct Payment Support Service	30th September 2022
One You (Lifestyles)	30th September 2022
Sensory Impairment Service	30th November 2022
Care at Home Framework (Adults)	9th September 2022
Prepaid Cards Care at Home Framework (Children and Young People)	9th September 2022
Accommodation with Care Framework	30th November 2022

11. Glossary

Adult social care assessment	<p>The process of gathering information about an individual's circumstances. The assessment identifies needs that are eligible for care and support. The care and support plan helps individuals to identify what support is needed to achieve identified outcomes. The care and support plan is used to source packages of care from providers of care services</p>
Assessments of children	<p>An assessment is a discussion that involves collecting and reviewing information about people with the aim of understanding their situation and determining recommendations for any further involvement.</p>
Anchor Institution	<p>The term 'anchor institutions' is used to refer to organisations which:</p> <ul style="list-style-type: none"> - Have an important presence in a place, usually through a combination of: being largescale employers, the largest purchasers of goods and services in the locality, controlling large areas of land and/or having relatively fixed assets. - Are tied to a particular place by their mission, histories, physical assets and local relationships. Examples include local authorities, NHS trusts, universities, trade unions, large local businesses, the combined activities of the community and voluntary sector and housing associations.

Brokerage	The council's Brokerage Team will source care packages with service providers on behalf of service users to make sure that they receive the best service available to meet their support needs.
Children in need	Children in need are defined in law as children who are aged under 18 and: need local authority services to achieve or maintain a reasonable standard of health or development. need local authority services to prevent significant or further harm to health or development.
Commissioning	The planning, design, purchasing, and monitoring of services. Commissioners are officers who do the planning and design, Contract Managers and Quality Assurance Officer do the monitoring of services.
Compliance	Making sure that the service provided is that which was set out in the service specification.
Coproduction	Services that are designed, delivered and monitored together in partnership for example with the Council, Health, Suppliers/Providers, service users, carers and communities.
Decommissioning	Ending services that are no longer required as part of a continuous cycle of commissioning.
Direct payment	Any part of a personal budget which the service user has chosen to have paid directly to them so they can make their own arrangements to meet the outcomes, as agreed in their support plan.

Early Help assessment	We offer Early Help support when families need some extra help and support to keep their children safe and well. In Cheshire East, we use 'Signs of Wellbeing' at Early Help to make sure that children, young people and families are at the centre of decision making, as families are the experts on what works for them.
Eligibility for social care	There are guidelines to work out if a person is eligible or not for services. The criteria help us make sure that councils treat everyone fairly and that the people who are most in need of help receive it.
Market	Organisations, providers or suppliers, whose primary business is to deliver patient care, treatment or services.
Outcomes-focused	A service that is based on what outcomes the service user wants to achieve as set out in their personal support plan rather than on the time required to do a task.
Packages of support	All the different types of care and support an individual receives following assessment.
Personal budget	This is the money allocated for your social care, which comes from social care funding only.
Personalisation	A way of describing how support for people will be provided. It affects social care services as well as other public services. The idea behind personalisation is to give people real choice and control over the support they receive as opposed to other people deciding for them. People can choose to be involved in planning and organising their own support or they can choose others to do it for them.

Prevention/ Preventative services	Self-help, support, and services that help people maintain their health, wellbeing and independence.
Procurement	Purchasing of services from organisations external to the council or Health.
Place Based	Place based refers to a general planning approach, which emphasizes the characteristics of places as a starting point for planning and development. Place based insight, demand and outcomes information has a geographical position. For this paper the 'Place' is the borough of Cheshire East
Reablement services	Services that help people to re-learn skills or develop independence for example following a hospital stay.
SEND	Special Educational Needs and/or Disabilities
Social enterprise	A business that helps people or communities.
Step down	Going from a service for higher level needs to a service for lower level needs.
Transition	The period (and services) when young people go to secondary school, or from children's services to adult services. Also the period (and services) going from general adult services to service for older people.
Vulnerable adults	Someone aged 18 or over who is, or may be, in need of community services due to age, illness or a mental or physical disability or who is, or may be, unable to take care of himself/herself, or unable to protect himself/herself against significant harm or exploitation.

A summary of responses to Cheshire East Council's

Market Position Statement Consultation



Cheshire East Council and
NHS Cheshire Clinical Commissioning Group

Joint Market Position Statement 2021/25

Summary of results

The consultation response

In total, 26 survey responses were received, including from the following organisations:

- Alternative Futures Group
- Alzheimer's Society
- Enhance Social Care
- Liverpool University Hospitals NHS Foundation Trust
- National Care Group
- Promises of care
- Rowans
- Safe Sanctuary Living Ltd
- The Flamelily Healthcare.

Voluntary, Community, Faith and Social Enterprise (VCFSE) and Care Provider workshop events were also held with 13 organisations about the Market Position Statement – a summary of these workshops can be found in Appendix 1.

Headline results

Survey respondents were largely supportive of the Market Position Statement:

- 88% agreed with the key messages for providers.
- 81% agreed with the messages to the whole market.
- 81% agreed with the messages for providers of public health, early intervention, and community services.
- 81% agreed with messages for providers of care and support to adults.
- 76% agreed with the commissioning strategy and market opportunities.

Furthermore, all 13 organisations that attended the MPS workshops agreed with the key messages and agreed that this is the right approach.

A slightly lower proportion of survey respondents (57%) agreed with the messages to providers of children and young peoples services.

Written comments

Respondents commented on the different sections of the strategy, and these comments can be found presented verbatim throughout this report.

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Report produced 21 September 2021 by the Research and Consultation Team, Cheshire East Council. Email RandC@cheshireeast.gov.uk for further information.

Introduction

Purpose of the consultation

Between 20 July and 15 September 2021 Cheshire East Council consulted on a newly drafted joint Market Position Statement (MPS).

A Market Position Statement (MPS) is a document published by commissioning authorities which summarises the supply and demand in a local authority area. The MPS brings together local information and analysis relating to commercial opportunities within the public health, health, and social care market in that area.

The MPS had been developed as a joint document across health and social care to ensure consistent messages are provided for the market. The Cheshire East MPS has been developed to take an all-age approach.

Consultation promotion and responses

The consultation survey was widely promoted on the council's website, through partner organisations and on social media.

In total, 26 survey responses were received, including from the following organisations:

- Alternative Futures Group
- Alzheimer's Society
- Enhance Social Care
- Liverpool University Hospitals NHS Foundation Trust
- National Care Group
- Promises of care
- Rowans
- Safe Sanctuary Living Ltd
- The Flamelily Healthcare.

Voluntary, Community, Faith and Social Enterprise (VCFSE) and Care Provider workshop events were also held with 13 organisations about the MPS – a summary of these workshops can be found in Appendix 1.

Key messages for providers

88% of survey respondents agree with the key messages for providers as set out in section 3 of the Market Position Statement.

How strongly do you agree or disagree with the key messages for providers?



Number of responses = 26

All comments received on the key messages for provers are printed verbatim below.

Comments on the key messages for providers:

This is fine on paper, in reality it will be near impossible to provide. how many admin, fat cats will be employed. health care is so fragmented, and non-existent, I do not think this will be improved any time soon.. There appears to be more hype than what the people will receive.

Messages to the whole market

81% of survey respondents agree with the messages to the whole market as set out in section 5 of the Market Position Statement.

How strongly do you agree or disagree with the messages to the whole market?



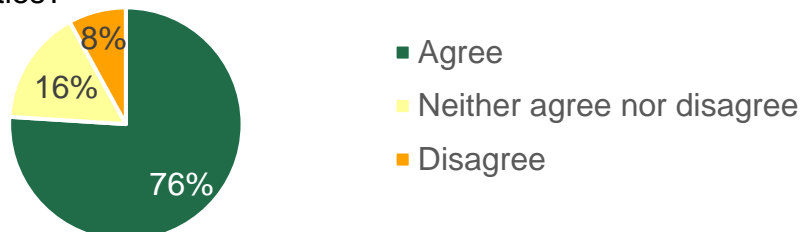
Number of responses = 26

No comments were received on the messages to the whole market.

Commissioning strategy and market opportunities

76% of survey respondents agree with our commissioning strategy and market opportunities as set out in section 6 of the Market Position Statement.

How strongly do you agree or disagree with our commissioning strategy and market opportunities?



Number of responses = 25

All comments received on our commissioning strategy and market opportunities are printed verbatim below.

Comments about our commissioning strategy and market opportunities:

Idea does not match your realities.

Messages to providers of children and young people services

57% of survey respondents agree with the messages to providers of children and young peoples services as set out in section 7 of the Market Position Statement.

How strongly do you agree or disagree with the messages to providers of children and young peoples services?



Number of responses = 23

All comments received on the messages to providers of children and young peoples services are printed verbatim below.

Comments about the messages to providers of children and young peoples services:

Does not really directly apply to our area of expertise, but transport is a key link across all services.

Messages for providers of public health, early intervention, and community services

81% of survey respondents agree with the messages for providers of public health, early intervention, and community services as set out in section 8 of the Market Position Statement.

How strongly do you agree or disagree with the messages for providers of public health, early intervention, and community services?



Number of responses = 26

All comments received on the messages to providers of children and young people's services are printed verbatim below.

Comments about the messages for providers of public health, early intervention, and community services:

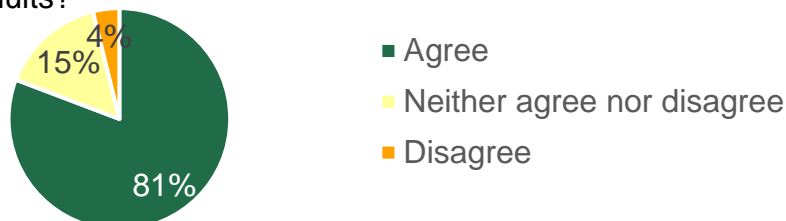
This would be good if was possible, was implemented, but this is very, very unlikely to happen, red tape and jobs for the boys

There is a need for greater collaboration between the health services and those in the community like the Churches which wish to help them with their work in their communities. While there is an emphasis of 'working with', there needs to be care that this does not revert to 'working/doing for' as in the past!

Messages for providers of care and support to adults

81% of survey respondents agree with messages for providers of care and support to adults as set out in section 9 of the Market Position Statement.

How strongly do you agree or disagree with the messages for providers of care and support to adults?



Number of responses = 26

All comments received on the messages for providers of care and support to adults are printed verbatim below.

Comments about the messages to providers of children and young peoples services:

In regards to the mental health section in section 9, I regularly have clients tell me that the services listed in this section either not appropriate or not available to them and a lot of clients state they feel stranded or abandoned by services.

Commissioning for outcomes as opposed to purely an hourly rate has to be far more economically advantageous. If an hour is commissioned it can be an hour of task based support, but outcome commissioning can introduce innovation.

Using assistive technology for multiple services. Use it as an early intervention service to reduce impact on social care front door, include as part of reablement hospital discharge to reduce likelihood of re-admissions to hospital and longer term care. Referral from GPS to AT managed by LA provider to give system wide prevention data longitudinal evidence of AT when deployed earlier in later life to increase the likelihood of living at home.

Final survey comments on the MPS

Final comments received on the MPS are printed verbatim below.

Any other comments on the Market Position Statement:

Am just wondering whether the issue of lack of services in North of East Cheshire is due to pressure from local residents and whether there is a way of directly discussing and addressing this with local communities, given it can mean that people are then forced to live away from their families. Greater engagement definitely feels to be the way forward but it would be good to have some tangible plans as to how that will happen. Lastly, MPS references wanting to open dialogue with providers around areas of support; it would be good to know how and when this will happen or whether it is down to providers to approach on an informal basis. Great to have the opportunity to feed into the process,

It is a very thorough and robust documentation, the use of digital technology needs to feature alongside all care models. There are a good few innovators in the digital world that can or should be able to really influence how we think about and deliver care

These are fine on paper ,the reality of giving care is another thing .we have no joined up care ,people are waiting for years for care .I do not see much changing for people .there needs to be action ,seen to be ,not just words ..If these policies and aims are met I shall be gobsmacked.

This is an impressive analysis which will act as a good source of reference. I look forward to its successful and transparent implementation!

Very pleasing to see themes such as Coproduction, early intervention, holistic whole system approach and so on. It is crucial to ensure the inter-connectedness of issues and how to resolve them. This is very clearly demonstrated in Social Value and Social Impact modelling, and the creation of independence in thought and action allows individuals to do more themselves, rather than becoming reliant on having services provided to them.

Whilst it is admirable to see such a comprehensive strategy, and we welcome the transparency, the key messages are really the same as they have been for years. What is missing is how is the council is going to support the provider sector? Impossible recruitment and poor hourly rates means that all the strategies in the world will just not work until this is addressed.

Appendix 1 – MPS workshop feedback

Alongside the survey conducted to gather feedback on the Market Position Statement, some Voluntary, Community, Faith and Social Enterprise (VCFSE) and Care Provider workshops were also held to discuss the MPS.

In total 13 organisations attended these workshops, and in general:

- All 13 organisations agreed with the key messages.
- All 13 organisations agreed that this is the right approach.

Feedback received as part of the workshops is summarised below.

Workshop feedback on the key messages:

I like the focus on flexible commissioning models and early intervention and prevention.

The 7 day working approach is ambitious and a big ask, especially for wider services such as the VCFSE sector.

The concept of a focus on early intervention and prevention is positive, but 'how' will you achieve the shift?

Need a focus on localism.

Workshop feedback on the MPS as a whole:

Need to reflect and understand the differences between sectors, you can't shape the VCFSE to be replicas of the Council or Health. You need to reflect the unique positive role of the VCFSE sector

Need to reflect the need for longer more sustainable contracts

We like to market engagement and coproduction sections, true engagement and coproduction should ensure that commissioners 'listen' to the market and shape/design services together, rather than being too prescriptive.

Commissioners need to work with the VCFSE sector to understand local need and demand, its not just about the data

We need mechanisms to enable local organisations to communicate local insight to commissioners

How will you communicate MPS developments to local suppliers?

The VCFSE Leaders Group / Cheshire Social Action Partnership will be a good mechanism for ongoing engagement with regards to the MPS with the VCFSE sector

How will you collaborate with Care Providers to develop hourly care rates?

Appendix 2 – Email feedback

Email feedback received on the MPS is printed verbatim below.

Email received 17/09/2021:

Thanks for the meeting and presentation.

I spent many hours reading the MPS and importantly the detailed references (a real and interesting learning curve).

I found the report to be well written with some interesting models for delivery and community engagement. Might suggest a summary of the key recommendations up front would be useful. So from a Veterans perspective I thought you might find the following comments to be of interest:

One theme is how East Cheshire identifies a patchwork of services and aims to bring them together - collaboration rather than consolidation (page 28). The next page describes connected communities place infrastructure. Where do Veterans organisations fit - presumably through the VCFSE, but given the number and range of Veterans organisations could they not be highlighted in their own right? Looking at the Dementia page 53 - column, 3rd bullet – is this a possible invitation for the Veteran voluntary sector to work closely with Cheshire East/ NHS? An overarching comment - there is mention of the impact of COVID on finances - but did not see comment on how COVID has affected death rates and life expectancy. I saw an article in Guardian online today which highlights PHE figures of decrease in men by 1.3 years to 78.7 years, and 0.9 years decrease to 82.7 years for women.

Finally, what is the potential impact of the Central Government developments upon the MPS. Happy to add some 'flesh' to the comments above and other areas. I am a great believer in 'demand driven' solution architecture (informed by intelligence 'fusion'), agile delivery, effective communication and accountability.



Cheshire East Council and
NHS Cheshire Clinical Commissioning Group

Joint Market Position Statement

2021/25



Working for a brighter future together

Adults and Health Committee

Date of Meeting:	16 November 2021
Report Title:	Recommissioning of the Assistive Technology Service
Report of:	Helen Charlesworth-May, Executive Director for Adults, Health and Integration
Report Reference No:	AH/35/21-22
Ward(s) Affected:	All

1. Executive Summary

- 1.1. Assistive Technology (also known as Telecare) is an umbrella term to describe a range of electronic devices which can support someone in their home and in their local community. This enables the Council to meet its duties under the Care Act.
- 1.2. This report recommends the recommissioning of this service with a revised model built on learning from the last three years. The approach aligns with the priority within the Corporate Plan of "A Council which empowers and cares about people". This was developed from extensive work including: review of current service provision, engagement with stakeholders (including current users), and research over market changes.

2. Recommendations

- 2.1. That Committee note the details provided of the revised model for the Assistive Technology Service. This follows approval being given in principle for recommissioning this service at the Adults and Health Committee in September 2021.

3. Reasons for Recommendations

- 3.1. Assistive Technology plays an important role in ensuring that the Council meets its statutory duties under the Care Act and also supports the choice and control of service users thereby increasing their independence.

- 3.2.** A survey of Assistive Technology users carried out from May-July 2021 disclosed that a large majority value the service. For instance, 93% (634 responses) strongly agreed or agreed with the statement that it, “provides reassurance for your family knowing that access to help is available quickly”.

4. Other Options Considered

- 4.1.** Delaying contract award – If the recommendation was not agreed, the tender process for the new contract would have to be postponed. This would lead to the current contract expiring without time to put alternative provision in place, meaning telecare users would not be supported.
- 4.2.** Decommissioning the service - this would require others to meet the need of telecare users such as the North West Ambulance Service, or informal carers. This would most likely lead to individuals receiving delayed help (in comparison to the current service), increasing the risk of problems escalating into crisis.

5. Background

- 5.1.** Assistive Technology describes a range of electronic devices which can support an individual to be independent at home and in the community. This includes devices such as pendant alarms (involving a button an individual can press when they need help), falls detectors (which automatically send an alert when a fall is sensed), to bed and chair sensors which identify when an individual has decided to stand. These function in conjunction with a call centre and mobile response team to monitor and protect individuals.
- 5.2.** The Council recommissioned the service in 2018, with Welbeing (part of the Doro Group) delivering the service from December of that year. In May 2021, around 2,254 users accessed this service. The provider is responsible for delivering the following service components:
- Sourcing of devices
 - Delivery and collection of devices
 - Maintenance and testing
 - Mobile Response (including falls pick-up)
 - Contact Centre/ Enquiry Point – to respond to device alerts, to liaise with users, to deal with service queries
 - Cleaning and storage of devices
 - IT System
 - Identification of appropriate devices for users.
- 5.3.** A number of priorities detailed in the Corporate Plan 2020-2024 relate to Assistive Technology. These include:
- Reducing health inequalities across the borough
 - Reducing the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services
 - A commitment to protect the most vulnerable people in our communities

- Increasing the life opportunities for young adults and adults with additional needs.

Additionally, it supports the overall aim of: “A Council which empowers and cares about people”. Work is currently underway on developing the Council’s Digital Strategy. This commission will also be aligned with this approach.

- 5.4.** In order to develop a new design for the Assistive Technology Service extensive work was undertaken. This included:
- Co-production via a project group with key stakeholders such as from Cheshire Clinical Commissioning Group, Social Care Operations and other relevant Commissioners (e.g. for Care at Home, Carers and Dementia)
 - Engagement with service users and carers via an Assistive Technology consultation process as well as service user interviews.
 - Discussions with other Local Authorities on their service models
 - Research on how the technology market is changing
 - Review of recent research papers
 - Two sets of market engagement with Assistive Technology providers.
- 5.5.** The conclusion from this work was that modifications were required to how current service components are delivered. The most significant of these proposed changes are detailed in the paragraphs below.
- 5.6.** As part of delivery of the new contract, the device range would be refreshed to include new digital products which offer enhanced functionality. A key aim would be to utilise items which function over the mobile phone network (such as a pendant alarm) to enable greater portability (this was cited as important in the Assistive Technology consultation with users). New items would include smart speakers, smart plugs, smart hydration devices and tablets. A summary of equipment is presented in Appendix 2. However, the device offer will change over time as technology advances. It would also be possible for users (who wish to) to utilise their own smartphones and tablets to access the service.
- 5.7.** A key change to equipment provision will be to move from a model where the Council purchases equipment to a model where this is rented from the provider. This switch should reduce long-term risk to the Council from device obsolescence. Council owned devices will continue to be used when safe and practical.
- 5.8.** The service would become more proactive in addressing changing social need. To do this effectively, device data would need to be tracked over time to detect changes in behaviour. The service would then act on this information by rapidly referring the user onto other services which could provide increased

support (e.g. the user's Social Care Assessor, the People Helping People Service etc). Use of Artificial Intelligence by the provider will help this work.

- 5.9.** The Contact Centre would be asked to perform a greater array of functions. This includes delivering proactive wellbeing calls (to support people who are socially isolated); wellbeing assessments (to check if a service user is in need of greater care support); as well as signposting to other services and community assets (with use of the Live Well Cheshire East resource to support this) which can help support the need of the user.
- 5.10.** The Contact Centre and Mobile Response function would be required to meet current industry standards for quality and decision-making. This includes providing a response service within one hour. This would apply, whether an individual lived in a town or a rural part of the Borough. There would continue to be two separate delivery speeds: 24hr or 5 day, and collections within 3 or 7 days. However, there would also be the facility for staff to provide the more basic equipment themselves for speed (e.g. to facilitate rapid discharge from hospital).
- 5.11.** The IT System that would support the service would enable staff to refer service users for provision and to access information about devices that users have. Moreover, it would let them view intelligence on their present patterns of behaviour. This would help inform the assessment of individuals.
- 5.12.** The provider's technicians will take referrals and use their expertise to identify the more appropriate equipment for the individual based on their assessed needs. However, a greater range of professionals would be able to refer residents to the service. This includes health staff, GPs and the voluntary sector. As part of this, there would be the opportunity for residents to try the service at no charge for three weeks, to understand if it was right for them.
- 5.13.** Outcomes for service users would be tracked over time through the joining up of data from the provider and social care. This should enable a greater understanding to be reached of the effectiveness of device provision, allowing this learning to be applied to other users.
- 5.14.** A key challenge for the new service will be to take account of the national Digital Switchover which will take place by December 2025. This will see the Public Switched Telephone Network (PSTN) replaced by a digital all-IP network, meaning that current analogue devices (such as most telephones and telecare kit) will no longer work as they do now. This will bring both opportunities and challenges.
- 5.15.** A short-term solution is the use of an adapter to plug a device into the Wi-Fi router which will utilise the new IP network. However, currently there is a lack of consensus in the industry over likely effectiveness. In market engagement

sessions held with providers, the majority view was that this may lead to delays in communication with the telecare monitoring centre (note: a device would repeatedly send a signal until contact is made). However, the full extent of the problem is unclear. A further issue is that broadband routers will not work in the event of a power failure.

- 5.16.** Consequently, there is a medium term need to shift users from the current Council owned analogue Assistive Technology equipment to new digital devices. This is likely to incur increased cost. One reason for this is the requirement for devices to work across the mobile phone network which means the service would need to fund the network fee. The aim will be to manage this transition carefully to reduce costs both to the Council and users. However, the pace of the change will be dictated by the speed that the digital switchover takes place locally and the robustness of current devices. Unanticipated costs may impact on other aspects of service provision.
- 5.17.** The recommission would take place via a competitive procurement process. Evaluation questions would test the provider's ability to deliver key aspects of service delivery such as the mobile response service to appropriate standards of quality. There would be a split of 60% quality and 40% price, with social value questions making up 10% of the tender marks. This would assess social and environmental impact. A presentation would also be required to a panel of professionals. The contract is expected to be for four years with the possibility of two one year extensions.
- 5.18.** An ongoing priority for the Council in the delivery of an Assistive Technology Service is the issue of information governance given the range of data that can be collected. As such, ensuring the principles of transparency of data use and informed consent will remain central to how the service is delivered in the future. It is of note that research considering barriers to adoption highlighted that privacy was a central concern for older people¹.
- 5.19.** Partnership working is continuing to take place given the interrelationship between this service and other provision e.g. the North West Ambulance Service, Acute Trusts and hospital discharges. It is of note that Cheshire Clinical Commissioning Group is currently exploring increasing the capacity of two hour response services from April 2022 as a result of increased Department of Health funding. However, this will predominantly target people with complex medical conditions. Cheshire Clinical Commissioning Group have already approved the recommission via the Better Care Fund governance group.

¹ Yusif S, Soar J, Hafeez-Baig A. Older people, assistive technologies, and the barriers to adoption: A systematic review. *Int J Med Inform.* 2016 Oct;94:112-6. doi: 10.1016/j.ijmedinf.2016.07.004. Epub 2016 Jul 7. PMID: 27573318

5.20. For the period October 2020 - September 2021:

- The current service conducted 397 urgent installations and 992 standard installations. 925 withdrawals were also made.
- An average of 9,221 calls were received by the response centre (per month).
- An average of 174 visits were made by the mobile response team (per month).

5.21. Analysis of data for the 2,254 Assistive Technology users shows that:

- 59% of users are aged 85+;
- 24% are aged from 75-84;
- 9% are aged 65-74;
- 8% are aged 0-64,
- 69% are female (due to life expectancy).

The most common primary support reason that these users had was for personal care (42%); followed by access and mobility (40%). Other categories include Support with Memory and Cognition (8%); Mental Health Support (3%) and Learning Disability Support (2%). Geographic analysis of service usage is shown in Appendix 3.

5.22 The new provider would undertake work to ensure that usage of the service is maximised across age ranges, geographies and client groups where it is beneficial. This will include by undertaking actions with stakeholders (such as operational social care staff) e.g. conducting awareness sessions.

6. Consultation and Engagement

- 6.1.** Engagement has taken place with all current Assistive Technology users via a survey which was sent to them by post. 932 responses were received out of a total user base of 2,254. This asked key questions related to the recommission and will help shape it.
- 6.2.** In addition to this, interviews have been held with service users to understand their views about technology in more depth. The intention is to continue to involve social care users with the development of the service in the coming years. This includes involving them in the piloting of devices.
- 6.3.** A briefing was also held with Councillors in June to explain the current service model and to engage over changes to the charging policy.

7. Implications

7.1. Legal

- 7.1.1.** If the total value of this contract (net of VAT) over its entire term (including any options to extend) exceeds the financial threshold of £189,330.00 it will need to be procured in accordance with the Public Contracts Regulations 2015. The proposed contract is for the provision of equipment as well as installation and maintenance services and is likely to be classified as a mixed contract in accordance with Regulation 4 of the Public Contract Regulations 2015.
- 7.1.2.** When procuring mixed contracts, it is important to identify which category they fall into (i.e. supplies, services or works) because the correct categorisation determines whether or not or the extent to which the PCR 2015 will apply. For mixed contracts that have two or more categories as their subject matter, the correct categorisation is made by reference to the main subject matter of the contract which will be the part which has the greater value.

7.2. Finance

- 7.2.1.** The Assistive Technology service should be funded in full via the Better Care Fund and by client contributions. However, the service has been significantly overspent for the last few years. The overspend on the contract in 2020/21 was £471k.
- 7.2.2.** The budget for the Assistive Technology contract is £757k pa and is within the Peoples Commissioning Team Plan.
- 7.2.3.** As well as planning to address the cost of the digital switchover mentioned in 5.14, the recommission also needs to address the budget pressure.
- 7.2.4.** If it is anticipated that the contract can't be brought in line with the current budget through the recommission then this needs to be addressed through one or more of the following actions -
- Increasing the agreed contribution from the Better Care Fund for Assistive Technology. This would need to be agreed by the Better Care Fund Governance Group which includes Cheshire Clinical Commissioning Group.
 - Increasing client charging above the current budgeted level.
 - A growth bid in the Council's Medium Term Financial Strategy.

7.3. Policy

- 7.3.1.** There are no policy implications.

7.4. Equality

- 7.4.1.** An Equality Impact Assessment is available at Appendix 1.

7.5. Human Resources

7.5.1. It is likely that TUPE would apply for staff from the existing provider.

7.6. Risk Management

7.6.1. Recommissioning of the service is following a project management approach which includes the identification of risks. Any significant risk will be controlled for and escalated for action where appropriate.

7.7. Rural Communities

7.7.1. Assistive Technology is particularly useful for individuals in rural communities who may find it harder to access informal and formal support networks. The provider will be required to ensure that response staff are appropriately located within the Borough to ensure performance standards are met regardless of whether an individual lives in a town or isolated rural location.

7.8. Children and Young People/Cared for Children

7.8.1. There are no implications for children and young people.

7.9. Public Health

7.9.1. Assistive Technology can be an important element of a solution to address the health and wellbeing needs of people in receipt of social care. In addition to this, it offers the opportunity for carers and the public to obtain greater reassurance through knowing that they would be alerted through technology if there was an issue with the individual.

7.10. Climate Change

7.10.1. The recommission of the service will include social value questions including one specific to the environment. This will seek to minimise the environmental impact of the service. The service specification will also contain specific requirements relating to this such as in relation to efficient route planning and use of electric vehicles.

Access to Information	
Contact Officer:	Nik Darwin, Senior Commissioning Manager Nik.Darwin@cheshireeast.gov.uk 01606 275897
Appendices:	Appendix 1 – Equality Impact Assessment Appendix 2 – Device List Appendix 3 – Service Data
Background Papers:	Cheshire East Corporate Plan 2021-2025

EQUALITY IMPACT ASSESSMENT

TITLE: Recommissioning of Assistive Technology

VERSION CONTROL

Date	Version	Author	Description of Changes
12/8/21	1	ND	

CHESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT

Stage 1 Description: Fact finding (about your policy / service /

Department	Adult Social Care		Lead officer responsible for assessment		Nik Darwin	
Service	Commissioning		Other members of team undertaking assessment		NA	
Date	12/8/21		Version		1	
Type of document (mark as appropriate)	Strategy	Project	Function	Policy	Procedure	Service x
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New x		Existing		Revision	
Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation) Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service	Re-commissioning of Assistive Technology Assistive Technology is an umbrella term which describes a range of electronic devices designed to keep an individual safe and independent at home and to participate in their local community. Cheshire East Council has a responsibility to ensure that the assessed needs to service users are met using a range of services and resources. Assistive Technology is an important strand of this given the advantages its offers for individuals in keeping them safe and independent at home in a way which can maximise their independence and control. The recommission of the service is taking place in order to put a new contract in place so that service user need can continue to be met. In addition to this, it also aims to take account of recent market innovation e.g. to make use of a new devices which can support assessed needs in new ways. The service will continue to consist of a number of core components including supply of equipment, delivery and collection of equipment, contact centre and a mobile response service. As such, the service provided will not otherwise be significantly changed under the new contract.					

Who are the main stakeholders and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)	Service users, employees, Councillors, residents	
Consultation/ involvement carried out.	Yes	91.2% of respondents strongly agreed or agreed in this consultation that the service “makes you feel safer at home”. A similar majority in agreement was also shown for “Provides reassurance for your family knowing that access to help is available quickly”, which was supported by 634 responses (93.1%).
What consultation method(s) did you use?	Survey to all current users of Assistive Technology. Other residents were also able to complete this.	

Stage 2 Initial Screening

Who is affected and what evidence have you considered to arrive at this analysis? (This may or may not include the stakeholders listed above)	Service users and staff members
Who is intended to benefit and how	Service users from a revised service which takes account of recent market innovation

Could there be a different impact or outcome for some groups?	The Assistive Technology offer that a service user receives is shaped around their needs							
Does it include making decisions based on individual characteristics, needs or circumstances?	Yes							
Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)	No							
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?	Yes, the service aims to address different levels of need therefore reducing health inequality.							
Is there an actual or potential negative impact on these specific characteristics? (Please tick)								
Age		N	Marriage & civil partnership		N	Religion & belief		N
Disability		N	Pregnancy & maternity		N	Sex		N
Gender reassignment		N	Race		N	Sexual orientation		N

What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts		Level of Risk (High, Medium or Low)
Age	<p>Currently; 4% of users are aged 19-54, 4% are aged 55-64, 9% are aged 65-84, 24% are aged 75-84 and 59% are 85. There is a slightly higher proportion of older people accessing the service in comparison to the overall make-up of service users, due to how Assistive Technology (AT) supports their needs. A recent consultation was conducted with service users on a change in charging plus the recommission. However, no specific impacts were identified relating to age for the new service.</p> <p>Older people are more likely to suffer falls which is a need directly supported by the service e.g. the mobile response team. They are also more likely to live alone and thus require the additional support mechanism that AT provides. The new service design aims to enable people from all age groups to access technology which better supports their care needs. For instance, the Council will use devices offering greater portability.</p> <p>Service provision will need to be sensitive to an individuals' needs including that deriving from their age. Staff will require appropriate training and procedures and communication materials will need to take account of the differing needs of service users.</p>	Low
Marriage and Civil Partnership	The impact of this policy is neutral on this protected characteristic.	Low
Religion	The impact of this policy is neutral on this protected characteristic.	Low
Disability	<p>42% of users have a primary support reason of person care support; 40% access and mobility; 8% support with memory and cognition. A recent consultation was conducted with service users on a change in charging plus the recommission. However, no specific impacts were identified relating to disability for the new service. The new service design aims to enable people with a range of disabilities to access technology which better supports their care needs. This will include use of devices such as Alexa and connected devices which can support people with a severe physical disability.</p> <p>Service provision will need to be sensitive to an individuals' needs including that deriving from their disability such as a cognitive impairment. Staff will require appropriate training and procedures and communication materials will need to take account of the differing needs of service users.</p>	Low

Pregnancy and Maternity	The impact of this policy is neutral on this protected characteristic.	Low
Sex	31% of users are male and 69% of users are female. This reflects the general the make up of service users as a whole. A recent consultation was conducted with service users on a change in charging plus the recommission. However, no specific impacts were identified relating to gender for the new service. The new service design aims to enable people (including those from both genders) to access technology which better supports their care needs.	Low
Gender Reassignment	The impact of this policy is neutral on this protected characteristic.	Low
Race	95.8% of users are White British with the remainder being White Other (1%); White Irish (.7%); Black Caribbean (2%). A recent consultation was conducted with service users on a change in charging plus the recommission. However, no specific impacts were identified relating to race for the new service. As such, the impact of this policy is deemed neutral on this protected characteristic.	Low
Sexual Orientation	The impact of this policy is neutral on this protected characteristic.	Low

Stage 4 Mitigation

Protected characteristics	Mitigating action <i>Once you have assessed the impact of a policy/service, it is important to identify options and alternatives to reduce or eliminate any negative impact. Options considered could be adapting the policy or service, changing the way in which it is implemented or introducing balancing measures to reduce any negative impact. When considering each option you should think about how it will reduce any negative impact, how it might impact on other groups and how it might impact on relationships between groups and overall issues around community cohesion. You should clearly demonstrate how you have considered various options and the impact of these. You must have a detailed rationale behind decisions and a justification for those alternatives that have not been accepted.</i>	How will this be monitored?	Officer responsible	Target date

Age	<ul style="list-style-type: none"> -Staff to have appropriate training relating to the needs of this protected characteristic -For procedures to be designed around the needs of individuals -For assessment and device allocation to be sensitive to the needs of this age group -For communication materials to be available in large-print 	Via the Contract Management Process	Nik Darwin/ Steve Clews	April 2022
Marriage and Civil Partnership	N/A			
Religion	N/A			
Disability	<ul style="list-style-type: none"> -Staff to have appropriate training relating to the needs of this protected characteristic -For procedures to be designed around the needs of individuals -For assessment and device allocation to be sensitive to the needs of this group (including a cognitive impairment) -For communication materials to be available in suitable formats including easy-read 	Via the Contract Management Process	Nik Darwin/ Steve Clews	April 2022
Pregnancy and Maternity	N/A			

Sex	N/A			
Gender Reassignment	N/A			
Race	N/A			
Sexual Orientation	N/A			

5. Review and Conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed			
Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
Tailored approach to support for individuals which in particular takes account of their disability. This relates	Contract Management Meetings	Steve Clews	April 2022

to assessment and customer service processes.			
Please provide details and link to full action plan for actions			
When will this assessment be reviewed?	April 2022		
Are there any additional assessments that need to be undertaken in relation to this assessment?	N/A		
Lead officer sign off	Nik Darwin	Date	12/8/21
Head of service sign off	Shelley Brough	Date	10/9/21

Please publish this completed EIA form on the relevant section of the Cheshire East website

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Appendix 2: Devices

<i>Current Items</i>	<i>Proposed Additional New Items</i>
Lifeline unit	All in one digital alert device – includes GPS, Falls Sensor
Bed sensor*	Smart plugs and Smart lighting
Smoke detector	Voice Assistant (e.g. Alexa)
PIR (passive infrared sensor) movement detector	Tablet (for social isolation)
Personal alarm (wrist based)	Flashing doorbell
Chair sensor	Digital activity monitoring device
Temperature extremes	Digital medication dispenser
Universal sensor	Digital Carer Pager
Personal alarm neck (pendant)	Digital Voice Recorder
Key safe	Penfriend Auto-labeller
CO detector (property with gas only)	Smart hydration device
Telecare medication dispenser (which is linked to the Lifeline)	Digital sensors (various)
Exit sensor (including passive infrared)	Digital epilepsy monitor
Auto ceiling light	Monitored Smoke Alarm/CO2 detector
Gas detector mains/ hard-wired	
Stand-alone medication dispenser	
Care Assist Pager	
Gas detector plug-in	
Bogus Caller alert	
Falls detector (wrist based)	
Enuresis detector (bedwetting detector)	
Flood detector	
Falls detector multi -clip/pendant	
Radio pull cord	
Epilepsy monitoring	
GPS devices	

Activity monitoring devices [e.g a daily living assessment tool]	
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The service will also have the facility to obtain 'special' devices on request if an individual has distinct needs. Apps will also be part of the service offer.

Appendix 3: Service Data

a) Telecare Users by Council Ward (May 2021)

Council Ward	Telecare Users
Alderley Edge	31
Alsager	112
Audlem	23
Bollington	41
Brereton Rural	23
Broken Cross and Upton	48
Bunbury	34
Chelford	19
Congleton East	74
Congleton West	95
Crewe Central	18
Crewe East	102
Crewe North	42
Crewe South	54
Crewe St Barnabas	17
Crewe West	87
Dane Valley	64
Disley	23
Gawsworth	31
Handforth	52
Haslington	55
High Legh	24
Knutsford	82
Leighton	14
Macclesfield Central	27
Macclesfield East	21
Macclesfield Hurdsfield	36
Macclesfield South	69
Macclesfield Tytherington	42
Macclesfield West and Ivy	66
Middlewich	76
Mobberley	35
Nantwich North and West	67
Nantwich South and Stapeley	56
Odd Rode	52
Poynton East and Pott Shrigley	50
Poynton West and Adlington	46
Prestbury	14
Sandbach Elworth	28
Sandbach Ettiley Heath and Wheelock	11

Sandbach Heath and East	40
Sandbach Town	44
Shavington	30
Sutton	37
Willaston and Rope	30
Wilmslow Dean Row	10
Wilmslow East	12
Wilmslow Lacey Green	21
Wilmslow West and Chorley	66
Wistaston	61
Wrenbury	18
Wybunbury	16

b) Equipment with Users (October 2021)

MyAmie Pendant	2808
Wireless Smoke Detector	1999
Keysafe C500	1680
Vibby fall detector	1571
Lifeline Vi +	1492
Lifeline Vi Unit	1002
Carbon Monoxide Detector (Wireless)	735
iVi Pendant	355
Bed Occupancy Sensor Pad - Over	332
New Universal Sensor	283
Care Assist	196
Bed/Chair Occupancy Sensor (TIM)	164
Lifeline GSM Unit	149
Temperature Extreme Sensor 2/35 C	128
4 Gang	123
Universal Sensor	116
Medication Dispenser Large	116
Flood Detector	83
Fast Passive Infrared Detectors	62
Lifeline Connect +	56
Chair Occupancy Pad	48
Epilepsy Sensor Kit	43
Heat Detector - New Model	37
Bogus Caller Button	35
Radio Pull Cord	31
Natural Gas Detctor	26
GL200 GPS Device	19
Watchful Eye GPS Locator	16
Abilia bed sensor and controller	13
Epilepsy radio transmitter and lead	12

Doro Enzo Pendant	10
Actuator	10
Pressure Mat	9
Cotton enuresis sensor	8
Big Red Jelly Bean	8
Doro CareIP Mobile (Graphite)	7
Doro Vibby Oak Falls detector	4
Doro Sara Black	4
Doro Smoke 868MHz	4
Mem X Voice Recorder	1
Outdoor PIR	1

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Foreword

Welcome to Cheshire East Council's Adult Social Care Local Account 2020/21

On 23rd March 2020 the government announced that the UK would be sent into 'lockdown' in an unprecedented step to attempt to limit the spread of Covid-19. The pandemic has impacted on over 190 countries; and in the UK it has presented us with the biggest challenge our health and care system has ever faced.

Across Cheshire East the majority of services were already overstretched with workforce challenges and increasing demand within significant financial constraints; and yet our health and care services and how we work collectively to deliver them, has been transformed in an extremely short space of time. This year's Local Account has been written with the challenges faced by services during this most difficult of years.

Adult Social Care makes a significant and distinctive contribution to residents living across Cheshire East by ensuring that adults at risk are protected and that adults with support needs are able to live full and valued lives. Adult Social Care responds to a wide range of needs, helping people to live as independently as possible, whilst supporting people during times of crisis and balancing rights and risks.

We have a vision for people in Cheshire East where every day is the best it can be. Where people live happy, healthy and safe lives; where people live in the place they call home with the people and things that they love, in communities where they look out for one another, doing the things that matter to them. When more help is needed, it starts with a conversation about what makes a great day for them, then builds upon the things in their life which enable them to live happily at home, help is arranged in ways to suit them by caring people. Where individuals, communities and local organisations work together to build on our collective strengths to reduce inequality and to improve our health and wellbeing.

Jill Broomhall
Operational Director of
Adult Social Care



The Corporate Plan 2021- 2025 - The Plan is based around a key vision of being open, fair and green, leading to the following strategic priorities:

- An open and enabling organisation
- A council which empowers and cares about people
- A thriving and sustainable place

Our vision is for a more open, fairer, greener Cheshire East

Open

We will provide strong community leadership and work transparently with our residents, businesses and partners to deliver our ambition in Cheshire East

Fair

We aim to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents

Green

We will lead our communities to protect and enhance our environment, tackle the climate emergency and drive sustainable development

Our Values

We are
flexible

We
innovate

We take
responsibility

We deliver
the **service**
that customers
need

We use
effective
teamwork

Adult Social Care links to Corporate Plan:

An open and enabling organisation

- Ensure that there is transparency in all aspects of council decision making
- Listen, learn and respond to our residents, promoting opportunities for a two-way conversation
- Support a sustainable financial future for the council, through service development, improvement and transformation
- Look at opportunities to bring more income into the borough
- Support and develop our workforce to be confident, motivated, innovative, resilient and empowered
- Promote and develop the services of the council through regular communication and engagement with all residents

A council which empowers and cares about people

- Work together with residents and partners to support people and communities to be strong and resilient
- Reduce health inequalities across the borough
- Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation
- Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services

A council which empowers and cares about people

Priorities – Adult Social Care

- Work together with our residents and partners to support people and communities to be strong and resilient.
- Reduce health inequalities across the borough.
- Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation



60% of the council's net budget is spent on providing support for People based services



89% of Adult Social Care users say our services have made them feel safe and secure

- Increase the opportunities for children, young adults and adults with additional needs.
- Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services.

Equality and Diversity



Our aim is to make equality an integral part of the way the Council works by putting it at the centre of everything we do.

We recognise that promoting equality and diversity will improve public services for everyone. We want Cheshire East to be an area of equal opportunity, where everyone has a fair chance and people from all backgrounds take part in community life.

To do this it is important to consider all individuals when carrying out day to day work. Services do this by providing evidence in the form of an Equality Impact Analysis form that they have considered the effect of their work on different groups protected from discrimination by the Equality Act 2010.

The Equality Impact Analysis (EqIA) process ensures that services consider if there are any negative consequences for each of the 'protected characteristics' as detailed in the Equality Act 2010. These are age, disability, gender reassignment, marriage and civil partnership, maternity and pregnancy, race, religion or belief, sex and sexual orientation.

An EqIA is carried out on:

- All new functions, policies, procedures and services as they are developed
- Significantly altered functions, policies, procedures and services
- On existing functions and policies.

For all of the budget proposals an EqIA has been carried out where appropriate. For some of the proposals presented it is recognised that these are still very much at a concept stage, therefore for these an initial screening has been carried out with the expectation that a full and detailed EqIA will be completed in due course.

Think Local Act Personal

The goal of Think Local Act Personal (TLAP) is for people to have better lives through more choice and control over the support they use, often referred to as "personalisation". Cheshire East Adults Social Care staff work in a personalised way ensuring that the individual is at the centre of social care support if this is needed.

TLAP Domains:

Information and Advice: *having the information I need when I need it*

Active and Supportive Communities: *keeping friends, family and place*

Flexible Integrated Care and Support: *my support, my own way*

Workforce: *my support staff*

Risk Enablement: *feeling in control and safe*

Personal Budgets and Self Funding: *my money*

Cheshire East, the people

Our borough is home to 380,800 residents and more than 175,000 households. It contains the major towns of Crewe, Macclesfield, Congleton and Wilmslow (with populations above 20,000). There are also a number of other significant centres of population (over 10,000) in Sandbach, Poynton, Nantwich, Middlewich, Knutsford and Alsager.

Whilst most residents enjoy a good standard of living, there are pockets of deprivation, which impact on the quality of life and opportunities for some people. Average life expectancy varies from 74 years in the most deprived areas to 83.3 years in the most affluent.

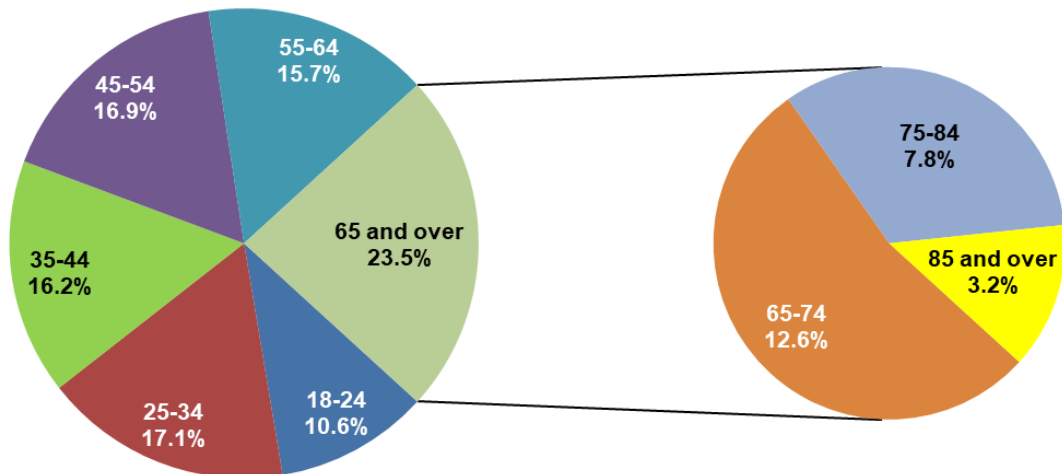
Whilst the population is predominantly White British (93.6%), Cheshire East is becoming an increasingly diverse borough due to its proximity and continually improving transport links to Manchester, Birmingham and London. It is also the home of choice for many migrant communities from across the world.

Understanding our residents and communities is at the centre of everything we do and ultimately our decision making. We use a range of information to guide support and inform our policies and initiatives but recognise there is always more to do. As our borough grows and changes, we want to be at the forefront of working together with all our communities, to do this we need to be bolder, have a meaningful two-way conversation, and continue to strive to understand what will make a difference.

An ageing population comes with its own challenges and, following national trends, we see increasingly complex needs across all age ranges.

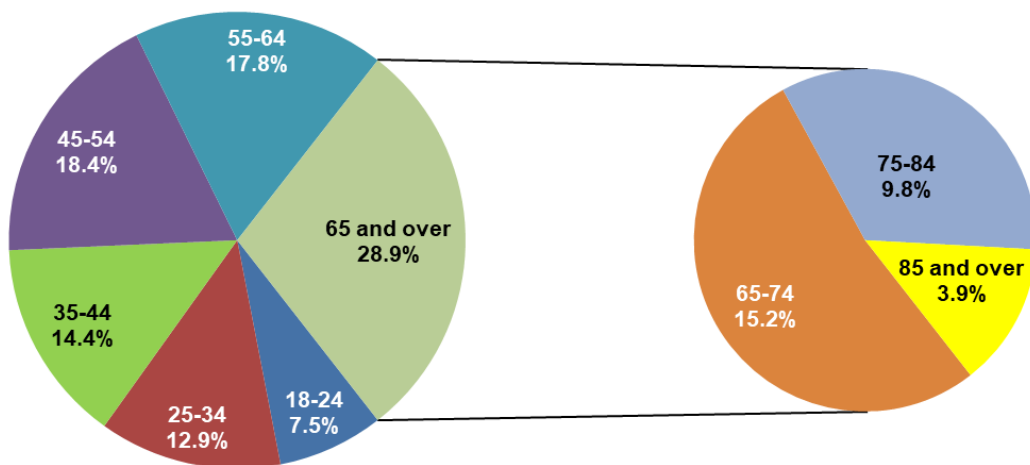
The following charts gives a more detailed age breakdown of the Cheshire East population compared to that of England.

Population (aged 18 and over): England by age band



Source: Office for National Statistics licensed under the Open Government Licence. Population Estimates: Mid-2020

Population (aged 18 and over): Cheshire East by age band



Source: Office for National Statistics licensed under the Open Government Licence. Population Estimates: Mid-2020

Terms explained

We have tried to make this document as jargon free and easy to read as possible, we have not shortened any words and will explain any terms that we use. Here are some that you will see:

People

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

Adult Social Care

When we talk about **Adult Social Care** we are talking about the care and support to people so they can remain independent longer.

Residents

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

Safeguarding

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

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.

Public Health

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

Clinical Commissioning Group (CCG)

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

Advocacy

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

What is Adult Social Care?

Adult Social Care covers a range of services to help people who have support needs arising from age, learning, physical or sensory disabilities or physical or mental health conditions and those in vulnerable situations.

The diagram below shows examples of some of the outcomes that the Adult Social Care Service seeks to achieve for service users and their carers with some of the services that Cheshire East Council commissions to help achieve these outcomes:



Our social care teams assess a person who may have support needs and arrange for relevant, timely and person-centred support.

Comments from people supported by Adult Social Care

All the staff that have visited have been very professional. They have gone out of their way to be helpful. I am very pleased that they have maintained my dignity at all times.

Thank you for all of your support to enable us to care for mums end of life. We appreciate it was difficult circumstances but received outstanding high-quality care and attention for which we are truly grateful.

He has asked me to pass on thanks to all the staff in social care that have helped him. He stated that when he calls, he feels very well supported and nothing is too much trouble and no matter what it is, the job gets done.

I can't thank you enough for the support you have given me. After I had spoken to you this morning, I felt energised that someone was there to help.

Service developments in 2020/21

Safeguarding

The safeguarding landscape is changing. Safeguarding is becoming more complex, particularly around child and adult exploitation, which can take many forms. Adults at risk, as well as young people, can become victims of organised crime, used to traffic drugs across County Lines, trapped into Modern Day Slavery, controlled by harmful practices or influenced by extremist ideologies. Adult Social Care will strengthen and adapt our knowledge and approach to safeguarding adults at risk in these ways.

Increased demand and complexity

Children's and Adults' Services have seen significant increases in demand over recent years. The number of adults with more complex physical and learning disabilities moving from Children's to Adults' Services continues to be a financial pressure. Life expectancy is also increasing; entry to all care services is likely to be later in life. The focus is to support choice by giving people the opportunity to develop their own package of support, develop person centred services that support independence and self-help, including using the skills, knowledge, connections and potential in the community to develop local networks, which build social relationships amongst isolated groups.

Reducing budgets

Nationally, Council budgets have reduced significantly due to cuts in local government income grants. In 2018-19, Cheshire East's funding reduced by £14.8m. Any budget reduction has a significant impact on the People Directorate. Adult Social Care will further develop Connected Neighbourhoods to strengthen local networks and partnerships, which work collaboratively to improve health and wellbeing. We will work with partners and the voluntary, community and faith sectors to prevent, reduce or delay the need for care and support for all local people. We will improve the capacity and quality of care within Cheshire East, including stimulating the development of an active and vibrant care market and commissioning an innovative approach.

Digital Solutions

Over recent years we have seen rapid developments in new technology and ways of working. Digital technologies are increasingly being used to deliver better outcomes for local residents and communities, foster local economic growth and help Councils save money. Adult Social Care will ensure we have the infrastructure in place that enable staff to do their jobs effectively.

Adults Social Care Outcome Framework (ASCOF) 2020/21 Results

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people.

ASCOF Measure	Cheshire East 2017/18	Cheshire East 2018/19	Cheshire East 2019/20	Cheshire East 2020/21	England 2020/21
1A - Social care-related quality of life (score out of 24)	19.7	19.4	19.8	- ¹	- ¹
1B - Proportion of people who use services who have control over their daily life	82.2%	82.0%	83.1%	- ¹	- ¹
1C(1A) - Proportion of adults receiving self-directed support	96.7%	99.8%	96.9%	100.0%	92.2%
1C(1B) - Proportion of carers receiving self-directed support	70.5%	70.3%	50.5%	48.2%	87.1%
1C(2A) - Proportion of adults receiving direct payments	21.2%	24.5%	21.1%	17.4%	26.6%
1C(2B) - Proportion of carers receiving direct payments for support direct to carer	70.4%	70.3%	50.5%	48.2%	75.3%
1D - Carer-reported quality of life (score out of 12)*		7.0		- ²	- ²
1E - Proportion of adults with learning disabilities in paid employment	11.6%	11.9%	11.5%	12.0%	5.1%
1F - Proportion of adults in contact with secondary mental health services in paid employment	8.0%	9.0%	9.0%	13.0%	9.0%
1G - Proportion of adults with learning disabilities who live in their own home or with their family	88.2%	88.9%	86.0%	86.6%	78.3%
1H - Proportion of adults in contact with secondary mental health services who live independently, with or without support	46.0%	41.0%	43.0%	54.0%	58.0%
1I(1) - Proportion of people who use services who reported that they had as much social contact as they would like	51.0%	50.9%	54.4%	- ¹	- ¹
1I(2) - Proportion of carers who reported that they had as much social contact as they would like*		25.4%		- ²	- ²

ASCOF Measure	Cheshire East 2017/18	Cheshire East 2018/19	Cheshire East 2019/20	Cheshire East 2020/21	England 2020/21
2A(1) - Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	20.2	18.8	7.3	5.9	13.3
2A(2) - Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	667.9	681.8	761.2	500.3	498.2
2B(1) - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	82.4%	75.6%	74.6%	- ³	79.1%
2B(2) - Proportion of older people (65 and over) offered reablement/rehabilitation service on discharge from hospital	2.2%	3.0%	1.9%	- ³	3.1%
2C(1) - Delayed transfers of care from hospital per 100,000 population	12.8	11.2	13.6	- ⁴	- ⁴
2C(2) - Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	4.3	3.4	4.7	- ⁴	- ⁴
2D - Proportion of those that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level	91.0%	90.4%	92.4%	91.9%	74.9%
3A - Overall satisfaction of people who use services with their care and support	72.2%	68.1%	69.2%	- ¹	- ¹
3B - Overall satisfaction of carers with social services*		35.4%		- ²	- ²
3C - Proportion of carers who report that they have been included or consulted in discussion about the person they care for*		65.8%		- ²	- ²
3D(1) - Proportion of people who use services who find it easy to find information about services	72.0%	72.8%	69.4%	- ¹	- ¹
3D(2) - Proportion of carers who find it easy to find information about services*		59.9%		- ²	- ²
4A - Proportion of people who use services who feel safe	72.8%	71.1%	74.6%	- ¹	- ¹
4B - Proportion of people who use services who say that those services have made them feel safe and secure	91.4%	89.2%	92.6%	- ¹	- ¹

* Based on data from the Survey of Adult Carers in England (SACE) which takes places every two years.

1. This measure is sourced from the Adults Social Care Survey (ASCS). In 2020/21, due to the pandemic, this survey was designated by NHS Digital as optional and was not undertaken in Cheshire East.
2. This measure is sourced from the Survey of Adult Carers in England (SACE). Due to the pandemic, the 2020/21 survey was postponed until 2021/22.
3. Due to the pandemic, the local Hospital Trusts did not submit data required to derive the source data for this measure for 2020/21.
4. This is sourced from hospital discharge data from NHS England. Due to the pandemic, the national data collection was suspended in 2020/21.

Early Intervention and Prevention

Suicide Prevention Day

World Suicide Prevention Day in September is an event which raises awareness of suicide and suicide prevention across the world. This year the Covid-19 pandemic is taking its toll on the mental health of many. To mark the day Cheshire and Merseyside Public Health Collaborative (CHAMPS), hosted a webinar via Microsoft Teams, where people could find out more about the progress of the Cheshire & Merseyside NO MORE Suicide Strategy and look to the future with hope following the Covid pandemic. Local and national speakers from organisations working to prevent suicide in our communities also featured.



Funding is available from NHS England, for Health and Care Partnership, Clinical Commissioning Groups, Public Health England, Local Authorities and Mental Health Trusts, to target support to middle-aged men, to improve mental health literacy and reduce the number of suicides in men locally over a 12 month intervention period. This will help them to develop the skills and tactics needed to support each other when they are struggling to cope and finding life difficult.

Social Value Award success

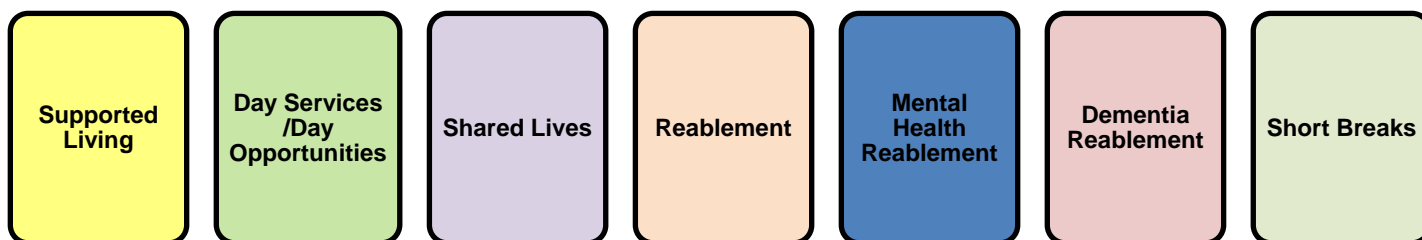


SOCIAL RESPONSIBILITY

Our People's Directorate Commissioning Team has been successful in earning a social value award. This is an award that recognises organisations, which not only consider their 'sole purpose', but also create a positive impact for society. This means Cheshire East Council considers the impact of every pound we spend and how we work with all our suppliers to achieve the best results possible for our borough. Social value is recognised both nationally and locally as a beneficial tool for driving innovation, tackling health inequalities and securing improvements in social economic and environmental outcomes for communities.

Cheshire Easy Care4CE Service

Care4CE is the 'in house' Adult Social Care provider service for Cheshire East Council. It provides a range of services, including:



These services can be accessed via the Cheshire East website at Live Well: [Live Well Cheshire East](#)

Many of these services have continued to provide support to the residents of Cheshire East throughout the pandemic whilst others have re-opened as and when it has been safe to do so following Government and Public Health advice. Throughout the period of the pandemic the Care4CE teams have worked flexibly, alongside other agencies and have adapted to new ways of working to ensure that the health and wellbeing of the people they support is maintained. Looking forward, the services will reflect on the lessons learned over the last 18 months and will adapt and respond to continue meet the changing needs of the residents of Cheshire East.

People Helping People

Early in the pandemic Cheshire East Council moved quickly to create the People Helping People service which works collaboratively with new and existing Voluntary, Community, Faith and Social Enterprise (VCFSE) sector partners and local volunteers to channel community-based support to meet the needs of people needing help. People may find themselves isolated without family, friends, or a support network. The service is mainly delivered for the local community, by the local community, with options including: telephone support, advice and reassurance, signposting to local and national services equipped to meet specific support needs and access to essential food and medical supplies.

Some examples of People Helping People:

An elderly person known to Social Care had a fall, was seen by paramedics but did not require treatment in hospital. The incident occurred at the beginning of a bank holiday weekend. People Helping People volunteers stepped in immediately to provide shopping, medication collection and general 'check in and chat' over the weekend.



A registered blind person, also a Carer, was quite distressed as they had accidentally burnt their bus pass limiting their ability to access the community. The People Helping People team were able to assist in replacing the bus pass and arranged for colleagues at Cheshire Fire and Rescue Service to conduct a fire safety check at the property also for a local church to provide regular hot meals to avoid any risk in the future.

Support from One You Cheshire East



One You Cheshire East is a council-commissioned, free health service designed to help people living in Cheshire East lead healthier lives. It provides options for people to address a range of lifestyle issues.

Each 12 week programme has been designed by experts to ensure participants are supported to make sustainable changes. Prior to lockdown, the One You Cheshire East programmes were delivered in leisure and community centres. During the pandemic programmes such as 'Lose Weight' - designed to create healthier eating habits and understanding about food and nutrition and 'Stand Strong' – fitness classes to help people aged 65+ reduce their risk of falling, were available digitally and over the telephone.



Learning Disability Awareness



As part of Learning Disability Awareness week in June which local organisations with Mencap promoted, educational resources in easy read format were available to enable staff to widen access for people with a learning difference. Leaflets were also available for disability networks, community groups, service users, parents and carers in Cheshire East.



COVID Crisis Response

From the start of the pandemic, Cheshire East Council quickly co-ordinated daily update meetings, bringing together Adult Social Care Managers from Operational, Commissioning and Public Health Teams. This enabled effective communication, risk assessment and risk management planning, and targeted interventions for vulnerable citizens whether living at home or in Care Settings. It also provided a support network for staff providing a safe place to share anxieties, ask questions, find solutions and to work effectively as a whole team.

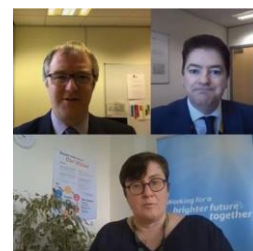


Staff were provided with new IT equipment to support them working from home as well as advice on how to manage new ways of working, ensuring that they had access to Chat and Support facilities. Staff were provided with PPE equipment and continued to provide face to face assessments in Safeguarding and Mental Health Act admissions. Staff with relevant skills were redeployed to support those deemed as

“vulnerable” via the People Helping People Programme, whilst Community Enforcement Officers and Anti-Social Behaviour Officers provided vehicles to dispense PPE equipment to Care Homes across the Borough.

Thank you to our Adult Social Care staff

Our Adult Social Care staff worked tirelessly to respond to the Covid-19 pandemic, operating on the front line and in extremely difficult circumstances. The nature of social care support became more challenging, complex and emotional, but like all Cheshire East staff, they showed great resilience and adaptability in helping to prioritise the most vulnerable members of our community. In recognition a special thank you message from the Leader of the Council, Councillor Sam Corcoran, Deputy Leader, Councillor Craig Browne, and Chief Executive, Lorraine O'Donnell, was made to the Adult Social Care team for their dedication throughout the crisis.



Neighbourhood Partnerships

New 'Social Action Partnership Service' contract



As part of Cheshire East Council's continuing commitment to the voluntary community faith and social enterprise sector, we have awarded a contract for a new 'social action partnership service' to an organisation called Pulse Regeneration. The new service will help the sector to develop and flourish locally through advice, information and the forming of connections and partnerships.

Additionally, it will also act as an independent voice for the sector. There are over 1,000 such organisations within Cheshire East which support a range of groups. These include children and young people, older people, people with disabilities and families.

Social action projects are carried out by individuals or groups of people working together for the good of others and are not for profit. They aim to help solve the problems that are important to communities or individuals such as antisocial behaviour or social isolation.

All Age Cheshire East Mental Health Partnership Board

An All-Age Cheshire East Mental Health Partnership Board to promote partnership working, engage with communities and tackle stigma associated with mental health and monitor the implementation of the strategy, is now firmly established. Membership includes representatives from Health, Adults Social Care, voluntary organisations, carers and people who have experience of living with mental health problems. As a result, a number of joint key priority areas have been identified across Cheshire to be taken forward as sub-groups, these include - early intervention, prevention and crisis.

The Board will focus on items such as:

Support service users and carers to campaign for better service provision

Respond effectively and efficiently to meeting the needs of people experiencing mental ill health and or distress and their carers

Support people through recovery to achieve their maximum potential to lead active lives

Support service users and carers campaign for better service provision

Inform and influence local groups, meetings and policies that will have a positive impact on people's mental health and wellbeing.

Promote good mental health and wellbeing

Promote the development of good quality service provision and equity of access across Cheshire East.

Community Mental Health Transformation Project



Cheshire East has been working with partners including Rethink to provide people who live with a severe mental illness support in the community especially through the Coronavirus pandemic. We know that living with a



severe mental illness can be challenging and the pandemic could create additional problems. The information provided aimed to help people ease or overcome some of the problems they experienced. Rethink provides information and advice around subjects such as managing anxiety and stress, top tips on managing mental health, how to support someone with a mental illness and advice for carers.

Older People Scams Awareness

Cheshire East Council worked with partners, volunteers in the community and voluntary organisations on a project to raise awareness of scams, empower older people to identify, support others and take action through a range of activities. Due to the pandemic these included online and sometimes face to face information sessions about how to spot, avoid and report scams. Following the sessions 93% of people confirmed an improvement in awareness. One to one support sessions for scam victims were delivered by telephone. To reach as many people as possible social media, local Newspapers and Citizen's Advice worked together to spread the word. Local partnerships have flourished because the project's aims and objectives align with those of the stakeholders involved.



Feedback from people following awareness raising sessions:

We felt our scams awareness was high but after your sessions we realised we were not as aware as we thought.

I'd had an intimidating message on my answerphone from a scammer threatening to arrest me for unpaid tax. Thanks to the scam awareness information I wasn't concerned.

Local Area Co-ordinators

Local Area Coordinators (LACs) primary role is to provide a holistic support service, to help people achieve their vision of a good life and what matters to them. During 2020 the pandemic meant that LACs had to find different, innovative ways to provide support as usually they work with people face to face helping them to access support in the community. They have done this in many ways such as working with community partners and colleagues in the People Helping People Service making sure that everyone who was staying at home including people at risk, their families and Carers had all the support they needed. They also worked with Community Social Work teams providing information, signposting, and options to keep people needing support busy. A booklet was produced to promote their work called 'Things to do in Lockdown' which included links to the website with interactive things to do such as word searches and how to make bird feeders. There was even an interactive link for those who were missing the weekly disco to join online.

Local Area Co-ordinator

January 2021



Things to do....

Sarah Jordan Adult Learning Disability and Transition Team 01717 733301



Active and Supportive Communities

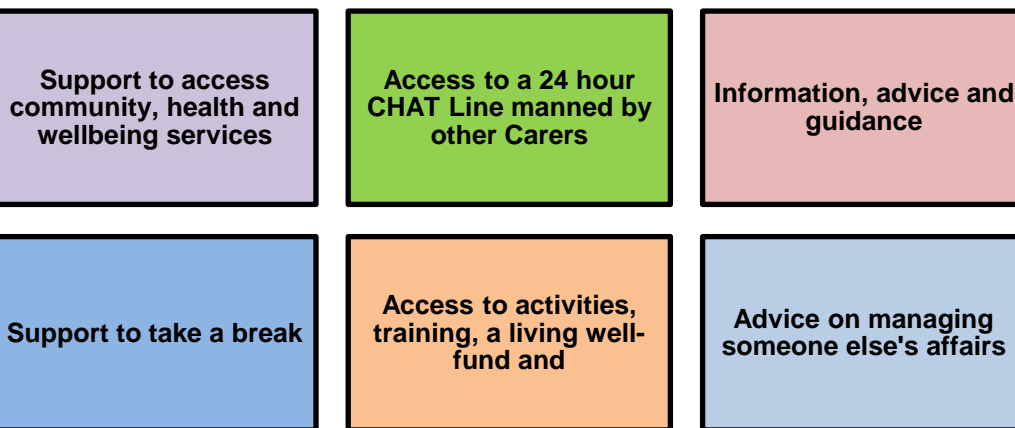
Here for our Cheshire East Carers with our Carers' Hub



During the Covid-19 pandemic the way in which we deliver services changed, in order to keep our local community of carers safe and well, we still operated a full service and welcomed new referrals to our Cheshire East Carers' Hub for both young carers (age 5 to 18) and adult carers across the borough, ensuring that carers of all ages in Cheshire East were supported and could continue caring while maintaining their own health and wellbeing. Contact with new carers by the Carers Hub, which included statutory carers assessments was made over the telephone or via video call.



The Hub provides carers of all ages access to information, advice and a wide range of support services. Support services are designed to help carers continue in their caring role for as long as they choose and reduce the impact of the caring role on their own health and wellbeing. Support can include:



Comments from carers accessing the Hub:

It took me a while to make that first step and register with the Carers Hub, and I'm so glad I did. Through the Hub, I talk to other Carers where we chat about things ranging from dementia to cake-making! It really does help me when I talk to other people who know what you are going through and pick up lots of hints and tips.

You can be involved with the Hub as much or as little as you want, it's up to you really but it's so reassuring that they are at hand if you need it. For example, on Carers Rights Day we received free advice from a solicitor on powers of attorney.

Council launches unpaid Carers Survey to help shape support services



In March Cheshire East Council launched a local survey for unpaid carers in Cheshire East, seeking feedback on their experiences, and to inform how best to support them. An unpaid carer is anyone, including adults and children who look after a partner, family member or friend, who needs help because of their illness, frailty, disability, mental health problem or addiction, and cannot cope without their support. Both adults and young unpaid carers

were eligible to take part in this survey. Many carers juggle their caring responsibilities with work, studying and other family commitments, whereas some younger carers in particular are not known to be carers, and don't tell relatives, friends or healthcare professionals due to fear of separation, guilt, pride and other reasons.

During the pandemic (November) challenges for carers included:

Four in five unpaid carers (81%) are currently providing more care than before the first lockdown.

More than three quarters (78%) of carers reported that the needs of the person they care for have increased recently.

Most carers (64%) have not been able to take any breaks at all in the six months from the first lockdown.

More than half (58%) of carers have seen their physical health impacted by caring through the pandemic, while 64% said their mental health had worsened.

Help is available to struggling carers through the Cheshire East Carers Hub, which provides a wide range of specialist support services, designed to help adult and young carers continue in their caring role for as long as they choose, while reducing the impact their caring role can have on their mental and physical wellbeing.

Carers need to know their rights wherever they are in their caring journey: whether they are in the workplace, in a



healthcare setting, when interacting with professionals or at home. The Carers Rights Day, aimed to empower Carers with information and support, so they can feel confident asking for what they need. We also want Carers to know how to challenge things when their rights are not being met.

Care Finder



Care Finder can help people arrange care services online by completing simple questions about their

requirements, this is helpful for people who pay for their own care or have a personal budget. Responses are shared with matching providers registered in the Live Well online service directory, giving people greater choice and control of the services they need. Providers respond online, allowing people to compare and choose the provider most suitable to support their needs. Care Finder places people at the centre of managing and controlling their care and health information online. There is no cost to use this service. Services available on Care Finder include: Home Care, Referral for a Personal Assistant, Supported Living (with or without accommodation), Equipment and Adaptations, Practical Support at home, Residential and Nursing Care Homes, Respite Care Homes.



Improving care choices for residents



Learning Disability Partnership Board



To ensure that all individuals with learning disabilities have the opportunity to fully integrate within their local community with access to universal services, the Learning Disability Partnership Board was relaunched as an LD All Age Partnership Board (November 2020). The Board will



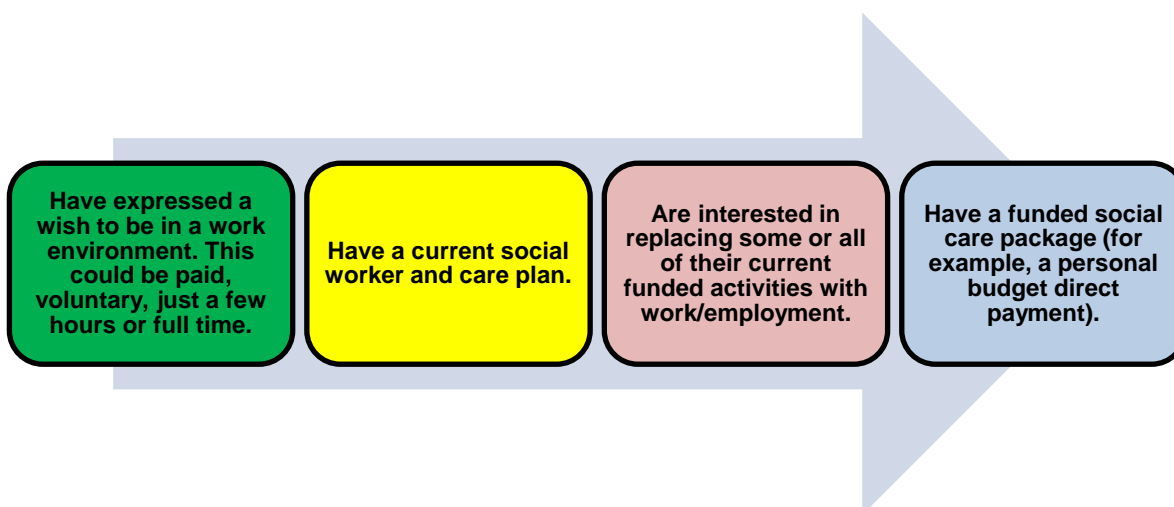
raise awareness and support people with learning disabilities of all ages in the borough and represent them to have a voice. Representatives from the Council and NHS will work with independent providers, voluntary organisations, advocacy groups, Carers and service users to promote and co-ordinate working together, co-ordinate action and change in learning disability services when and where this is needed.



Support to find work for people with mental health conditions

Adult Social Care introduced a project that focuses on people with more complex needs looking for work, one of the main target groups are people with mental health conditions, this is called our Proof of Concept project.

People can apply for help who:



The priority will be to work intensively with any disabled person who is interested in work (paid or voluntary) as an alternative to more traditional care destinations. We match experience, skills and interests to jobs in a person's local area, set up work trials and placements to take advantage of job skills. We are in partnership with numerous employers and provide support to complete application forms and invaluable interview techniques.

Helping people to leave Hospital

Local Area Co-ordinators helped with hospital discharges working with Social Care colleagues and Hospital teams to ensure people returned safely to properties which were ready for them. They also delivered winter warmth goods to families in need across Cheshire East during the cold winter snap in December 2020 this continued to February 2021 and included items such as oil filter radiators, blankets, hats and scarves, hot water bottles.



Helping with urgent assistance



From April 2020 Local Area Co-ordinators (LACs) working with colleagues in the People Helping People Service and voluntary organisations saw an increase in referrals for people needing urgent assistance with medication collection, shopping, and in some instances someone to talk to, some referrals needed a response within 48 hours.

LACs spent the time needed to support people

who were feeling very lonely isolated and frightened, telephone calls were followed up on a regular basis to check that people were managing. One case involved intervention to help with a health crisis where assurance was given while an ambulance attended, then follow up support arranged to ensure medication was available regularly to avoid future crisis. Another resulted in families working together to support an elderly relative.



Outdoor gym activities

As lockdown started to ease Local Area Co-ordinators (LACs) visited community initiatives to test and see how safe they were with a view to promoting them for people to get involved. They visited the Green Gym at Hassall Green Nature Reserve and learnt how to make a wooden mallet and a tent peg, as lockdown eased further the Green Gym aimed to offer outdoor activities for individuals to learn new skills like stone walling, making willow fences, working on the wild meadow and making bird feeders. LACs continued to speak to community groups sharing what was opening as alternative ways to face to face safely support people such as weekly phone calls and emails as regular contact made a difference. LACs kept Adult Social Care colleagues updated on what was available through regular bulletins newsletters.



Safe and Supporting/Risk Prevention

National award win for My CWA (Cheshire Without Abuse)

My CWA won a national award from the Centre for Social Justice, for their fantastic work in helping abuse victims and their families across the borough. My CWA is a partnership formed with Cheshire East Council introduced to help tackle domestic abuse in our borough and provides a free confidential and expert service for families, adults, children and young people who are affected. The service includes advice clinics, support groups, recovery programmes, a counselling service, crisis accommodation, support in staying safe in their own home and behaviour change programmes for adults and children.



Virtual domestic abuse event for White Ribbon Day

To mark November 25, International White Ribbon Day, Cheshire East Council invited everyone to take a stand against family violence and raise awareness at a virtual event. This was organised with all our partners, and communities and featured those directly affected by domestic abuse. During the Covid pandemic we were acutely aware of how much harder it was for those trying to survive or escape an abusive relationship and keep their family safe, without the contact and support they might normally have been able to access from family and friends. It is critical that people know there is help available, there is hope and there can be change and recovery.



Crewe Domestic Abuse Team win award



The Crewe Domestic Abuse team, including My CWA and external partners at Cheshire East Abuse Support Unit, won the 'working in partnership' award at the 2020 virtual ACE (Achieving Excellence in Cheshire) awards. The team has reduced investigation times of domestic abuse cases by 60% - giving swifter closure to victims. The positive outcome rate for domestic abuse with injury has also increased from 18% to 34%, and numerous victims who have previously disengaged have now found safety in refuges, accepted help or supported a prosecution. These results, and this award win are fantastic to see, during a time where domestic abuse cases have increased due to the Covid-19 pandemic.

National Safeguarding Adults Week

**National
Safeguarding
Adults Week 2020**

16 to 22 November 2020



National Adult Safeguarding week was held in November and was an excellent opportunity to promote adult safeguarding and the work that organisations are doing to protect residents across Cheshire East.

Cheshire East Council and the Safeguarding Adults Board supported National Safeguarding Adults Week with a range of activities, to raise awareness about the different types of abuse that people may experience. The Care Act 2014 describes ten types of adult abuse, they are: physical, domestic, sexual, psychological, financial and material, modern slavery, neglect, discriminatory, organisational and self-neglect. Events to raise awareness, signpost people to organisations who can help, and provide information and advice were held during the week and included:





Domestic Abuse support for older people

As part of a review of the Cheshire East Dementia Strategy a leaflet was produced to raise awareness of some of the sensitive issues arising from caring for someone with a long-term illness such as Dementia, managing challenging behavioural changes – including intentional/unintentional domestic abuse. The leaflet clarified that domestic abuse affects younger people or women with young children, not just people aged over 65 years, it can happen to anyone, male or female, this includes individuals such as carers and those living with dementia. A working group will continue to raise awareness and link into other key areas of work to ensure people are able to ask for help and are supported to do so.



Domestic Abuse

Carers/ individuals with caring responsibilities
& those living with Dementia

Cheshire East Safeguarding and Dignity Awards



The Cheshire East Safeguarding and Dignity Awards 2021 event, took place in February, jointly hosted by Cheshire Safeguarding Adults Board and the Cheshire East Children's Safeguarding Partnership. Due to Covid-19 restrictions, this year's event took place online.

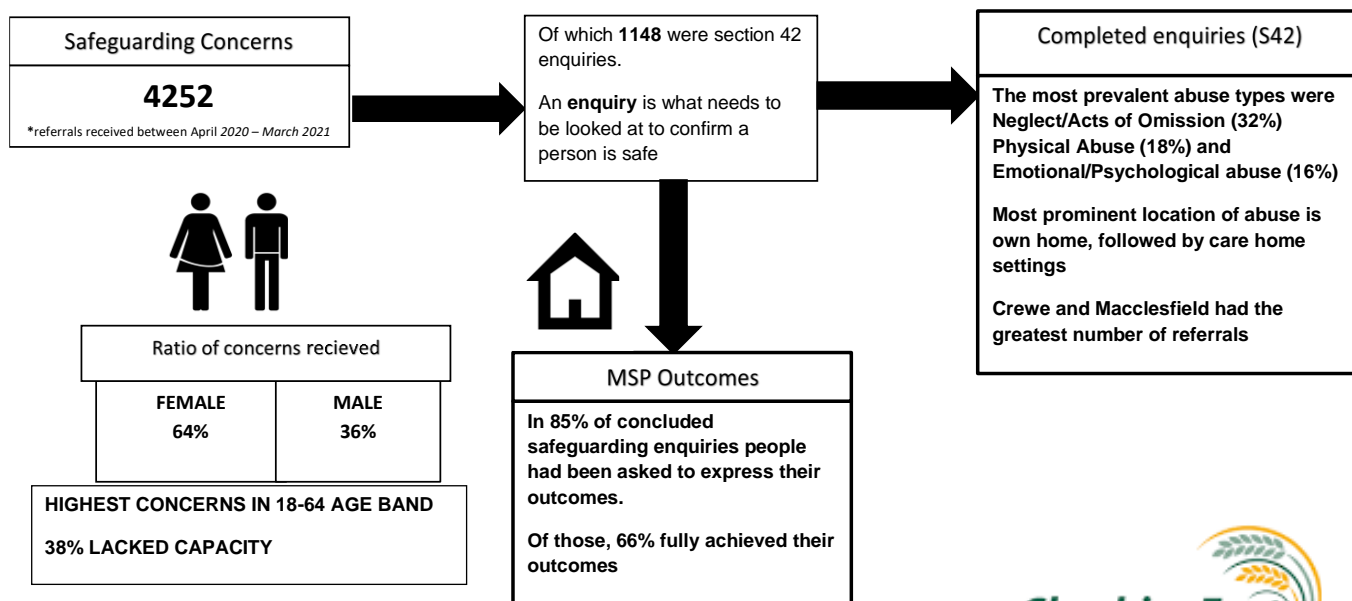
The awards were an opportunity to celebrate and recognise good practice in organisations, teams, individual workers or volunteers around treating people with dignity, and supporting and protecting children and adults at risk from abuse, harm or exploitation.

The awards celebrated over 20 winners from across Cheshire East including three members of the community who won the Special Recognition Award for rescuing vulnerable residents from a fire at a residential complex for older people.



Safeguarding Facts and Figures 2020/21

Performance and activity Information 2020-21



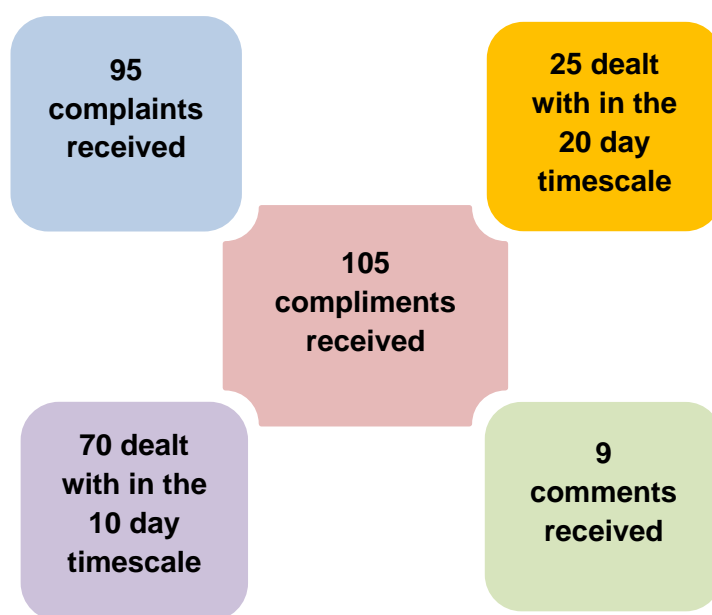
Complaints and Compliments

I do not want to sound patronising but want to say how the service you have both provided is exemplary.

What a wonderful team of personal carers you have, we cannot thank you enough for the support you have given to Mum over the last weeks.

Complaints are a welcome source of information they can inform how services perform and can highlight recurring issues so that improvements can be made. Learning from complaints can be considered with other performance measures, for example customer satisfaction surveys, as a means of preventing future problems and improving the customer's experience.

Complaints and Compliments Fact and Figures



The Adult Social Care Service routinely uses a Complaints Action Plan based on the areas of learning identified by Adult Social Care managers. This helps to identify the cause of complaints, record the learning from complaints, and logs the action which has been taken to prevent issues recurring in the future.

Useful links:

Joint Strategic Needs Assessment

The JSNA is a piece of research that every local authority has to undertake, which 'tells the story' of local people's needs.

https://cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx

Health and Wellbeing Board

Cheshire East Health and Wellbeing Board works together to make a positive difference to people's lives through a partnership that understands and responds to the needs of the population now and in the future

https://cheshireeast.gov.uk/council_and_democracy/your_council/health_and_wellbeing_board/health_and_wellbeing_board.aspx

Live Well Cheshire East

Provides people with greater choice and control for services they need. There is useful information and advice on a range of subjects, and an easy to use directory of over 3000 services and activities in local areas people can choose and across Cheshire East.

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

Adult Social Care into the Future

The challenge to the directorate is to manage demand and complexity whilst successfully managing the associated costs.

Challenges	Opportunities
<p>The Adults Social Care budget both here in Cheshire East, and across the country, remains under pressure as a result of a number of factors. These include young people transitioning into adulthood, care fee levels paid to external care providers, the rising demand generally and our older population requiring much more complex care.</p> <p>Extract from Medium Term Financial Strategy 2020/24</p>	<p>To ensure the Council is well placed to meet this demand it will invest in services that will deliver high quality support to our most vulnerable residents.</p>
<p>The Council currently has no electronic means of monitoring providers to ensure that individual care calls meet planned activity as set out in care plans and, therefore, deliver best value for money.</p> <p>Extract from Medium Term Financial Strategy 2020/24</p>	<p>Electronic Call Monitoring offers an automated solution to monitor care visits undertaken by commissioned providers' staff which has the potential to realise efficiency savings for the Council through improved monitoring and control of service delivery as well as providing real time data for service providers to monitor performance and ensure the safety of their staff.</p>
<p>Vulnerable and older people live safely and maintain independence within community settings.</p> <p>Extract from Corporate Plan 2021/25</p>	<p>Work with partners to develop appropriate accommodation and extra care housing models.</p>
<p>People are cared for and valued by a professional and caring workforce.</p> <p>Extract from Corporate Plan 2021/25</p>	<p>Recruit and train a skilled and motivated workforce. Provide a professional pathway for progression</p>
<p>Adults receive quality assessments of need and support planning and good quality services to keep them safe and maintain their physical and mental wellbeing.</p> <p>Extract from Corporate Plan 2021/25</p>	<p>Ensure that physical and mental wellbeing of all vulnerable people is paramount. Remain committed to maintaining and improving the quality of care and support services, ensuring that more people experience high-quality, person-centred care, now and in the future</p>

Strategic Summary

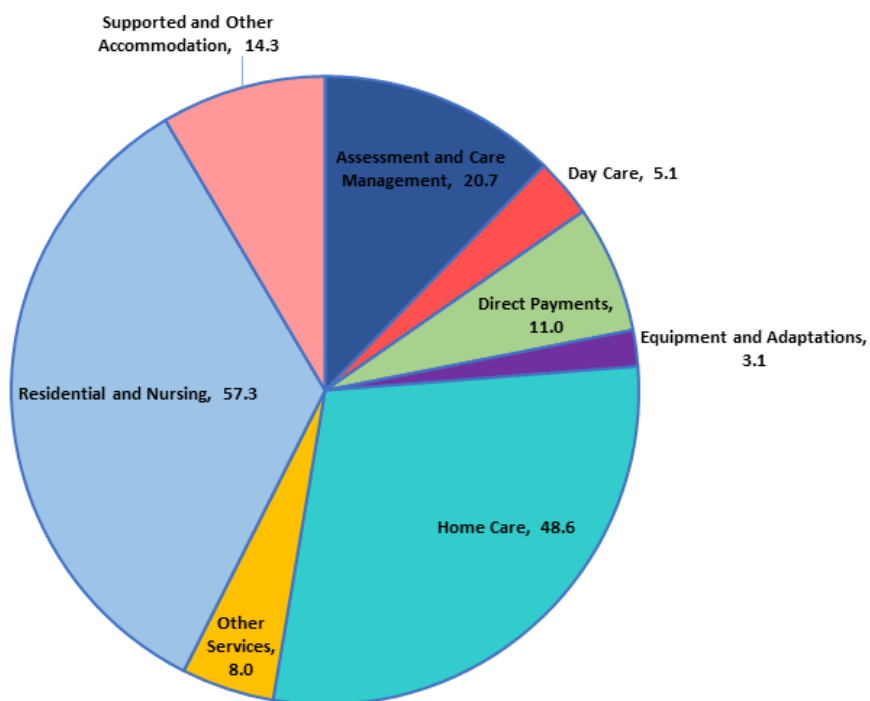
The challenges ahead	Our joint opportunities
<p>The Council currently commissions the Community and Voluntary Service Cheshire East (CVS) to provide a Joint Strategic Needs Assessment (JSNA) community contract. The purpose of the CVS liaison contract include: gathering insight from the Voluntary, Community and Faith Sector (VCFS) and communities over JSNA projects specified by the contract manager; facilitating VCFS involvement in strategic decision making e.g. events, surveys.</p> <p>Extract from Medium Term Financial Strategy 2020/24</p>	<p>By combining these contracts and redesigning the offer, we will be able to maximise the joint resources, reduce management costs and by working in better collaboration with the new additional public health analysts, and better use of the community development officers, will enable efficiencies to be made.</p>
<p>The Community Equipment service is currently commissioned by Cheshire East Council, Eastern Cheshire and South Cheshire Clinical Commissioning Groups. The service aims to improve and maintain a person's health and wellbeing through increased independence, choice, control and quality of life of the individual with the provision of equipment.</p> <p>Extract from Medium Term Financial Strategy 2020/24</p>	<p>A review is being undertaken of the Community Equipment Service to ensure that it is the most efficient and effective service for the residents of Cheshire East, the outcome of which will inform future commissioning intentions.</p>
<p>Work with partners for the benefit of our communities inspiring confidence in public services developing community cohesion and community resilience</p> <p>Extract from Corporate Plan 2021/25</p>	<p>Deliver evidence based early intervention and prevention services through our 'Connected Communities' strategy.</p> <p>Develop a co-ordinated partnership strategy to address and reduce loneliness and isolation.</p>
<p>People and organisations to work together to prevent and stop the risk and experience of abuse and neglect, whilst promoting the well-being of Adults with Care and Support Needs.</p> <p>Extract from Corporate Plan 2021/25</p>	<p>An ongoing commitment to work together to raise awareness about Adult Abuse, Neglect and Exploitation.</p> <p>Safeguard Adults at Risk in a way that supports them to make choices and have control about how they want to live.</p> <p>Address what has caused the abuse, neglect or exploitation.</p> <p>Ensure that officers are adhering to legislation and promoting best practice.</p>

Finance 2020/21

Corporate overview (from Statement of Accounts 2020/21)

Where the money goes:

2020/21 TOTAL GROSS COST (£M)



Area	Total Gross Cost (£million)
	Actuals
Assessment and Care Management	20.7
Day Care	5.1
Direct Payments	11.0
Equipment and Adaptations	3.1
Home Care	48.6
Other Services	8.0
Residential and Nursing	57.3
Supported and Other Accommodation	14.3
Grand Total	168.2

Contacting Us

Contacting your local adult social care team

During normal office hours you can contact the team in your area by calling: **0300 123 5010** or Cheshire East Information Line: **0300 123 5500**. You can also write to Adult Social Care or visit our offices at:

- **Congleton** – Ground Floor, Westfields, Middlewich Road, Sandbach, CW11 1HZ
- **Crewe** – 2nd Floor Delamere House, Delamere Street, Crewe, CW1 2LL
- **Macclesfield** – Macclesfield Town Hall Market Place, Macclesfield, SK10 1EA
- **Wilmslow** – Macclesfield Town Hall Market Place, Macclesfield, SK10 1EA

Emergency Out of Hours Social Care

Phone **0300 123 5022** for emergency social services (for both Adults and Children) outside normal office hours.

The emergency out of hours service operates between 17:00 and 08:30, and 24 hours at the weekends and bank holidays.

Adults Safeguarding <https://www.cheshireeast.gov.uk/livewell/staying-safe/keeping-adults-safe/what-is-adult-abuse.aspx>

For information about adult social care and finding services

You can find information about getting help from adult social care and services available by visiting our website at <http://www.cheshireeast.gov.uk/livewell/care-and-support-for-adults/care-and-support-for-adults.aspx>

Here you will find information and factsheets about getting help. You can also search our directory of care services.

How to make a complaint or compliment

The Complaints Manager can be contacted by telephone on **0300 123 5038** by completing the form on the Cheshire East website:

https://www.cheshireeast.gov.uk/council_and_democracy/customer-services/complaints_and_feedback/social_care_compliments_and_complaints.aspx

You can also write to us at:

Compliance & Customer Relations Team
Cheshire East Council
Westfields - 1st Floor
c/o Municipal Building
Earle Street
Crewe
CW1 2BJ

To find out about and get involved in shaping our services

Please visit our website for information on current and forthcoming consultations at

http://www.cheshireeast.gov.uk/council_and_democracy/council_information/consultations/consultations.aspx

You can also contact **Healthwatch Cheshire East**, an independent organisation that exists to use the experiences and feedback of the public to help improve health and social care services.

Web: <https://healthwatchcheshireeast.org.uk/>

Phone: 0300 323 0006

Online form:

<https://healthwatchcheshireeast.org.uk/contact/>

Work Programme – Adults and Health Committee – 2021/22

Reference	Committee Date	Report title	Purpose of Report	Report Author /Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt Item and Paragraph Number
AH/26/21-22	18 Jan 2022	2021/22 Financial Year Review	To receive an update on the financial position for 2021/22, and to note or approve virements and supplementary estimates as required.	Director of Commissioning		No	Yes	A council which empowers and cares about people	
AH/17/21-22	18 Jan 2022	ASC Care at Home Framework Recommission	To approve the arrangements to recommission Care at Home services.	Director of Commissioning		Yes	Yes	A council which empowers and cares about people	
AH/13/21-22	18 Jan 2022	Director of Public Health Annual Report 2020/21	To receive and approve the Director of Public Health Annual Report 2020/21.	Director of Public Health		No	No	A council which empowers and cares about people	
AH/15/21-22	18 Jan 2022	Local Safeguarding Adults Board Annual Report 2020/21	To receive the 2020/21 Annual Report of the Local Safeguarding Adults Board.	Director of Adult Social Services		No	No	A council which empowers and cares about people	
AH/25/21-22	18 Jan 2022	Medium Term Financial Strategy	To respond to the Budget consultation for Adults and Public Health Services.	Director of Finance and Customer Services (s151 Officer)	Yes	Yes	Yes	An open and enabling organisation	
AH/22/21-22	18 Jan 2022	Performance Scorecard - Quarter 2 (2021/22)	To consider the key performance indicators/measures from Quarter 2, 2021/22.	Director of Adult Social Services		No	No	A council which empowers and cares about people	
AH/34/21-22	18 Jan 2022	The Tartan Rug: Updates since 2017 and future planning	TBC	Director of Public Health		TBC	TBC	A council which empowers and cares about people	
AH/32/21-22	18 Jan 2022	Transition - Support the Council Gives to Disabled Young Adults	To approve the proposal around transition and the support the Council gives to disabled young adults.	Director of Adult Social Services		Yes	Yes	A council which empowers and cares about people	

Reference	Committee Date	Report title	Purpose of Report	Report Author /Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt Item and Paragraph Number
AH/33/21-22	28 Mar 2022	All Age Carers Strategy and Recommission	To receive an update on the All Age Carers Strategy and Recommission	Director of Commissioning		Yes	Yes	A council which empowers and cares about people	
AH/29/21-22	28 Mar 2022	Live Well for Longer Strategy	To approve the Live Well for Longer Strategy.	Director of Commissioning	TBC	No	Yes	A council which empowers and cares about people	
AH/17/21-22	TBC	Accommodation with Care Recommission	To approve the recommission of Accommodation with Care Services (Care Homes).	Director of Commissioning		Yes	Yes	A council which empowers and cares about people	
AH/36/21-22	TBC	Personalised Services and Strength Based Practice	To receive a presentation in respect of personalised services and strength based practices.	Director of Adult Social Services		TBC	TBC	A council which empowers and cares about people	

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 7th September, 2021 at The Ballroom, Sandbach Town
Hall, High Street, Sandbach, CW11 1AX

PRESENT

Voting Members

Councillor S Corcoran (Chair), Cheshire East Council
Councillor Carol Bulman, Cheshire East Council
Councillor Jill Rhodes, Cheshire East Council
Dr Andrew Wilson (Vice-Chair), NHS Cheshire CCG
Jill Broomhall, Cheshire East Council
Louise Barry, Healthwatch Cheshire
Steven Michael, Cheshire East Health and Care Partnership
John Wilbraham, Cheshire East Integrated Care Partnership
Dr Matt Tyrer, Director of Public Health

Non-Voting Members

Lorraine O'Donnell, Cheshire East Council

Associate Non-Voting Members

Councillor Janet Clowes, Cheshire East Council
Superintendent Peter Crowcroft, Cheshire Constabulary

Cheshire East Officers and Others

Guy Kilminster, Corporate Manager Health Improvement
Deborah Nickson, Senior Lawyer
Karen Shuker, Democratic Services Officer

14 APPOINTMENT OF CHAIR

It was moved and seconded that Councillor Sam Corcoran be appointed the Chairman.

RESOLVED:

That Councillor Sam Corcoran be appointed as Chairman.

15 APPOINTMENT OF VICE CHAIR

It was moved and seconded that Dr Andrew Wilson be appointed as the Vice Chairman.

RESOLVED:

That Dr Andrew Wilson be appointed as Vice Chairman.

16 APOLOGIES FOR ABSENCE

Apologies were received from Chris Hart (Cheshire East Social Action Partnership), Dr Patrick Kearns (Cheshire East Integrated Care Partnership), Ged Rowney (Cheshire East Council), Clare Watson (NHS Cheshire CCG), Caroline Whitney (CVS Cheshire East).

17 DECLARATIONS OF INTEREST

There were no declarations of interest.

18 MINUTES OF PREVIOUS MEETINGS

RESOLVED:

That the minutes of the meeting held on 23 March 2021 be approved as a correct record.

That the minutes from the informal virtual meeting held on 26 July 2021 be noted.

19 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

20 APPOINTMENT OF NON-VOTING ASSOCIATE MEMBERS

RESOLVED

- (1) That the current appointments for Non-Voting Associate Members be agreed for a further year, with the exception of Frank Jordan who left the local authority.
- (2) That the newly appointed Executive Director of Place for Cheshire East Council be appointed as a Non-Voting Associate Member.

21 LONG COVID UPDATE

Dr Andrew Wilson gave an update on the development of Long Covid Services which detailed the wide-ranging variety of symptoms associated with long covid and the difficulty in dealing with these. Following the guidance published by NHSE/I in April 2021, national funding had helped support a proposal for a new pathway consisting of four tiers covering self-care, primary care, community, and specialist management services.

Comments and questions were made in respect of

- Any indication of the impact on the primary, secondary and tertiary care services of those within Cheshire who have long covid;

- The numbers who have had COVID who go on to develop long covid;
- Why there were so few referrals to Cheshire and Merseyside ICS post covid assessment service;
- Would tier 3 services be managed through Care Communities?

RESOLVED

That the update be noted.

22 WINTER PRESSURES UPDATE

John Wilbraham (Cheshire East Integrated Care Partnership) and Councillor Carol Bulman joined the meeting during this item.

Dr Andrew Wilson and Jill Broomhall provided a verbal update on the expected winter pressures. These included an increase in flu levels, Respiratory Syncytial virus (RSV) in younger children, running alongside the current covid pressures.

The A&E Delivery Board had addressed a number of risks across the system which included

- The insufficient community health and social care capacity to support discharges;
- High numbers of those waiting in A&E;
- Failure to meet ambulance handover timescales;
- Staffing shortages across the whole system;
- Increase in pressures on mental health services;
- Increase in admissions due to RSV in those younger children.

Following identification of these risks the A&E Delivery Board had developed a number of actions which would be agreed at the A&E delivery board meeting on the 15th September. These would then be reported back to the next Health & Wellbeing Board.

The A&E Delivery Board identified that local system awareness, development of hot hubs and media communication would be key to supporting the increase in winter pressures.

RESOLVED

- (1) That the update be noted;
- (2) That the actions agreed at the A&E Delivery Board be reported back to the next Health and Wellbeing Board.

23 TEST, TRACE, CONTAIN, ENABLE' UPDATE

Matt Tyrer gave an update on the Test, Track, Contain and Enable system in Cheshire East.

There had been a slight increase in numbers within Cheshire which was now up to 344, per 100,000. There had been a general increase in numbers across the North West and North East. The South West had recently seen a spike in numbers associated with younger people mixing at a surfing event although these had now reduced significantly. There were concerns that there could be an increase in rates following the return of schools, but with the proactive approach to testing and high uptake of vaccinations it was hoped that any increase would be small in comparison to the increase that had been seen in Scotland.

The highest rate of numbers was in the 10-19 age year group but there had been an increase in numbers in the over 60s which was associated with greater mobility and testing over summer, alongside caring responsibilities for grandchildren.

There had been a good uptake in the vaccination programme which had seen Cheshire East identified as the highest performing of the nine authorities across Cheshire East and Merseyside. The uptake rate for those over 60s getting their second vaccination was over 95% and there had been a generally been a good uptake in the younger generation.

There had been a slight increase in hospital occupancy, but the number of deaths remained low.

Information on the development of the national strategy for the Test and Trace system is still awaited. In the meantime, lots of innovative work had been undertaken by the team to help support this and examples of good practice had been fed back to the Department of Health.

The Swab Squad had been proactive throughout the pandemic and recognition of their work had resulted in the team recently being shortlisted for an Association of Public Sector Excellence award.

RESOLVED

That the update be noted.

24 CHESHIRE EAST PLACE PARTNERSHIP UPDATE

This item and the Cheshire East Integrated Care Partnership update were considered together.

Steven Michael provided a verbal update on the Cheshire East Place Partnership and the Cheshire East Integrated Care Partnership.

A series of lock in sessions had been held with key accountable officers supported by him as the Independent Chair. The purpose of the sessions was to discuss the following:

- 1) To seek agreement around the strategic vision for health and social care in Cheshire East;
- 2) To identify the skills and capacity required to deliver the vision;
- 3) To create the delivery plan for the coming years;
- 4) To review the options in relation to the governance for it to work and agree a way forward.

There was a genuine shared ambition for service improvement and development within Cheshire East Place which was acknowledged as a significant step in the process.

The strategic vision for the population-based model for health delivery and service change, which had previously been presented to the Health and Wellbeing Board (HWBB) was agreed by all present.

Dr Lorraine O'Donnell explained that the work conducted in the lock-ins was focussed on those changes that would have the biggest impact on outcomes for its residents. This focus on ambition for change and shared understanding of the way forward was creating considerable momentum for change. She noted that each officer had taken away specific actions from the lock in sessions to help drive the agenda forward. As an example, on behalf of the Council she was leading the work to:

- Complete a review of the governance arrangements that would be required, including consideration of the role of the ICP Board and the Health and Wellbeing Board in the future model.
- Establish an Integrated Care Board.
- Progress the appointment of a Place Lead.

The data requirements of a 'population-health' led approach were referenced and Dr Tyrer advised that Dr Susie Roberts had been appointed as a new Public Health Consultant with the lead for Health Intelligence. The Chair welcomed Dr Susie Roberts to the board and invited Dr Roberts to introduce herself to board members.

The Chair thanked the Board members for their comments. The Board endorsed the strategic vision and suggested that it would be helpful to have further discussion around the structure and governance at a subsequent Health and Wellbeing Board. He stressed the need for primacy of place within its ICS developments.

Dr Andrew Wilson gave an update on the work that would be required before and after April 2022 in relation to the disestablishment of Cheshire Clinical Commissioning Group. A Bill going through parliament was expected to dissolve CCGs on the 1 April 2022 and the Integrated Care Board would take on the CCG responsibilities. Cheshire CCG covered Cheshire East and Cheshire West and Chester and as a **temporary** measure pre-April 2022, the governing body would be considering the proposal to have two 'Borough Place based' committees at its October meeting. These would include additional local authority representatives.

Discussions were ongoing to finalise these arrangements. It was noted that these would not be the place-based committee post April 2022. Dr Wilson echoed the summary of the lock-in work given by Dr Michael and Dr O'Donnell and felt that more had been achieved in recent months than over recent years.

RESOLVED That:-

- 1) To note the progress of the Executive Group of the Cheshire East Place Board in developing the vision for health and social care in Cheshire East.
- 2) To receive a further update on governance implications for place at a forthcoming Health and Wellbeing Board.

The meeting commenced at 2.00pm and concluded at 3.10pm

Councillor S Corcoran (Chair)