

Adults and Health Committee

Agenda

Date: Monday, 28th March, 2022
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 the meeting is advised to wear a face covering when not seated (unless exempt).

Lateral Flow Testing: Anyone attending the meeting is asked to undertake a lateral flow test on the day of the meeting before embarking upon the journey to the venue. If your test shows a positive result, then you must not attend the meeting and must follow the latest advice on self-isolation.

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

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.

For requests for further information

Contact: Karen Shuker

Tel: 01270 686459

E-Mail: karen.shuker@cheshireeast.gov.uk with any apologies

3. **Minutes of Previous Meeting** (Pages 5 - 12)

To approve as a correct record the minutes of the previous meeting held on 18 January 2022.

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. **Briefing on proposed Learning Disabilities conference**

To receive a briefing on the proposed Learning Disabilities Conference.

6. **Day Opportunities Flexible Purchasing System** (Pages 13 - 42)

To consider a report seeking approval of the development of a Flexible Purchasing System for Day Opportunities in Cheshire East.

7. **All Age Carers Strategy and Recommission** (Pages 43 - 138)

To approve the All Age Carers Strategy.

8. **Cheshire East Live Well for Longer Plan 2022 – 2025** (Pages 139 - 214)

To consider the draft Live Well for Longer Plan for the basis of consultation.

9. **Q3 Adult Social Care Performance Scorecard 2021-22** (Pages 215 - 222)

To consider the key performance indicators/measures from Quarter 3, 2021/22.

10. **Adult Social Care Short Term Funding Streams** (Pages 223 - 234)

To receive a report on the various funding streams that have been provided to support the Adult Social Care market throughout the Covid 19 pandemic.

11. **Better Care Fund Section 75 Agreement** (Pages 235 - 244)

To consider a report requesting approval to enter into a new Section 75 Agreement.

12. **Care at Home Recommission (domiciliary care)** (Pages 245 - 282)

To consider a report seeking permission to undertake the recommissioning of Care at Home services for adults.

13. **Update on staffing/recruitment in Adult Social Care**

To receive a verbal update on staffing/recruitment in Adult Social Care.

14. **Work Programme** (Pages 283 - 286)

To consider the Work Programme and determine any required amendments.

15. **Minutes of Sub-Committee** (Pages 287 - 290)

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

Cheshire East Health and Wellbeing Board – 25 January 2022.

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 Tuesday, 18th January, 2022 in the The Capesthorne Room,
Macclesfield Town Hall SK10 1EA

PRESENT

Councillor A Moran (Vice-Chair, in the Chair)

Councillors J Clowes, A Critchley, S Gardiner, L Jeuda, A Kolker, D Murphy,
R Vernon, J Weatherill, K Parkinson, B Burkhill, D Edwardes and L Crane.

OFFICERS IN ATTENDANCE

Nichola Thompson – Director of Commissioning – Adult Social Care
Jill Broomhall – Director of Adult Social Services
Paul Goodwin – Head of Financial Services & Deputy Chief Finance Officer
Deborah Nickson – Senior Lawyer
Shelley Brough – Commissioning Manager
Matt Tyrer – Director of Public Health
Helen Charlesworth-May - Executive Director – Adults, Health and Integration
Karen Shuker – Democratic Services Officer
Nicola Wood-Hill – Lead Finance Partner
Katie Jones – Local Safeguarding Adults Board Business Manager

ALSO PRESENT

Geoffrey Appleton – Local Safeguarding Adults Board Independent Chair
Sandra Murphy – Head of Service for Adult Safeguarding

37 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors P Butterill, B Evans,
J Rhodes, N Wylie. Councillors B Burkhill, D Edwardes, S Handley and K
Parkinson attended as substitutes.

38 DECLARATIONS OF INTEREST

In the interest of openness Councillor S Gardiner declared an interest in
respect of the fact that he was a former member of the Local Safeguarding
Adults Board.

It was noted that that Councillor S Gardiner made this declaration after
minute no.41.

39 MINUTES OF PREVIOUS MEETING

That the minutes of the meeting held on 16 November 2021 be approved
as a correct record.

40 PUBLIC SPEAKING/OPEN SESSION

There were no public speakers.

41 LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020/21

The Board considered the Annual Report of the Local Safeguarding Adults Board for 2020/21.

Tributes were paid to the statutory and non-statutory partners of the Local Safeguarding Adults Board who had worked collaboratively and transparently throughout the period of the pandemic.

The Annual Report provided a comprehensive overview of how strategic partners worked together during 2020/21 to prevent and protect adults at risk of abuse during this time. The report highlighted the purpose, aims and priorities of the Safeguarding Adults Board and noted the challenges and achievements during the early stages of the Covid pandemic.

Comments and questions were received from members in relation to the following

- Had there been a decrease in the number of volunteers following the end of the furlough scheme;
- Was financial abuse dealt within the categories within the report
- How had training progressed for resident carers and those carers who go into homes who provide additional care
- Were there separate figures for abuse within care homes

It was noted that a breakdown of figures would be provided and circulated in relation to the figures and areas for abuse within care homes.

RESOLVED:

That the Local Safeguarding Adults Board Annual Report 2020/21 be received and noted.

42 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020/21

The Board considered the Public Health Annual Report for 2020/21.

The report provided an overview of the challenges faced by the Public Health Team, and the milestones achieved during the pandemic. It also highlighted the inequalities in Cheshire East and the evidence supporting partnership working to create healthier lifestyles.

The Board welcomed the comprehensive report and provided comments and questions in respect of the following:

- Does the Public Health Team retain an audit for poor quality housing, and, if that data was available how work would be carried

out with the housing team to bring forward a programme of works that would improve housing that people live in;

- How closely work was undertaken with other services such as planning to prevent housing inequality for the future;
- Concerns in relation to certain areas of the borough with high Index of Multiple Deprivation scores;
- How to improve outcomes for those people who are not known to the Mental Health team to further reduce levels of suicide;
- Had the pandemic had an impact on those accessing services for alcohol misuse.

RESOLVED:

That the Director of Public Health Annual Report be noted.

43 2021/22 FINANCIAL YEAR REVIEW

Consideration was given to the report setting out the financial year review for 2021/22.

Whilst it was a positive that the forecast overspend for Adults Services was relatively small, which had not always been the case, it was noted that some of this was due to not being able to spend in certain areas, including recruiting to vacant posts.

Some concerns were also raised in respect of the Adults Service being reliant on government grants and council tax rises to make up the necessary budget requirement; and it was acknowledged that demand and complexity of needs continued to increase.

A question was raised in respect of use of the additional Government grants relating to both Adults and Children's Social Care that had been announced in the provisional Local Government Finance Settlement before Christmas.

Helen Charlesworth-May, Executive Director for Adults, Health, and Integration, highlighted to committee that over the last two years, due to the pandemic, the risk profile had changed significantly for Adult Social Care. It would be necessary to continue to support the market, negotiating with providers and using flexibilities in resources, including specific grants where possible between financial years.

With regard to the Social Care grant announced in the Provisional Settlement, Committee were asked to note that there was an inter-relationship between Adults Services and Children's Services, for example in respect of children transitioning to adulthood with mental health needs, or in need of other forms of support to help with managing safe and independent lives; and that the Council would look to manage its resources and set budgets to enable delivery of its objectives across the Social Care services.

Further questions and comments were raised, and responses given by officers in the meeting in respect of the following:

- The amount remaining in respect of the un-ringfenced Covid grant provided by Government, and whether the grant had covered all costs relating to Covid pressures to date;
- Challenges with regard to recruiting to vacant posts; and the training offered to help recruit and retain staff

RESOLVED (unanimously)

1. That the report of the Finance Sub-Committee ([Agenda for Finance Sub-Committee on Wednesday, 1st December, 2021, 2.00 pm | Cheshire East Council](#)), specifically the recommendations of that committee be noted.
2. That the financial update and forecast outturn relevant to the committee's terms of reference be noted.
3. That it be noted that officers would seek to improve outcomes and the financial outturn across all Committees to mitigate the overall forecast overspend of the council.
4. That appendix 3 of the report and the following sections specific to the Committee be noted:
 - Changes to Revenue budget 2021/22
 - Policy Proposals Update
 - Corporate Grants Register
 - Debt Management
 - Capital Strategy
 - Reserve Strategy
5. That the additional specific grant supplementary revenue estimate over £500,000 and up to £1,000,000 in Appendix 3, Section 3 Corporate Grants Register, Table 2 be approved.

The Committee adjourned for a short break at 11.54am and reconvened at 12.01pm.

Councillor D Edwardes left the meeting and did not return.

44 MEDIUM TERM FINANCIAL STRATEGY 2022/23 - 2025/26

The committee received a report on the Medium-Term Financial Strategy for 2022/23 – 2025/26. As part of the consultation process the committee was asked to provide comments and feed back to the Corporate Policy Committee on proposals related to the responsibilities of the committee.

It was noted that the provisional settlement from Government referred to items over a number of years, but the detail of allocations to individual

local authorities only related to the 2022/23 financial year. It was noted that whilst the Council must continue to plan for the medium term the settlement creates limited scope for sustainable changes.

Feedback and comments were noted in respect of the following: -

Councillor J Clowes requested that it be noted that it would have been helpful to have the results of the wider budget consultation process, to inform the consideration of the proposals by the committee.

Investment in Adult Social Care

Clarity was sought in respect of the profile of the additional investment in Adult Social Care which was lower in the 2023/24 financial year than for other years in the proposals for 2022-2026.

Care Fee Uplifts

Building in care fee uplifts for social care partners in the private sector was noted.

Proposals that are rolling forward from the MTFS 2021-25

Clarity was sought in respect of what progress had been made in the capital investment proposals previously made, that would create increased provision in supported living accommodation and help to enable the needs of individuals currently with high-cost care packages out-of-Borough to be met within Cheshire East more cost-effectively.

Councillor Gardiner raised a question seeking clarity on the amounts Service budgets being spent on the different forms of Social Care. It was agreed that a written response would be provided outside of the meeting.

Councillor Gardiner raised a further question in respect of whether capital monies could be used to assist in reducing the revenue budget requirement. It was noted that capital resources would not directly be able to help with revenue expenditure such as salaries or other day-to-day costs; they must be used for spending on items that would last longer than one year, for example on buildings or equipment, which may in turn help deliver day-to-day services.

Questions were raised in respect of the increases in the Adults Social Care budget relative to budget changes other services. It was noted that the information referred to was within the Budget Engagement document, and as such did form part of the balanced budget proposals for 2022-2026; and that it was the case that spending on Adults Services was increasing as a proportion of the Council's net revenue budget.

RESOLVED (unanimously)

1. That the committee noted the MTFS 2022 to 2026 consultation Document (Appendix 1 of the report).
2. That the following proposals rolling forward from the MTFS 2021-25 relevant to the committee (as part of Appendix 1(Appendix A of the report) be noted
 - 9) Continuing Healthcare Reviews
 - 12) Reduce Base budget assigned to Community Grants
 - 48) Productivity and Efficiency in Adult Social Care
 - 61) Direction of travel for the Communities Team
 - 63) Day Opportunities, Redesign, Strategy and Savings
 - 64) Mental Health Services Review
 - 67) Electronic Call Monitoring Reclamation
 - 73) Learning Disabilities Future Service Development and Review
3. That the impact of the local government financial settlement as provided at Appendix 2 on the MTFS Consultation Document be noted.
4. That the minutes of the meeting form the consultation response of the Committee, for consideration by the Corporate Policy Committee, including the comments with regard to:
 - a. It being helpful for the results of the budget consultation process to be made available to each committee to inform consideration of proposals, for future reference
 - b. The delivery of the invest to save proposals in respect of supported living accommodation

45 RECOMMISSIONING OF THE STATUTORY ADVOCACY SERVICE

The committee received a report which provided an overview of the current and future service model and considered a request to delegate authority to enter into a partnership agreement to deliver the service and award the contract.

The committee provided comments and question which included

- Where the cost of administering the system lies;
- Would there be any changes to the model following the revised implementation date of the ICS;
- Whether consideration would be given to commissioning services with other local authorities in the future.

RESOLVED (unanimously)

1. That the new Statutory Advocacy Service model be noted.
2. That authority to the Executive Director of Adults, Health and Integration to be delegated to:

Enter into the partnership agreement with Cheshire West and Chester Council and Cheshire Clinical Commissioning Group (or any body that in due course may succeed to the functions of the CCG) (subject to that body's formal agreement) for the delivery of a Statutory Advocacy Service in Cheshire East and Cheshire West and Chester Council footprint.

Award the contract - Agreed to enter a contracting arrangement with Cheshire West and Chester Council following the procurement of the Statutory Advocacy Service with the successful provider of such services.

Councillor R Vernon left the meeting and did not return.

46 ADULT SOCIAL CARE PERFORMANCE SCORECARD - QUARTER 2 (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 2 of 2021/22. The committee asked questions and put comments in relation to a number of the performance measures and sought greater clarity on how Covid-19 had affected the public's confidence in respect of residential care and the impact the compulsory vaccine would have on care homes.

Whilst it was noted that there would be no significant improvement in figures in the short term, the service would be looking at innovative ways in relation to the care that was provided.

RESOLVED:-

That the report be noted.

Councillor K Parkinson left the meeting and did not return.

47 WORK PROGRAMME

The Committee considered an updated work programme which included

- Following the consultation process The All-Age Carers Strategy and Recommission would be considered at the March;
- The Day Opportunities Flexible Purchasing System would be considered at the March Committee;
- The Live Well For Longer Strategy would be considered at the March Committee;
- Quarter 3 Scorecard would be considered at the March Committee.

Dates would be confirmed for the following items in due course:

- Accommodation with Care Recommission.
- Personalised Services and Strength Based Practices.

Councillor Gardiner requested that prior to the Day Opportunities Flexible Purchasing System item being considered at the March committee, that a retrospective report should be considered, to include the following:

- how people were able to access the services during the pandemic;
- what the current picture was;
- what would be put in place for those who were unable to access services;
- what would be done in the future in respect of providing services;
- how would the service provision be made robust enough should there be any reason why people would not be able to access the service in future.

Councillor Gardiner further requested that officers consider putting any items that required a vote, where possible, to be put on earlier on the agenda, to allow all committee members to take part in the debate and vote.

RESOLVED

That the work programme be noted.

48 MINUTES OF SUB-COMMITTEE

A concern was raised in respect of the number of verbal reports that the board had to consider. It was noted that members found it more difficult to interrogate or put questions forward without the information prior to the meeting.

RESOLVED:-

That the minutes of the Cheshire East Health and Wellbeing Board be received and noted.

The meeting commenced at 10.30 am and concluded at 12.50 pm

Councillor A Moran (Vice-Chair, in the Chair)



Working for a brighter future together

Adults and Health Committee

Date of Meeting: 28 March 2022

Report Title: Day Opportunities Flexible Purchasing System

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

Report Reference No: AH/39/2021-22

Ward(s) Affected: All Wards

1. Purpose of the Report

- 1.1** This report seeks approval to establish a bespoke flexible purchasing system for the future procurement of day opportunities provision for adults in Cheshire East.
- 1.2** It will operate as a common, shared marketplace for all external day opportunities placements and will seek to develop a high quality and diverse range of provision in the borough, which is one of the key objectives of the recently published Cheshire East Day Opportunities Strategy 2022-2027.
- 1.3** The development of a flexible purchasing system firmly aligns with the following priorities within Cheshire East 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** – it will seek to widen the offer of day opportunities for residents across the borough and in turn make the best use of existing community assets
 - **A commitment to protect the most vulnerable people in our communities** – a core specification will be produced 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** – future commissioned day opportunities will seek to

promote employment, volunteering, and skills development opportunities as an alternative to traditional day opportunities services.

2. Executive Summary

- 2.1.** Establishing a flexible purchasing system for the future procurement of day opportunities provision for adults in Cheshire East will ensure that we can develop a high quality and diverse range of day opportunities provision in the borough. It will lead to an improved and wider day opportunities offer that meets future needs and supports a range of care and support needs.
- 2.2.** In November 2021 the Adults and Health Committee approved the Day Opportunities Strategy, which recommended further engagement with the provider market, individuals, and families/carers to explore commissioning options for day opportunities. A flexible purchasing system will also ensure we can meet the requirements of the Care Act (2014) and the needs of local people via appropriate services and support which are identified priorities within the council's Corporate Plan 2021-25.
- 2.3.** The flexible purchasing system is being co-produced to ensure that we provide the types of services that meet the needs of residents in Cheshire East. This includes people who currently access day opportunities (and may do so in the future), carers, providers, and health and social care staff.
- 2.4.** A core service specification and contract will be developed along with a call off process to ensure that Cheshire East Council are achieving best value for money on all future provision, a clear focus on outcomes, personalisation, robust contract management and ensuring compliance with procurement rules and financial regulations.
- 2.5.** This will be a flexible purchasing system under Part 3 Section 7 and Schedule 3 of the Public Contracts Regulations 2015, which will open periodically throughout the lifetime of the procurement. Placement finding will be undertaken by the Care Brokerage Team.
- 2.6.** The proposed 'go live' date for the flexible purchasing system is 1 July 2022.

3. Recommendations

- 3.1.** The Adults and Health Committee is recommended to:
- 3.2.** Approve the development of a flexible purchasing system for day opportunities in Cheshire East.
- 3.3.** Delegate authority to award contracts to providers for admission onto the flexible purchasing system agreement to the Executive Director of Adults, Health and Integration.

4. Reasons for Recommendations

- 4.1.** Given that currently there is no consistent strategy in place across Cheshire East for the commissioning and procurement of day opportunities placements, it is recommended that a flexible purchasing system is put in

place to start to change the landscape of the day opportunities provider market.

- 4.2.** We are seeking a commissioning solution that will enable existing and new providers to develop an innovative flexible approach, working together in a way that makes best use of resources, whilst ensuring that individuals are supported in the most appropriate setting that meets their care and support needs. Wherever possible this will mean individuals are supported in their own community and will promote independence and employment opportunities.
- 4.3.** There are no official frameworks or service specifications for day opportunities placements. This has led to inconsistency in the approach for the commissioning of such provision. This has on many occasions required the council to pay higher costs to providers.
- 4.4.** There are many benefits to developing a flexible purchasing system which include:
- Effectiveness of market shaping and management
 - Consistency of core specification and clarity of position in respect of expectations regarding outcomes
 - Transparency and challenge, where appropriate, surrounding value for money
 - A more streamlined processes for placement finding and contract management.
- 4.5.** 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
 - A commitment to protect the most vulnerable people in our communities
 - Increase the life opportunities for young adults and adults with additional needs.
- 4.6.** 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 establishment of a flexible purchasing system will facilitate the widening of the day opportunities offer and ensure that the level of support provided meets the requirements of those with different levels of support needs.
- 4.7.** The development of the flexible purchasing system will also build on the impact and learning from the COVID-19 pandemic. This presented many challenges to the delivery of day opportunities services and led to many different approaches and ideas to tackling these issues as services adapted to new and unpredictable circumstances (for more detail please see Appendix 2). Some of these new diverse ways of working have been

incorporated into the services which will be provided under the flexible purchasing system.

5. Other Options Considered

- 5.1.** One option would be to carry on with existing individual spot purchase arrangements. However, this would not solve any of the current issues around ensuring a joined up consistent approach to commissioning day opportunities placements or encourage new providers to enter the market with a more innovative approach.

6. Background

- 6.1.** Over recent years there has been limited market shaping or development around the provision for adults who access day opportunities in Cheshire East. Currently many services are still commissioned in a way which inhibits choice and flexibility; they are purchased for individuals outside of any formal commissioning framework under 'spot purchasing' arrangements.
- 6.2.** The commissioning vision is for individuals to be confident and reassured that they received the right support, in the right place, at the right price, to maximise their independence, access a range of opportunities, and build their resilience to remain healthy and safe. There is more work to be done to ensure that local day opportunities services focus on the outcomes that people want to achieve through person-centred planning and offering real choice and flexibility.
- 6.3.** The establishment of a flexible purchasing system follows the following procedure. The first stage is the selection process. All providers who meet the minimum requirements of the selection criteria would be admitted to the flexible purchasing system. Providers would be able to select which categories (Lots) - based on service types - they would like to apply to join.
- 6.4.** The proposed Lots are as follows. These have been developed based on stakeholder feedback:
- **Lot 1 – Building Based Services**
 - **Lot 2 – Community Support**
 - **Lot 3 – Employment, Skills and Training.**

Future Lots can be added throughout the lifetime of the contract.

- 6.5.** In the second stage, all providers who have been admitted to the flexible purchasing system will be invited to tender for each subsequent procurement. The specific (anonymised) support packages for one or more service users will be published to all providers admitted to the flexible purchasing system to bid to provide the specific services for which they are registered. The intention will be for an outcome-focussed approach to commissioning and purchasing through the flexible purchasing system, rather than setting restrictive ceilings on hourly rates or unit costs, as the latter approach can inhibit innovation and personalisation.

- 6.6.** A key benefit of a flexible purchasing system is that there is no limit to the number of providers that can be admitted, and it will open and close at specific periods (every 12 months) to allow new providers to join or re-apply. The contract length will be 5 years which enables the flexible purchasing system to develop and evolve in response to changing demand for supply of services, respond to emerging needs, any market failure, and evolving commissioning intentions.
- 6.7.** All providers who are admitted to the flexible purchasing system will automatically be offered the chance to join the Care Finder portal. This will allow any self-funder or a personal budget holder who wishes to access day opportunities the option to arrange care services with matching providers registered in the Live Well online service directory. This will provide even greater choice and control of the services that are available.
- 6.8.** The flexible purchasing system is being co-produced and developed through the collective working of Cheshire East Council and the direct involvement of day opportunities providers, people who experience day opportunities, their families, and carers. It has also had incorporated feedback from other key stakeholders including the Cheshire Clinical Commissioning Group and social workers from across Adult Social Care.
- 6.9.** The timetable for development of the flexible purchasing system is as follows:
- December 2021 - March 2022: engagement with providers, self-advocates, carers and social work teams
 - April 2022: day opportunities tender goes live on The Chest
 - May 2022: deadline for tender applications
 - May/June 2022: evaluation of bids and feedback to successful/unsuccessful providers and onboarding process
 - July 2022: go live.

7. Consultation and Engagement

- 7.1.** Extensive consultation and engagement in the development of the flexible purchasing system has been undertaken between December 2021 and February 2022 with stakeholder groups, including people who use services, families, carers, and service providers. Significant numbers of people and organisations have responded at each stage of the process.
- 7.2.** 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. This was followed up by a virtual engagement event on 16 December 2021, with 39 providers in attendance. Feedback highlighted support for innovative approaches for delivering services differently in the future and there was widespread support to be part of any future formalised commissioning process in Cheshire East.

- 7.3.** Virtual engagement sessions have also been held to gather further feedback from social work teams. These have been productive and have allowed social workers to input into the design of the service offer. Training and guidance will be produced before the flexible purchasing system goes live.
- 7.4.** We are currently conducting a further survey of people who access day opportunities and their families on the proposed new model. The findings are due to be published in early April 2022 (this will be fed into the final service specification).

8. Implications

8.1. Legal

- 8.1.1.** Given that the proposed services are classified as Schedule 3 Services and their aggregate value is above the light touch threshold of £663,540 they will need to be procured in accordance with the Light Touch Regime. Tender documents will also need to be issued along with the publication of a contract notice on the Find a Tender website.
- 8.1.2.** The procurement is a change to the way services are currently provided and the service are engaging with stakeholders including service users to co-produce the service specification. 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 taking.

8.2. Finance

- 8.2.1.** 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).
- 8.2.2.** 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.
- 8.2.3.** The recommendation of this report is to approve the procurement strategy for a flexible purchasing system for external commissioned day opportunities across Adult Social Care. The flexible purchasing system will be provided,

managed and supported from existing council resources (systems and staffing) and therefore will not result in any additional budget pressures for the council.

- 8.2.4.** The move to a flexible purchasing system will ensure value for money. Any additional cost arising from Care Packages will have to be managed within existing and planned care budget resources. However shaping the market through the introduction of the flexible purchasing system should support Adult Social Care in delivering its MTFs targets, whilst still meeting the care and support needs of individuals.

8.3. Policy

- 8.3.1.** 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 to 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.
- 8.3.2.** The future strategic vision for day opportunities in Cheshire East firmly aligns to the following priorities within the council's 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.

8.4. Equality

- 8.4.1.** An Equality Impact Assessment has been completed and subsequently updated following the production of the Day Opportunities Strategy (Appendix 1).
- 8.4.2.** 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.

8.5. Human Resources

- 8.5.1.** No human resources implications are expected as a result of developing the flexible purchasing system.

8.6. Risk Management

- 8.6.1.** The identified risks and mitigation are:

Resistance to new services or changes to existing services from carers and people who access day opportunities

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

Negative impact on existing friendships and support networks from changes

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

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 models can 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 impacts on the numbers who attend day opportunities

- 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.

8.7. Rural Communities

- 8.7.1.** The development of a flexible purchasing system will seek to promote the availability of day opportunities provision that can be accessed easily by people in rural communities across Cheshire East.

8.8. Children and Young People/Cared for Children

- 8.8.1.** 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.

8.9. Public Health

- 8.9.1.** Through continued joint working with the Public Health Team and Primary Care services, day opportunities providers will continue to promote healthy lifestyles with people who access day opportunities. The development of a

community hub style approach to service delivery in the future will enhance this further.

8.10. Climate Change

- 8.10.1.** 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
Appendices:	Appendix 1 – Equality Impact Assessment – Day Opportunities Strategy Appendix 2 – Day Opportunities – Challenges and Learning from COVID-19
Background Papers:	Cheshire East Corporate Plan 2021-2025 Cheshire East Day Opportunities Strategy 2022-2027

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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

12/10/21	4	Mark Hughes	Amended with feedback from consultation
31/1/2022	5	Mark Hughes	Amended to reflect development of Flexible Purchasing System

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	Adults, Health and Integration		Other members of team undertaking assessment			
Date	31/01/2022		Version		4	
Type of document (mark as appropriate)	Strategy X	Plan	Function	Policy	Procedure X	Service X
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New X		Existing		Revision X	
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. • Maximise the opportunity to use budgets or direct payments to access support or activities of the citizen's choice. 					

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	<ul style="list-style-type: none"> • Make the most of 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>Development of Flexible Purchasing System</p> <p>Given that currently there is no consistent strategy in place across Cheshire East for the commissioning and procurement of day opportunities placements, commissioners are seeking to develop a flexible purchasing system to start to change the landscape of the market.</p> <p>This will provide a commissioning solution that will enable existing and new providers to develop an innovative flexible approach, working together in a way that makes best use of resources, whilst ensuring that individuals are supported in the most appropriate setting that meets their care and support needs.</p> <p>The benefits of developing a flexible purchasing system will include:</p> <ul style="list-style-type: none"> • Effectiveness of market shaping and management.
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	<ul style="list-style-type: none"> • Consistency of core specification and clarity of position in respect of expectations regarding outcomes • Transparency and challenge, where appropriate, surrounding value for money • A more streamlined processes for placement finding and contract management.
<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, and 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 • Provide opportunities to make friends and develop relationships • Provide 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 on their experiences during lockdown. 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 and wellbeing 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</p>

	<p>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 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 and Development of a Flexible Purchasing System</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 voluntary, community and faith sector (VCFS)) and people who use day opportunities and families/carers. This will be an ongoing conversation to ensure that the services are able meet</p>
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	<p>the needs and requirements of people using the services and deliver good outcomes and the mechanisms for commissioning services.</p> <p>Extensive consultation and engagement in the development of a flexible purchasing system has been undertaken between December 2021 and February 2022 with stakeholder groups, including people who use services, families, carers, and service providers. Significant numbers of people and organisations have responded at each stage of the process.</p>
Consultation/ involvement carried out	<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.</p> <p>Extensive consultation and engagement in the development of a flexible purchasing system has been undertaken between December 2021 and February 2022 with stakeholder groups, including people who use services, families, carers, and service providers. Significant numbers of people and organisations have responded at each stage of the process.</p>
What consultation method(s) did you use?	<p>In terms of the consultation methods this has 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 individual's 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 (Learning Disabilities and Mental Health) to keep people informed of the process and allow wider engagement from carers and service users.

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, this will lead to improved outcomes for individuals who access day opportunities.</p>
Could there be a different impact or outcome for some groups?	<p>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.</p>
Does it include making decisions based on individual characteristics, needs or circumstances?	<p>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.</p>
Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)	<p>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.</p>
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have	<p>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.</p>

enough evidence to prove otherwise)?								
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 these protected groups. 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 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 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.	Medium
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</i>	How will this be monitored?	Officer responsible	Target date

	<i>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>			
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 an 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 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 children's 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 Day Opportunities 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 into 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 31 January 2021	<i>M Hughes</i>

Head of service sign off	Dave Leadbetter	Date 31 January 2021	
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Please return to EDI Officer for publication once signed

Appendix 2

Day Opportunities Challenges and Learning from COVID-19

Introduction

The impact of the COVID-19 pandemic has presented many challenges to the delivery of day opportunities services. It has led to many different approaches and ideas to tackling these issues, as services adapted to new and unpredictable circumstances. The loss of, or reduction in, day opportunities services during the pandemic has also been hugely challenging for people who use the services and their families and carers.

The ongoing pandemic has meant that many building based services operating in Cheshire East have been running at reduced capacity to facilitate social distancing and some services are still yet to re-open.

At the same time the current situation has provided an opportunity to rethink how we commission and deliver day opportunities provision in the future to best meet the needs of people in Cheshire East.

Closure of Day Opportunities Services – Challenges

The outbreak of COVID-19 in the United Kingdom and the first national lockdown on 23 March 2020 had a significant impact on day opportunities provision, and the people who use, and in many cases relied on these services. Day opportunities providers across Cheshire East (both in-house and commissioned services) made the decision to close all building-based provision.

As a result of the national lockdown a total of 8 commissioned external day opportunities services and 10 internal Care4CE day services closed the buildings from where they delivered day opportunities.

Table 1: Number of day opportunities services that closed in Cheshire East as a result of the national lockdown on 23 March 2020

	Number of Day Opportunities Services	Number of people supported by the services
Commissioned Services	8	285*
In-house Care4CE Services	10	377
*Some commissioned services supported individuals in neighboring local authorities and also self-funders and people on direct payments		

Plans for alternative support were established for the most vulnerable and those that that could not manage at home without service provision. Providers, alongside social workers, worked closely to ensure that support was in place for those with the most complex needs and planned individually for each person, with the main aims to keep people safe, minimise distress and manage the fear and anxiety of all.

Alternative Support

The temporary closure of day opportunities facilities meant individuals with a learning disability and/or autism were at increased risk of social isolation and potential carer breakdown. To continue to ensure that support was provided to those who attended building based day opportunities, provider staff and social workers have been undertaking regular wellbeing calls.

Staff from some of the external day opportunities providers took the opportunity to deliver outreach sessions which involved managing staff teams around bubbles with groups of individuals. This involved people being taken out into the wider community, undertaking outdoor activities such as walking and sports. Other home-based outreach support was also delivered by some providers for those who normally attended a traditional building based offer.

Other day opportunities providers developed further innovative approaches including online digital support. This included group mental health and wellbeing sessions, exercise sessions and online exercise classes and games.

Some providers of supported living were also commissioned for additional hours where clients were in day services, to enable the continuation of activities supporting individuals' health and wellbeing and to remain positive. This worked well for both the individuals and their families and providers have not reported any concerns.

There was also the need to consider risks of any continuation of service for some people, particularly for older people with underlying health conditions, or those with family members shielding or extremely clinically vulnerable. Due to these exceptional circumstances, Direct Payments were paid to families who were residing in the same households as the individuals, enabling the continuation of support and care to meet the individuals' assessed needs.

Support for Carers

Carers reported the impact on the wellbeing of people they support through the loss of day opportunities and routine activities – both for carers and people using services. Parents and carers have highlighted that many individuals were feeling bored, with increased levels of anxiety linked to the cessation of services for both the cared for and carer.

As part of the People Helping People Service, the council launched the Hidden Carers Support Service for unpaid carers in partnership with the Cheshire East Carers Hub and Crossroads Together. This service was open to carers of all ages and included those who care for individuals with a learning disability and/or autism. The offer includes information, advice and signposting, shopping and medication calls, and provision of support in the carers own home to allow the carer to take a break and prevent carer breakdown.

Support from the social work teams has included practical help such as the delivery of toiletries and food, due to the difficulty of obtaining slots from online shopping. Families and carers were supported to obtain PPE which relieved stress and anxieties. Social work teams continued to maintain contact to support families and carers via telephone and video calls to provide emotional support and practical advice.

Re-Opening of Day Opportunities Services

Following a review of government guidelines, Cheshire East Council embarked on a phased re-opening of day services from 6 July 2020.

Many of the traditional building based services still needed to operate at a reduced capacity in order to maintain social distancing, which meant that many providers still looked at ways to be able to offer different services to ensure all clients received support (e.g. supporting them to access exercise or supporting them at home).

As part of the phased approach some services began to re-open using a blend of building based and outreach support to ensure more people could be supported. Some also operated a rota basis on alternate weeks where the buildings were not big enough to support those numbers who attended pre-COVID.

Cheshire East Council conducted an audit of commissioned and in-house services in September 2021 to assess the impact of COVID-19 on the numbers of people that could be supported within building based day opportunities services (see Table 2).

We can see from the table below that capacity within building based day opportunities services was significantly reduced from that which was available pre-COVID. Capacity in commissioned services fell by 66.4%, while Care4CE saw an 80.3% drop in its capacity, which was a result of only 4 of its 10 buildings being able to safely open in line with national guidance and social distancing requirements at the time.

Table 2 – Day Opportunities Building Based Services Capacity and Services Operational (Pre-COVID and as at 1 September 2021)

	Pre-COVID Capacity (23 March 2020)	Pre-COVID Services Open (23 March 2020)	Capacity with Social Distancing (1 Sept 2021)	Services Open as at (1 Sept 2021)
Commissioned Services	423	8	142	7
In-house Care4CE Services	365	10	72	4

To assist providers in this process of re-opening day opportunities services, the council provided supporting documentation to providers to support to enable them to adhere to Public Health England advice and ensure the safety of both people using the services and staff.

The council also commissioned Cheshire and Wirral Partnership NHS Trust to provide infection control audits to further support the safe re-opening of day opportunities services. These were delivered across in-house and commissioned services and focused on staff training, the environment and equipment.

Current Picture (March 2022)

As of 1 March 2022, one commissioned day opportunities service remains closed, with plans in place to re-open this service in April. There are also four in-house Care4CE day services which are currently closed, but they too are looking to re-open soon. Recruitment remains the biggest barrier at present to re-opening these services and proactive steps are being taken to address this in terms of promoting the vacancies on social media platforms and at recruitment fairs. This situation is being regularly reviewed by the service managers.

Customer Feedback

Feedback from Learning Disability Lockdown Survey (June-July 2020)

Cheshire East Council conducted a survey called the 'Impact of lockdown on those with Learning Disabilities.' The aim of the survey was to explore the COVID-19 lockdown period through the views of those with learning disabilities, how they had felt during lockdown, what activities they had done and what support they felt they needed in the future post-lockdown.

From 125 people who responded to the survey only 8% of people stated the thing they missed the most was going to day services, compared to 24% who said that they missed going out onto the community and 17% who missed being with friends.

Activities undertaken in lockdown that respondents would like to do more of in the future included enrichment activities such as cooking, arts and crafts, exercise, and gardening. These activities could be considered when developing future day opportunities services.

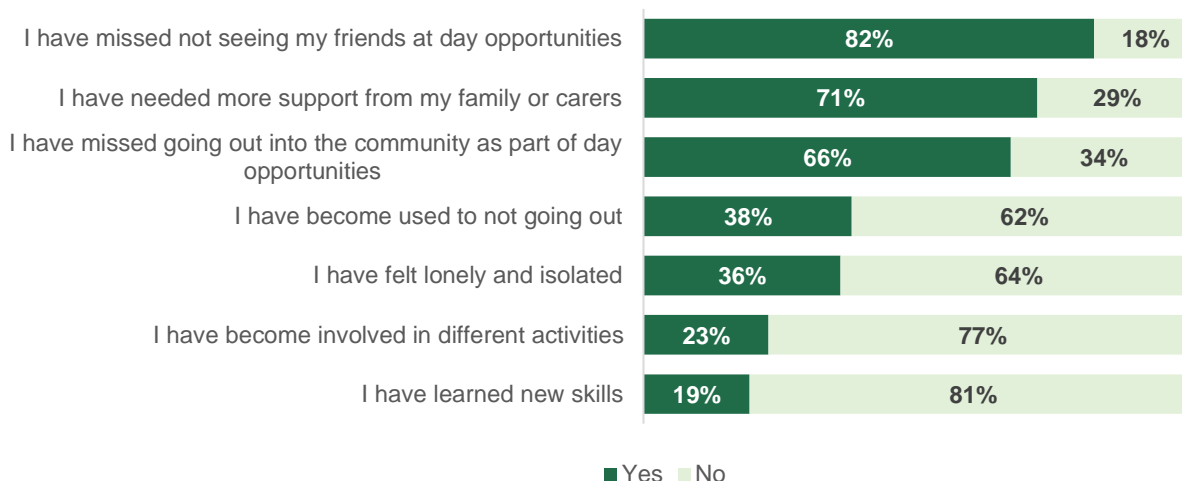
Feedback from the Day Opportunities Survey – May 2021

Throughout May 2021 Cheshire East Council conducted a survey with users of day opportunity services. The survey was conducted to help plan and develop services for the future, to understand how people feel about current day opportunities, if the service offered meets their current and future expectations, and what ideas they may have for new approaches.

The results of this survey along with other engagement activities were considered in the development of our Day Opportunities Strategy for Cheshire East. Respondents on the easy read survey were also asked what the impact COVID-19 restrictions had been on them attending day opportunities and how it had made them feel.

Figure 1 shows that the most frequent impact reported by respondents was missing seeing their friends (82% said yes), however a smaller percentage reported feeling lonely and isolated (36%) suggesting they had other help or support in place during this time to mitigate loneliness and isolation. A small percentage of respondents reported a positive impact such as learning new skills (19% yes) or being involved in different activities (23% yes).

Figure 1: How has the lockdown, during the covid-19 restrictions, and the impact this has had on day opportunities made you feel?



In terms of what an ideal day opportunity provision would look like, the following 5 factors were deemed the most important by respondents:

- Social interaction opportunities
- Safe space away from home (preferably within the local community)
- Tailored to individual needs
- Engaging and meaningful activities
- Well trained staff across several specialisms.

Future Provision of Day Opportunities

COVID-19 has thrown up new prospects for changing the way we provide day opportunities. During lockdown we had less clients to support which enabled some providers to provide more personalised services.

Feedback from stakeholders as part of the Day Opportunities Strategy has indicated that people would like to access a range of options compared to traditional building based services. People would like to choose from a more flexible range of options, with greater input into the wider community, including employment, training and opportunities in the evenings and weekends.

COVID-19 has reinforced the need for extensive co-production with people who use services, and their families and carers. This should be central to any future planning around the way day opportunities are delivered in Cheshire East.

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 and through the development of the new Day Opportunities Strategy, we now have a clear set of design principles and actions to support further development of day opportunities in Cheshire East.

The vision for the new day opportunities offer will build on the learning from COVID-19. We will seek a shift away from one that was heavily reliant on building based services, only available Monday to Friday, with limited links to the community and

assets, to one which is outcome focused, person-centred and provides greater opportunities for community integration, employment and training.

To develop and stimulate the market which will enable us to deliver this new offer, Cheshire East Council are seeking to develop a flexible purchasing system. This will enable existing and new providers to develop an innovative flexible approach, working together in a way that makes best use of resources, whilst ensuring that individuals are supported in the most appropriate setting that meets their care and support needs.



Working for a brighter future together

Children and Families Committee Adults and Health Committee

Date of Meeting:	24 March 2022 28 March 2022
Report Title:	All-Age Carers Strategy 2021-2025
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health and Integration
Report Reference No:	CF/48/21-22 AH/33/21-22
Ward(s) Affected:	All

1. Purpose of Report

- 1.1. This report seeks approval to publish the All-Age Carers Strategy 2021-2025. The report provides details on the service model for the All-Age Carers Hub for 2022 in preparation for the retendering activity in the Spring of 2022.
- 1.2. The All-Age Carers Strategy supports the delivery of the council's priority to be a council which empowers and cares about people.

2. Executive Summary

- 2.1. The All-Age Carers Strategy 2021-2025 is the overarching plan to ensure all carers receive the right support at the right time. The strategy has been co-produced with health, adult carers, young carers, working carers, and older carers. It provides the details that will shape all future services for carers in our borough. This report seeks approval to publish the strategy.
- 2.2. The report provides details of the approach used for consultation and engagement with carers for the strategy, and the voice of the carer.
- 2.3. The report provides details on the service model for the All-Age Carers Hub for 2022 in preparation for the retendering activity in the Spring of 2022.

3. Recommendations

- 3.1.** That the Children and Families Committee and Adults and Health Committee:
- 3.2.** Note the details of the consultation and engagement completed for the All-Age Carers Strategy and All-Age Carers Hub.
- 3.3.** Approve the publication of the All-Age Carers Strategy for 2021-2025 (Appendix 1).
- 3.4.** Note the service model for the All-Age Carers Hub prior to recommissioning activity (Appendix 2).

4. Reasons for Recommendations

- 4.1.** The All-Age Carers Strategy plays an important role in ensuring that the council meets its statutory duties under the Care Act 2014 and Children and Families Act 2014. The strategy supports the choice and control of carers, thereby increasing their independence and allowing the health and wellbeing of carers to thrive and develop.
- 4.2.** The All-Age Carers Hub plays an integral and critical part of the early help and support offer for carers in Cheshire East. To date Cheshire East has 5,061 carers registered with the service.

5. Other Options Considered

- 5.1.** There are over 40,000 hidden carers in Cheshire East. Carers are supporting people, often family members, who belong to groups sharing protected characteristics, including older people, but most notably, disabled people of all ages, including people with mental health needs. The carers strategy is intended generally to improve services or opportunities for carers and carers' experiences of services, including those sharing protected characteristics. The carers strategy is not expected to have any negative or adverse impact on anyone belonging to a group sharing protected characteristics.
- 5.2.** Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as 'the wellbeing principle' because it is a guiding principle that puts wellbeing at the heart of care and support. Services that councils provide impact on carers' daily lives, and as such the strategy will ensure those services and our voluntary, community and faith sector (VCFS) organisations reflect this.
- 5.3.** Not publishing the strategy is not recommended. Carers and stakeholders have invested a lot of time in producing this strategy in order to achieve better outcomes.

6. Background

- 6.1.** On the 27 September and 6 October 2021, both the Adults and Health Committee and the Children and Families Committee gave approval for

commissioners to start the consultation and engagement for the All-Age Carers Strategy. The committees also approved the recommissioning of the All-Age Carers Hub, with a requirement to review the proposed new model of service for 2022.

- 6.2. The level of consultation and engagement has been extensive, and has set the foundation of how the recommission of the new All-Age Carers Hub will form and develop.
- 6.3. The draft carers strategy is the product of extensive engagement with carers and stakeholders which began in October 2020 and has included a carers forum, a stakeholder group, a public survey, and an engagement and consultation event for young carers and young adult carers. We have met with over 1,500 people. Feedback and ideas from the different interest groups has shaped the priorities and proposed actions in the strategy.
- 6.4. The draft strategy identifies six priorities to be taken forward over the next five years:
 - **Health and Wellbeing** - We will work across the place to ensure a diverse offer is available for our carers of all ages to stay healthy, well, active and to have fun.
 - **Early Support for Carers** - We will work together to ensure access to co-ordinated services that provide the right support at the right time, across all sectors - social care, health and communities.
 - **Prevention – Carer breaks/Respite** - We will work with our providers and carers to look at how we can offer regular respite in different environments that are suitable to the carer and the cared for.
 - **Information/Access/Processes** - We will ensure that carers have access to good quality advice and support when they need it: a range of options are available to access information and advice to help build connections.
 - **Employment, Education and Training** - We will offer support for working carers through carer friendly employment, promoted in collaboration with the national Employers for Carers Network.
 - **Young Carers** - We will ensure that young carers are identified at the earliest possible opportunity, so they are able to learn, develop and thrive and to experience a positive childhood.
- 6.5. Several priorities detailed in the Corporate Plan 2020-2025 relate to carers. 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 carers and adults.

Work is currently underway on developing the council's Digital Strategy, Rural Strategy and a new working carers policy.

6.6. The proposed All-Age Carers service model is not dissimilar from the current 'Hub and Spoke' model. It would continue to coordinate early help support for adults, parents, and young carers, with a single point of access at any stage of a carers' journey. It is being designed to reflect the voice of the carer and this will involve closer working relationships with social care and health. An outline of the service model and its pathways is attached within Appendix 2.

6.7. The proposed service is expected to provide many benefits. Below is a snapshot of some of the All-Age Carers Hub expected key activities for the new service:

- Single point of access
- Assessment and carers support package
- One to one support
- Closer working with our social care and health departments
- Crisis support
- 24/7 carers chat and helpline
- Peer support, networking
- Access to early help respite services
- Community based support e.g. coffee mornings or live web chats
- Online assessments via LiveWell
- Reduce hospital admissions
- Coordinated support from within our local hospitals
- Digital information and advice offer
- Emotional support
- Education, training
- Championing of carers rights
- Leading on the Carers Forum
- Leading on gaining carers champions in all settings.

6.8. There are some areas that commissioners will be strengthening within the model, this will be around the following:

- ensuring that information and advice for carers on the Cheshire East Live Well site is current

- strengthening the young carers offer, with clearer pathways with education settings and health, and co-producing a digital offer for young carers
- ensuring clearer pathways within hospitals that also include discharge to assess
- ensuring assessed access to early help respite support including offering crisis support.

Outcomes for carers will be tracked over time through the joining up of data from the provider, health, social care, schools, and education. This should enable a greater understanding to be reached of the effectiveness of carer provision.

- 6.9.** A key challenge for the new service will be to take account of the recommendations for young carers shared in the Ice Creates report and the Insight report on young carers throughout COVID-19. There will need to be more collaborative work with adults, health, and children and families' services to achieve the right outcomes.
- 6.10.** The recommission would take place via a competitive procurement process. Evaluation questions would test providers' abilities 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 carers with a mix of adult, parent and young carers and this element of the tendering activity will be worth 20%. This will ensure that the final step of this process truly reflects the voice of the carer.
- 6.11.** The successful provider would undertake work to ensure that use 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.

7. Consultation and Engagement

- 7.1.** COVID-19 has presented many challenges, especially for our carers. We needed to ensure, despite the pandemic, that we could hear the voice of our carers so we adapted our approach. As face to face meetings were not possible, we used other ways to ensure respondents could take part in the consultation in a safe way. Paper copies and easy read copies were made available as part of the consultation.
- 7.2.** The consultation was promoted across lots of communication channels including the vaccination programme for our unpaid carers via the All-Age Carers Hub. We linked in with other current consultation events and attended

operations team meetings to consult on the strategy. We have engaged and consulted with over 1,500 people. Our consultation activity included:

- All-Age carers survey which ran from 12 February to 31 March 2021. The results of this were shared with the committees at the meetings on 27 September and 6 October 2021.
- Twelve-week consultation on the strategy which ran from 15 November 2021 until 17 January 2022.
- Consultation with young carers from October 2021 to December 2021.
- Consultation with professionals from schools and education from October 2021 to January 2022.
- Graphic scribe of carers sharing their story and their message linked to COVID-19 in January 2022.

Key Messages

7.3. People were asked to what extent they agreed or disagreed with each of the priorities. The vast majority agreed with all the priorities and associated actions and commented on each of them.

7.4. The key messages that emerged from the priorities were:

- Improving communication between health and social care
- Improving access to services and support available for carers
- Identifying carers within all sectors including training and awareness
- GP intervention to support carers, improving the GP register for carers
- Supporting young carers in schools, colleges, and health
- Supporting young carers to be able to have a break and time away from their caring role
- Supporting the mental health and wellbeing of carers
- Working carers.
- More collaboration with LGBTQ+ awareness for carers and training for professionals.

7.5. Individuals and organisations were able to respond via email, telephone and in writing. We also shared the consultation on the strategy at the following consultation events:

- Autism
- Day Opportunities
- Assistive technology and charging Policy
- Dementia Strategy and steering group
- Live Well for Longer Strategy
- Rural Strategy (as part of the delivery plan).

8. Implications

8.1. Legal

8.1.1. The council has a responsibility to provide suitable services for all carers as set out within The Care Act 2014 and Children and Families Act 2014.

8.1.2. The courts have, as recently as 2020, clarified the common law duty of consultation upon public bodies, based on fairness, and the test for when a legitimate expectation will be established. The legal test for establishing a procedural or substantive legitimate expectation requires:

- an express promise, representation or assurance which is “*clear, unambiguous and devoid of relevant qualification*”; or
- a practice tantamount to such a promise.

8.1.3. The council has an established practice of consultation, and it is therefore important to do so in relation to the council’s proposed strategy in relation to All-Age Carers, by way of consultation on any changes which potentially have the effect of withdrawing existing benefits or advantages available to carers. Such consultation will involve those directly affected by such changes as well as any relevant representative groups. The responses to the consultation will need to be conscientiously taken into account when council decision makers make any future decision in adopting the strategy.

8.1.4. Any procurement would need to be carried out in accordance with the Council’s Contract Procedure Rules and the Public Contract Regulations 2015.

8.1.5. Any service contract will contain suitable provisions to allow the council to terminate the contract in event of funding from the Better Care Fund ceasing.

8.2. Finance

8.2.1. The commissioning of an All-Age Carers Hub service would offer an opportunity to ensure value for money, improved outcomes for carers by aligning services, and creating consistency across Cheshire for residents.

8.2.2. Cheshire East Council spends £751,000 per annum on the All Age Carers Hub. This includes £661,631 from the Better Care Fund (BCF) and £89,369 from the Children’s and Families Directorate (CEC base budget). The BCF is a Pooled Budget operated in partnership with colleagues from Cheshire CCG. Funding is confirmed through the Comprehensive Spending Review and the

NHS 5-year Plan. The current direction of travel is for increased integration and further extension of these shared financial arrangements.

- 8.2.3. The new contract would be for a 3-year period (1 January 2023 to 31 December 2026) with a possible 2 x 12 months extension period.
- 8.2.4. The budget for the full five years (including the 2 x 12 months extensions) would be £3,755,000.
- 8.2.5. As this is an externally procured service at the end of the contract there are no exit costs that will be needed to be funded (by either CEC or BCF).

8.3. Policy

- 8.3.1. The All-Age Carers Strategy 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 All-Age Carers Strategy 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 carers services and those who may use them in the future.
- 8.3.2. The All-Age Carers Hub and Strategy will comply with any of the new legislation requirements of the Build Back, Better: Our Plan for Health and Social Care, September 2021, HM Government.

8.4. Equality

- 8.4.1. An Equality Impact Assessment has been updated post consultation. Inequalities identified will be actioned and addressed through the recommissioning activity and included as performance measures for the service to adhere to via the service specification and contract.

8.5. Human Resources

- 8.5.1. There are no direct impacts on any employees within Cheshire East Council.
- 8.5.2. All employees of the current provider/s will be eligible for TUPE, and during the tender all applicants will be provided with a full list of eligible employees.

8.6. Risk Management

- 8.6.1. With Cheshire Clinical Commissioning Group ceasing to exist from 1 July 2022, work is in progress to finalise/formalise a new structure for commissioning services in 2022. Although this may present some risks it will

be mitigated by working in close partnership with representatives from the NHS Cheshire Clinical Commissioning Group, who will provide regular updates.

8.6.2. The Carers Hub is funded via the Better Care Fund, which contributes to most of the budget.

8.6.3. The Department of Health and Social Care published the White Paper 'Integration and innovation: working together to improve health and social care for all' (2021). The White Paper set out the legislative proposals for a health and care Bill. The White Paper refers to the Better Care Fund - it sets out a technical change to separate the fund from the process for setting the NHS Mandate.

8.6.4. The service contract will include suitable termination provisions so that in the unlikely event that the Better Care Fund ceases, the council can seek to terminate the contract for the All-Age Carers Hub.

8.7. Rural Communities

8.7.1. Services will need to be developed to improve access for all carers from rural communities, with an expectation of increased outreach services and an improved digital offer. The hub and spoke model of the All-Age Carers Service will support this by raising carer awareness and working much more closely with GP practices and social prescribers, ensuring all carers are registered as a carer with their practice. The live well fund will be reviewed to ensure that the rural communities can set up support groups for carers. The carers forum will play an integral role in reviewing services. We have also linked in with the review of the Rural Strategy.

8.8. Children and Young People/Cared for Children

8.8.1. The service will be developed with young carers with a focus on those on Child Protection and Child in Need Plans. Developing multi-agency support and a safeguarding approach will be part of the service development and will shape the future offer.

8.8.2. A key development is to align the service with education settings. This will improve the identification of young carers to support at the earliest opportunity.

8.9. Public Health

8.9.1. Carers provide a huge role in supporting the cared for and their loved ones. Public Health offers the opportunity for carers and the public to obtain greater reassurance through knowing that they would be supported around their health and wellbeing programmes.

8.9.2. The wellbeing of our carers is paramount, and the All-Age Carers Service will offer information and advice, befriending, counselling services, reducing loneliness and isolation. Recently we have trialled the ‘take a break service’ during COVID-19. This has been a real success and we will be developing this further through our community respite offer. Young carers breaks and support are essential – they make a real difference to the health and wellbeing of young carers and young adult carers. Making friends in a similar situation, building confidence and learning about themselves outside of the caring role are all positive outcomes of breaks. This is one of the priorities embedded in the All-Age Carers Strategy and the All-Age Carers Service will be working closely with our young carers school and education services.

8.10. Climate Change

8.10.1 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, promotion, and training in the digital environment.

Access to Information	
Contact Officer:	<p>Jill Stenton (All Age Carers Strategy) Senior Commissioning Manager Jill.Stenton@cheshireeast.gov.uk</p> <p>Elizabeth Smith (All Age Carers Hub recommissioning) Senior Commissioning Manager Liz.Smith@cheshireeast.gov.uk</p>
Appendices:	<p>Appendix 1 – All Age Carers Strategy 2021-2025</p> <p>Appendix 2 - Cheshire East Integrated Carers Model 2023</p> <p>Appendix 3 – Cheshire East All Age Carers Survey Results</p> <p>Appendix 4 – ICE Creates and Cheshire East Council consultation and engagement report for young carers</p> <p>Appendix 5 – Insight report on young carers and the impact of Covid-19</p> <p>Appendix 6 – Responses to consultation and engagement on the All Age Carers Strategy 2021-2025</p> <p>Appendix 7 – Graphic Scribe of carers and COVID-19</p>
Background Papers:	Cheshire East Corporate Plan 2021-2025

Cheshire East Council

All Age Carers Strategy 2021-2025



Open

Fair

Green

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Developing the Cheshire East All Age Carers Strategy 2021-2025



Shaping the Cheshire East All Age Carers Strategy 2021-2025

Caring for a family member or friend, unpaid, is a vital, valuable and important contribution to the delivery of adult social care and health services. Carers are the experts in caring for those they look after, so we we have developed this strategy together with carers in Cheshire East. This strategy aims to:

- adapt local services to identify and support carers in their caring role
- help adult carers live a life outside of caring
- support young carers to access meaningful respite that reduces the negative impact of their caring role.
- review our cared for services in conjunction with their carers.

It is important that decisions about how to improve support for unpaid carers across Cheshire East are shaped by and for carers. We really value the contributions carers have made in developing this strategy.

It has been jointly written by carers in Cheshire East, Cheshire East Borough Council and Cheshire Clinical Commissioning Group.

Foreword

Welcome to the All-Age Carers Strategy 2021 – 2025 for Cheshire East. This strategy has been written for and has the support of carers, partners and other key stakeholders across the partnership who want our aims and ambitions to be clear and succinct and offer all carers which include those who are adults, parents, working or young carers an opportunity to live, work, stay connected and be a vital part of their local communities.

The COVID -19 pandemic continues to have a monumental impact on unpaid carers' lives – not only because of the increased amount of care that many are having to provide, but because of the far-reaching effect that providing this level of care is having on many aspects of their lives: their relationships, their mental and physical health, their paid work and finances, and their emotional wellbeing.

Over the last 2 years we have tried to ensure that all carers are seen as a priority and that their needs are paramount. Within Cheshire East we know that there are over 40,000 carers but so many do not identify themselves as carers and therefore do not come forward for information and support.

At some point in our lives, we are more than likely to become a carer for somebody that we know and love. At the time we may not realise or recognise the role as such, but we want all carers to know that we as a local authority we have this strategy in place that will recognise you as a carer and will provide the vital support and information at the right time and in the right place.

We recognise that carer support needs to be localised where possible, within strong, inclusive communities, delivered in a way that helps carers to be happy and healthy. By working together with carers and key

organisations, we can ensure we are taking a 'whole systems approach' to supporting carers in Cheshire East. We will achieve this by strengthening the current pathway and reviewing our commissioned arrangements to ensure they are fit and appropriate for the future.

We will also increase efforts to identify carers who do not currently know what is available to support them, enabling them to access support and reducing their risk of carer breakdown. Carers make a tremendous contribution to their families, communities, workplace and society. It is important that we continue to recognise and value this contribution, and that we work "all together for carers" in the future.

Taking on a caring role should not mean that people have to give up work, and having to do so might lead to financial hardship and/or social exclusion. Carers should be supported in the workplace to maintain their employment status.

Where organisations have moved toward 'Carer friendly' employment practice they have been able to demonstrate strong business benefits such as significant savings made in unplanned absences and improved employee retention.

We as an organisation and our colleagues from health are committed to support our working carers.

Signature to go here

Adults and Health
Committee Chair

Signature to go here

Children and Families
Committee Chair

Introduction

Unpaid carers are our unsung heroes, and the COVID -19 pandemic amplified the importance this role has on society and public services. Most of us will become an unpaid carer at some point in our lives and it is essential that advice, information, guidance and support that is available is accessible, appropriate and timely for carers.

The Care Act 2014 defines a carer as:

'A "carer" is an adult who provides or intends to provide care for another adult (an "adult needing care")'

'A "young carer" is a person under 18 who provides or intends to provide care for another person.'

Carers play an integral role within their community by providing care which can have an impact in terms of their own health; education; ability to remain employed; relationships and social life. Legislation such as the Care Act 2014 and Children's and Families Act 2014 provides an opportunity to enhance our support to Carers as, for the first time, it places them on an equal footing with those they care for and recognises the importance of their own 'wellbeing'.

Research tells us that the number of family and unpaid carers who provide care and regular support to another individual will increase substantially over the next ten to fifteen years because people are living longer, including the cared for. This means that there will be an increase in the number of people who are carers. Therefore, they will be undertaking caring roles for longer periods of time. The physical and mental health conditions associated with the ageing process means that family and unpaid Carers will need a range of support to enable them to feel valued and manage their caring responsibilities alongside enjoying their own lives.

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 statistics are difficult to estimate, as we know, but this is ranged between 1 in 8 adults and 1 in 6 adults.

Cheshire East Council recognise the diversity of the caring role and aim to offer the right support at the right time through a whole system approach through all its policies and strategies.

The All Age Carers Strategy has been co-produced by carers, statutory partners and voluntary and community sector partners who provide services or have an interest in carers.

It demonstrates our commitment to carers and seeks to respond to local issues, outlining how everyone across the system is working together to improve the lives of our carers and those that they care for.

This Strategy gives the context and background of national and local policy, using these to inform and shape Cheshire East priorities. We want to demonstrate how our priorities in Cheshire East have been created through the review of the data produced from the Carers Joint Strategic Needs Assessment (JSNA) and the review of our current provision which will be produced and aligned with this strategy. We also aim to draw on and reflect the lived experiences of Carers across Cheshire East and use these to help shape our priorities.

This strategy covers the general principles that apply to all adult carers. We want carers supported across the whole system, and for carers to be seen as everybody's business. In order to achieve this, the Carers Strategy seeks to take account of and link to other strategies. Equally, the expectation is that carers are reflected in all other system strategies, for example the Cheshire Palliative and End of Life Care Strategy; Dementia Strategy; Live Well for Longer Strategy; Learning Disabilities Strategy; and Physical Disabilities Strategy.

There is a significant number of young carers in Cheshire East—children and young people who provide support and/or care. We are committed to providing them with the support they need and to protect them from caring responsibilities that are inappropriate.

A recent consultation and engagement event, concluding with a report with our young carers and professionals considers the specific experience of young carers and the needs they present. We will commit to ensuring the support available to them is appropriate, tailored and readily accessible. With this document we want to create a truly all age approach.

National Legislation



The Care Act 2014

The Care Act replaces previous legislation regarding Carers and people being cared for and has the following provisions:

- All Carers have the right to an assessment when they appear to have needs
- All Carers have the right to support if they meet the eligibility criteria
- Local authorities have a duty to provide information to Carers
- Local authorities may arrange for other organisations such as charities or private companies to carry out assessments of need
- Local authorities have a duty to promote an 'individual's wellbeing' which includes protection from abuse and neglect.
- Local authorities must support carers to achieve the outcomes they want in day-to-day life
- Local authorities must have regard to whether the carer works or wishes to do so
- Local authorities must have regard to Carer participation in education, training, and recreation

The Care Act ensures that Carers have as many rights for support as those they care for. Duty for advocacy starts from initial contact and carers have advocacy e.g. during carers assessments, if they have substantial difficulty and no appropriate support.

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

The Children and Families Act 2014

The Care Act replaces previous legislation regarding Carers and people being cared for and has the following provisions:

The Children and Families Act 2014 gives young carers the entitlement to the same help and support as adult carers. The legislation means that all young carers under the age of 18 are entitled to an assessment of their support needs. The Local Authority has to consider what services it can provide to meet these needs. Specific duties for Local Authorities under this legislation are:

- Taking reasonable steps to identify the extent to which there are young carers in their area with needs for support and, if so, what those support needs are
- Carry out an assessment for young carers upon request

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

The Children Act 1989

A Local authority in England must assess whether a parent carer within their area has needs for support and, if so, what those needs are. A local authority in England must take reasonable steps to identify the extent to which there are parent carers within their area who have needs for support.

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

National Legislation

Young Carers

The Care Act 2014, and Children's and Families Act 2014, make specific provision for Young Carers in the transition from children to adult's services. A young carer is someone aged under 18 who helps look after a relative with a disability, illness, mental health condition, or drug or alcohol problem. Young Adult Carers are young people aged between 16 and 25 who are caring for another child or young person, or an adult.

In relation to Young Carers, the Care Act requires that:

- Where it appears to a local authority that a Young Carer is likely to have needs for support after becoming 18, the authority must assess:
 - Whether the Young Carer has needs for support and if so, what those needs are
 - Whether the Young Carer has needs for support after becoming 18, and if so, what those needs are likely to be

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



Assessments for Young Carers

The Care Act 2014 requires local authorities to consider the needs of Young Carers if, during the assessment of an adult with care needs, or of an adult carer, it appears that a child is providing, or intends to provide care. In these circumstances the local authority must consider whether the care being provided by the child is excessive or inappropriate; and how the child's caring responsibilities affects their wellbeing, education, and development.

Local authorities should ensure that adults' and children's services work together to offer Young Carers and their families an effective service, are able to respond to the needs of a young carer, the person cared for, and others in the family. This avoids the need for multiple assessments where children and adults find they are expected to give the same answers to professionals from different services, coming into their home at different times.

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

National Policy

The Government's Carers Action Plan 2018 – 2020 'Supporting Carers Today'

This remains the current national policy for supporting Carers. The plan sets out the cross-government programme of work to support Carers until 2020. It is structured around the following themes:

- Services and systems that work for Carers
- Employment and financial wellbeing
- Supporting Young Carers
- Recognising and supporting Carers in the wider community and society
- Building research and evidence to improve outcomes for Carers

<https://www.gov.uk/government/publications/carers-action-plan-2018-to-2020>

National Legislation

The Prime Minister's Challenge on Dementia 2020

The Prime Minister's challenge on dementia 2020 sets out a vision to create a society where those with dementia, their Carers and families, receive high quality compassionate care from diagnosis to end of life across all settings: at home, hospital or care home. Carers of people with dementia provide a vital role and we know that the availability of appropriate care and support and the quality of services has a significant bearing on whether Carers feel able to take a break from their caring responsibilities. Providing Carers with better information, training and coping strategies, including emotional and psychological support, improves their quality of life.

<https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020>



NHS England's Commitment to Carers 2014

This identifies eight priority areas for the development of increased support to Carers in Primary Care. These are:

1. Raising the profile of Carers
2. Education, training, and information
3. Service development
4. Person-centred, well-coordinated care
5. Primary care
6. Commissioning support
7. Partnership links
8. NHS England as an employer

NHS Strategic Aims for Carers

- To secure better outcomes of care for patients, and for the millions of people who care, unpaid.
- To build a carer-friendly NHS to a greater extent than ever before.
- To start to build an NHS where no carer feels left alone, and that the NHS is there to support them in their caring journey
- To change things so that carers are better able to look after their own health and wellbeing, manage the care of the person being cared for and are less likely to go into crisis.
- To increase recognition of carers as a vulnerable community and caring as a social determinant of health

<https://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf>

NHS Long Term Plan Commitment to Carers – Deliverables 2020-2024

- Identifying and supporting carers, particularly those from vulnerable communities
- Introducing best practice quality markers for primary care
- Adoption of best practice carer passport schemes and development/ introduction of quality markers in hospital settings
- Ability to share caring status with healthcare professionals wherever they present via electronic health record
- Carers understand the out-of-hours options that are available to them and have appropriate back-up support in place for when they need it
- Young Carer “top tips” for general practice to include preventative health approaches, social prescribing, and timely referral to local support service.

This plan outlines a revised health model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. Supporting Carers is recognised as an important strand to this model, and in particular the following priorities are identified:

- Greater recognition and support for Carers in both primary and secondary care (including the implementation of Quality Markers for GP practices developed by CQC)
- Focus on supporting Carers in vulnerable communities
- A more proactive approach to identifying and supporting Young Carers
- Develop digitally enabled support
- Include Carers themselves in the development of Carer services

<https://www.longtermplan.nhs.uk/>



NHS Long Term Plan Commitment to Carers – Deliverables 2020-2024

NHS Care Quality Markers 2019

The NHS has introduced Care Quality markers that have been created through working in partnership with Carers Trust, Carers UK, and The Children's Society, and have been endorsed by the Care Quality Commission (CQC).

The markers consist of six questions that can be used by care services to demonstrate how effective they are in recognising and supporting Carers.

The questions have been based on what Carers, and their representatives, have told us matter most to them, and require the care service to show how they go about supporting Carers for each of the six themes identified. Each question is supported by a number of practical ideas that care services can put into place to help them develop the support they give to Carers. The care service completes an annual declaration as evidence of how it is supporting Carers and this evidence can be used for CQC inspections.

<https://www.england.nhs.uk/publication/supporting-carers-in-general-practice-a-framework-of-quality-markers/>

Social Care Institute for Excellence (SCIE) and Carers UK

Guidance was issued in June 2019 on providing and commissioning Carers' breaks, plus advice and information for Carers on how to get a break. Research by Carers UK shows 46 per cent of unpaid Carers were unable to get a break in the last five years, even though they wanted one. Evidence indicates that there needs to be a wider choice of breaks available, and to ensure they are accessible, personalised, and enjoyable for both the carer – and the person they care for.

<https://www.scie.org.uk/carers/breaks/adults/commissioning>

<https://www.scie.org.uk/news/mediareleases/carers-respite-press-release>

Integration of Health and Social Care

There is a drive throughout England for healthcare, social care, district and borough councils and the voluntary, community and faith sectors to develop integrated approaches to designing and delivering services. Cheshire East is driving hard on this agenda along with other partners to have an Integrated Care System (ICS). This will focus on the delivery of services in a local footprint. Promoting closer partnership working, these arrangements harness the potential of organisations that can link together to support carers and undertake their own action plans to align with the priorities in the strategy. There is a robust track record of health and social care working in partnership to envelop the support available to carers. However, we recognise that there is more to do, particularly to strengthen the governance that supports partnership work

Local Context & Demographics

From the 2011 Census, we know that 12,453 people in Cheshire East identified themselves as caring for 20 hours per week or more, with a further 27,481 caring between 1 and 19 hours per week. Altogether that is almost 11% of the population of Cheshire East. Caring for 50 hours or over has increased by nearly a third since 2001 to 8,014, with over 42% of them aged 65 or over Carers caring for 50 hours or more per week.

The 2021 Census is currently being evaluated.



All Age Carers Strategy 2021-2025

1 The Purpose of the Strategy

The All Age Carers Strategy for 2021-25 will support the shift in social care and health transformation, providing key messages for specific markets and carers. It will start with asking the following questions:

- Who are our carers – demographics
- What support and services are in place at the moment, and what is not available and should be?
- What carers tell us, including the accessibility and quality of services for carers and what they tell us is needed?
- What support and services the council think people will need in the future?

2 Our Vision

Health and social care work effectively in partnership with other providers of services to support carers of all ages in Cheshire East ensuring that their voice is centre stage and that their wellbeing and identified priorities

are at the heart of all decisions. To make this real for carers, all the partners work as a team to support them and their families, involving them in service and product design, delivery and evaluation.

3 Our Mission

We will ensure that carers within our community are recognised, valued and provided with timely and

appropriate support. We will listen, understand, and engage with carers and together design robust support for all.

4 Our Priorities

Carers have told us about the values they believe should underpin all action and we have put them at the heart of the strategy. They have also been shaped by contributions from our partnership of NHS and social care, children's services, and our education, voluntary, and community and faith sector, comprising many local charities and groups.

These values are important to enable carers to continue caring. They help carers to achieve a balance between caring and a life outside of their caring role, to maintain their wellbeing and determine how they manage their caring role. The values will protect young carers from undertaking inappropriate levels of care.

Cheshire East Carers Forum will continue to work together to support carers to achieve the outcomes that make a difference to them. Carers will be involved in all aspects of designing services and measuring how these services perform, and deliver.



All Age Carers Strategy 2021-2025

Carers have told us that our priorities should be



Health & Wellbeing

- We will work across the place to ensure a diverse offer is available for our carers of all ages to stay healthy, well, active and to have fun
- We will ensure carers are supported to have a life outside the caring role, including employment, training, volunteering, keeping in touch with family and friends, relaxation and leisure activities.



Early Support for Carers

- We will work together to ensure access to co-ordinated services that provide the right support at the right time, across all sectors social care, health and communities



Prevention – Carer breaks/Respite

- We will work with our providers and carers to look at how we can offer regular respite in different environments that are suitable to the carer and the cared for
- We will explore the range of community breaks available and offer emergency respite when required either in the carers own home or a place of their choice.



Information/Access/Processes

- We will ensure that carers have access to good quality advice and support when they need it: a range of options are available to access information and advice to help build connections.



Employment, Education and Training

- We will offer support for working carers through carer friendly employment, promoted in collaboration with the national Employers for Carers Network
- We will ensure that the right specialist resource is available to support social care staff to identify carers and to undertake carer's assessments as per their statutory duty
- We will ensure that staff who carry out assessments for an individual with care and support needs are fully supported and trained to recognise the needs and aspirations of the carer
- We will ensure that practitioners who carry out or contribute to carers' assessments have training and skills in that role and access to specialist advice
- We will ensure all staff are aware of the benefits of a carer receiving a statutory carer's assessment.



Young Carers

- We will ensure that young carers are identified at the earliest possible opportunity, so they are able to learn, develop and thrive and to experience a positive childhood
- We will offer a life course approach for those who go on to become Adult carers.



The **Carers Voice** is the golden thread in all that we do

All Age Carers Strategy 2021-2025

5 Our Aims

Will be to ensure that all carers:

- Are valued and respected by relevant stakeholders.
- Are feeling safe for the carer and cared for.
- Are identified and recognised by health, social care, employers, education settings and wider partners.
- Are supported to have a life outside the caring role, including employment, training, volunteering, keeping in touch with family and friends, relaxation and leisure activities.
- Have access to good quality commissioned services.
- Are confident that they know who they can contact when they need information and advice.
- Have the time to take care of their own health and wellbeing needs
- Have a voice and are listened to.
- Have the right to be supported if they decide to stop caring or the caring role ends



All Age Carers Strategy 2021-2025

6 How the Strategy was developed

The co-production and consultation followed the principles of the council's **Together** guidance.

We consulted with carers, organisations, and stakeholders on the development of this strategy. We first engaged with carers to develop a draft strategy, and then consulted with carers on the draft strategy.

The consultation and engagement events revealed the positives learnt from the pandemic, and explored how we can build on these.

We consulted with carers, providers (including staff) and customers around what support can be offered to carers and how can they be identified and supported to relevant services to continue their caring responsibilities in a positive way.

A consultation document was shared with our providers onto the CHEST (this is an electronic portal that offers opportunities for partners and customers to seek further information and ideas around what is the local offer to support our carers and what ways can they as a provider support this).

A key part of consultation around the all age carers strategy was operational staff undertaking reviews and reassessment of individual needs, aspirations and outcomes, at the request of other strategies taking place including Cheshire East Connected Communities Strategy (what will be the offer for our carers from the VCFS).

We have consulted with the above stakeholders to develop and review services that support our carers.

To avoid engagement overload, we 'piggy backed' on the engagement activities of other services so we could ensure that carers are at the forefront of everything we do. We need to ensure that carers were fully engaged and assist in the co-production of services that support the carer and the cared for.

We also consulted with our colleagues and other stakeholders in other areas of the council to ensure that the All Age Carers Strategy works in conjunction and aligns with other strategies and ensures carers play an active role in the development of those services which in turn aligns to the All Age Carers service.



Work is progressing regionally and nationally, CEC commissioners are engaged in all national and regional developments some of which will inform the All Age Strategy for example:

- Carers Passport
- G.P. registration for carers
- Employment for carers
- Care Ambassadors in our schools
- NICE Guidelines.

All Age Carers Strategy 2021-2025

7 Our Journey So Far - 2014 to 2021

In 2014, Cheshire East health and social care came together as partners through the local Health and Wellbeing Board. One of the roles of the board is to look at our population and agree strategic plans that would support our citizens not just for carers but also the wider issues around social care and health.

Two transformation programmes were set up within Cheshire:

- South Cheshire 'Connecting Care'
- East Cheshire 'Caring Together'

Both programmes had a priority to identify carers and provide support.

This was the start of the consultation and engagement with carers, partners, and professionals in Cheshire East. During these consultation and engagement events carers told the council that they needed a single point of access, 24/7 helpline and help much earlier to prevent carers breakdown. The Children and Families Department identified the need to provide an individual young carers assessment. These comments and concerns were fed into the Cheshire East Carers Strategy 2016/18. Subsequently, the council in partnership with the Clinical Commissioning Groups tendered for an organisation that would provide the Cheshire East Integrated All Age Carers Hub.

The All Age Carers Hub Model

The integration of carers service through an 'Hub and Spoke' model refers to a distribution method in which everything is centralised, it will either originate in the hub or the hub will distribute to our customers. The Hub would coordinate early help and support for adult, parent, and young carers, and has provided a single point of access at any stage of a carers journey. **It also provided other many benefits, below is a snapshot of some of the All Age Carers Hub key activities:**

- Single point of access
- 24/7 Carers Helpline
- Peer Support, networking
- Access to early help services e.g. Living Well Fund and Take a Break, crisis support

- Community based support
- Online assessments via Live Well
- Reduce hospital admissions

The Integrated All Age Carers Hub to date (June 2021) has 5061 carers registered with the service and has been key in developing a single point of access and assessment for carers.

Re-design of Carers Respite services

Bed based Carer Respite and Community Respite

Carer Respite support was recommissioned in December 2018. At the time, it was recognised that despite people being allocated a number of "nights" in a residential care home environment in order to provide a much needed break for carers, some customers and their carers were not making use of the support they were allocated.

Consultation with them resulted in the service being re-designed. Market engagement with service providers took place and in response to feedback from customers, carers and key stakeholders, the model of support was extended to include community respite support.

It was apparent that the bed based support offered a lifeline for many, however, some customers and carers were telling us that they didn't want to go into a residential care home, even if only for a few days. However, carers still needed a break. Community respite was designed to enable the cared for person to access support in their own home and to look at other options.



All Age Carers Strategy 2021-2025

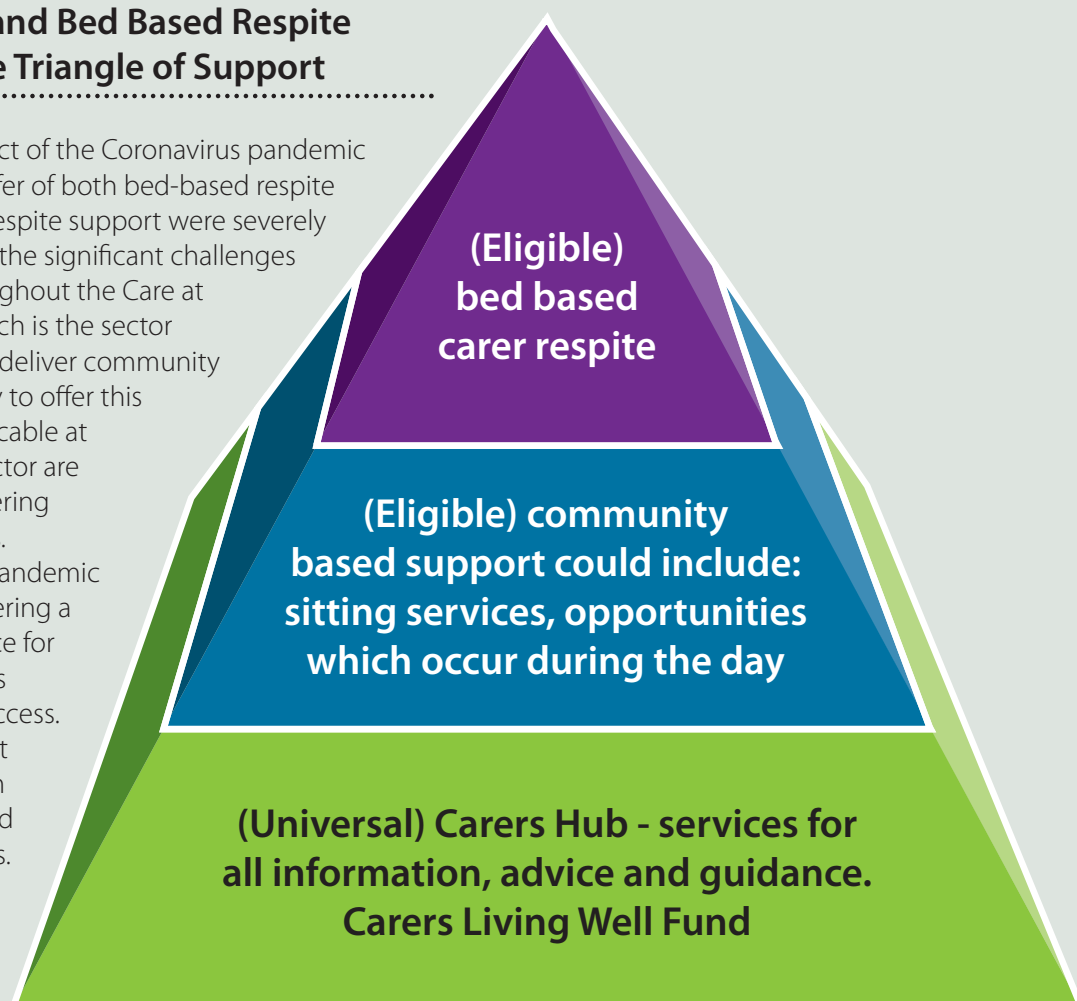
Carer Respite Scenario - Mrs Jones (the carer), has become socially isolated as she is the sole carer for her husband Mr Jones (the cared for person). Mrs Jones' emotional and physical wellbeing is deteriorating, Mr Jones is aware of this and it is exacerbating his condition as a result of the stress he is feeling. Both Mr and Mrs Jones are adamant that Mr Jones will not access bed-based respite support in a care home.

The community respite service could provide 6 hours of support every 4 weeks, to enable Mrs Jones to take a break and see her friends who she used to go walking with (improving both her emotional and physical wellbeing). Mrs Jones knows that Mr Jones is cared for in his own home and Mr Jones can receive the support he needs in an environment where he is comfortable.

The new model of carer respite support, incorporating both a community and bed-based offer of support was implemented between December 2018 and April 2019. The community respite provision is a less intrusive model of support, however, the take up of the Community Respite offer was fairly limited, possibly because it was a new way of facilitating support for carers. **The diagram below illustrates the model of support:**

Community and Bed Based Respite Support - The Triangle of Support

By 2020, the impact of the Coronavirus pandemic meant that the offer of both bed-based respite and community respite support were severely impacted. Due to the significant challenges being faced throughout the Care at Home sector (which is the sector commissioned to deliver community respite), the ability to offer this service isn't practicable at present, as the sector are focusing on delivering essential care calls. Throughout the pandemic we have been offering a take a break service for our carers. This has proved a huge success. We want to look at this in more depth with our carers and other stakeholders.



All Age Carers Strategy 2021-2025

Development of the Carers Forum 2021

The Cheshire East Carers Forum will facilitate two-way communication between carers and services used by all carers and their families in Cheshire East. The forum will work to provide feedback on services, offer constructive challenge to current services and input into decision making and planning for future service provision.

By working co-operatively and collaboratively with local service providers carers can contribute to improvements in the services delivered for carers:

- The carers forum will be a key group in terms of co-production and implementation of the delivery plan for the strategy in terms of holding us to account.
- Ensuring a diverse forum membership and representation of diverse views from carers from all backgrounds and sectors of the community.
- Promoting a reputation and image of the Cheshire East Carers Forum which reflects its aims and values.
- By establishing the Cheshire East Carers Forum, it will help facilitate health and social care commissioners to work in partnership with Carers to develop and evaluate innovative new ways in supporting Carers and their cared for.
- Coproduction is key, the carers forum will work together as equal partners to improve, develop, and deliver services towards a common goal for all our children, young people, families, and adults.
- Using the Together guide that has been coproduced together with children, young people, families and adults living in Cheshire East.



Engagement and Co-production

Commissioners continually engage and consult residents on our services and strategies. Some recent consultation and engagement activities include:

- Carers and their response to Day Opportunities Strategy
- Carers and their response to Assistive Technology charging policy
- Carers and their response to Dementia strategy
- Making Carers Visible CEC, NHS CCG and My CWA webinar – Carers supporting people living with dementia and Domestic Abuse
- Carers response to the autism strategy
- Transition Strategy
- Mental Health Strategy
- The End-of-Life Strategy
- Young Carers and professional engagement
- Engagement with a cohort of all age carers to review the digital offer for carers that will sit on all social platforms including GP practices, health, and social care. Including shared experiences of the pandemic and how they can share their message around protection of their cared for
- We are working with our Procurement and Consultation teams to share all relevant consultation and engagement materials related to carers to ensure we reach out to our providers that offer support to carers and the cared for.

Carers are the continuous link in all that we do - they are part of all the delivery plans with the above strategies and will continue to co-produce and consult with carers of all ages.

For everything we commission, recommission or decommission for the future there is a section within all our service specifications requesting information on 'what is their offer for carers, how do you identify a carer'?

All Age Carers Strategy 2021-2025

8 Where are we now?

Cheshire East are in a position where services need to continue to be aligned, not only to address the current financial climate and population growth, but also to ensure that services are streamlined to work closely together to provide the most effective service in a timely manner. This will benefit the carer and their families as the most appropriate service(s) will be offered.

The strategy will address the following elements, and these will be incorporated into the strategic intentions:

- Health and social care needs
- Value of carers
- Population growth
- Financial challenges
- Whole system approach (including recent strategies).
- Employment and carers
- Young Carers within schools / education

The carer remains at the focal point of this strategy and future commissioned services that will support this.

Figure 1: Elements of caring that need to be addressed



All Age Carers Strategy 2021-2025



Carers play such an important role in all that we do. The diagram above (Figure 1) shows that with every health and social intervention there is a carer involved. If we ensure that there are clear pathways for carers in all of the highlighted circles it will allow us to deliver the right support at the right time. For example, Young carers need to be identified as early as possible, so they receive the right support; e.g. a carer identified within their GP practice to ensure they receive the right support at the right time.

Carers are not a homogenous group; their circumstances are wide ranging in terms of the type of care they provide and the amount of their time they spend caring. Some may care for a few hours a week, yet others may care for over fifty hours per week.

Covid-19 has impacted on carers dramatically and we can see this by the high increase on carer referrals to the Cheshire East Carers Hub (over 500 new referrals in the last 9 months).

The COVID-19 pandemic continues to have a monumental impact on unpaid carers' lives – not only because of the increased amount of care that many are having to provide, but because of the far-reaching effect that providing this care is having on many aspects of life:

- Relationships
- Mental and physical health
- Work
- Emotional wellbeing
- Finances
- Education
- Loneliness and isolation
- Work life balance

There have been positive innovations in technology-based support for carers; though a vast majority of carers have found life significantly more difficult. A decrease in support and sometimes complete closure of local services alongside the increase in needs of individuals being cared for has led to most carers having to provide much more care.

<https://www.carersuk.org/for-professionals/policy/policy-library/caring-behind-closed-doors-six-months-on>

National Context & Demographics

- **1 in 8 adults** (around 6.5 million people) are carers
- Every day another **6,000 people** take on a caring responsibility – that equals over 2 million people each year.
- **58%** of carers are women and **42%** are men.
- **1.3 million people** provide over **50 hours** of care per week.
- **Over 1 million people** care for more than one person
- As of 2020, Carers UK estimates there are around **13.6 million people** caring through the pandemic.
- Carers save the economy **£132 billion** per year, an average of £19,336 per carer.
- **5 million people** in the UK are juggling caring responsibilities with work – that's 1 in 7 of the workforce.
- However, the significant demands of caring mean that **600 people** give up work every day to care for an older or disabled relative.
- Carer's Allowance is the main carer's benefit and is **£67.25** for a minimum of 35 hours, the lowest benefit of its kind.
- People providing high levels of care are **twice as likely** to be permanently sick or disabled.
- **72% of carers** responding to Carers UK's State of Caring 2018 Survey said they had suffered mental ill health as a result of caring.
- **61%** said they had suffered physical ill health as a result of caring.
- **8 in 10** people caring for loved ones say they have felt lonely or socially isolated.

Key statistics

- 4 in 5 unpaid carers (81%) are currently providing **more** care than before lockdown.
- More than three quarters (78%) of carers reported that the needs of the person they care for have **increased** recently.
- There were up to **9.1 million** unpaid carers across the UK before the COVID-19 pandemic, providing everything from a few hours of support a week to intensive and complex round the clock care.
- The pandemic has resulted in millions of new carers - **4.5 million** new to caring since the start of the pandemic, 2.8 million of whom are juggling work and care.
- Most carers (64%) have **not been able to take any breaks at all** in the last six months.
- **More than half** (58%) of carers have seen their physical health impacted by caring through the pandemic, while 64% said their mental health has worsened.
- **11%** of carers reported that they had reduced their hours to manage their caring responsibilities, and 9% had given up work because of caring.



National Context & Demographics

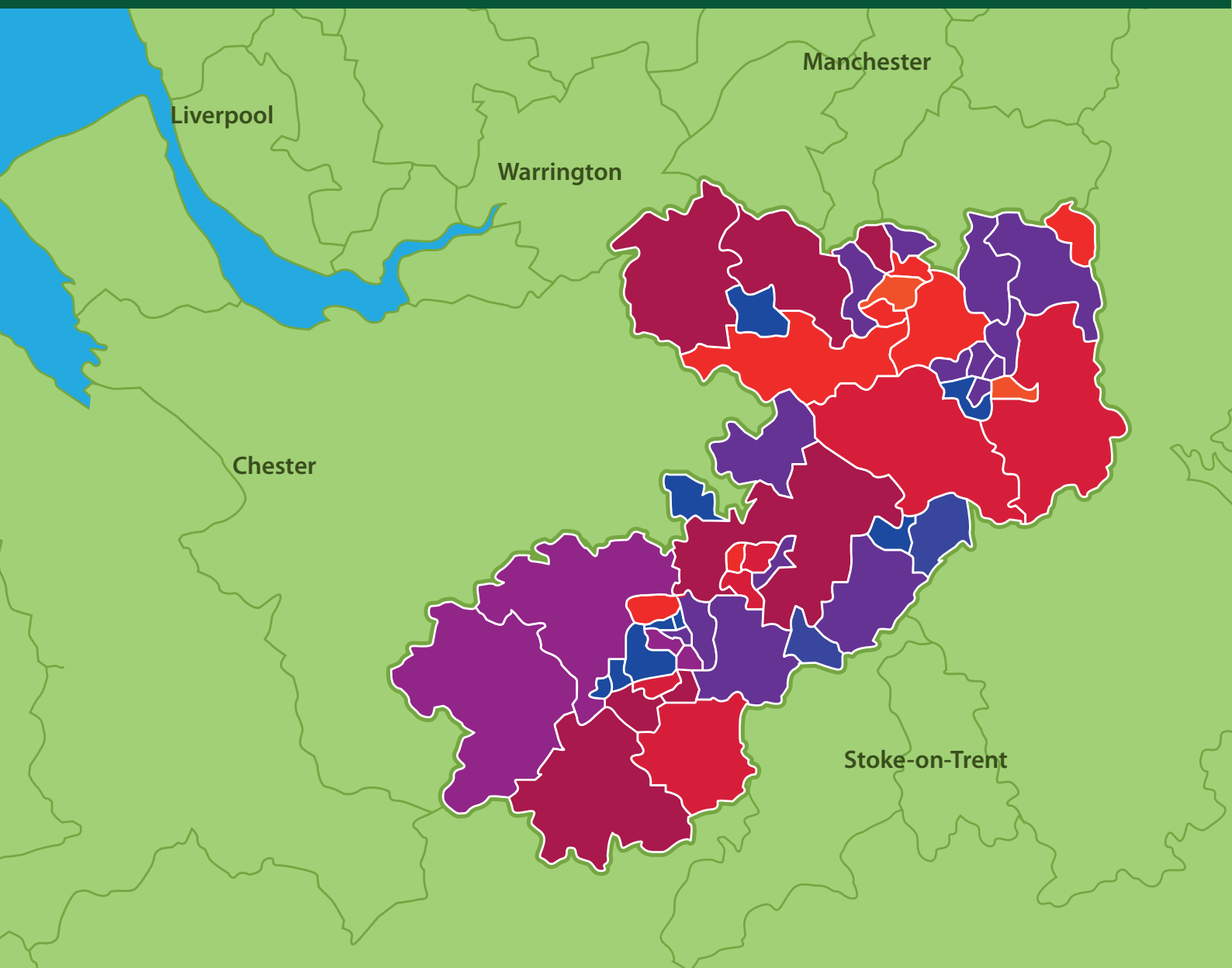
Young Carers

- Young Carers **aged 5-17 years** care for an adult or family member in the UK
- The 2011 Census indicated that almost **178,000 under 18s** nationally have caring responsibilities
- The majority provide under **20 hours** of care a week, however thousands provide even higher levels of care
- This is a wide spectrum which means caring will affect these young people in different ways
- Broader definitions put the figure of young carers higher, as close to **three million** children live in households with a disabled family member but not all of these will have caring responsibilities
- Their caring responsibilities are likely to impact on their education and they are more likely to be not in education, employment or training
- A **third of Young Carers** reported having a mental health problem
- To meet the needs of young carers in school, it is vital that all school staff understand why young carers need support to enjoy and achieve at school, and the simple things they can do to raise the attendance, attainment and wellbeing of these pupils as part of their wider roles within the school.
- Building staff understanding about young carer issues does not mean creating additional functionality within staff's existing roles. Rather, by being aware of how to identify and support young carers, staff will be better equipped to fulfil their existing roles within the school, and schools will identify and support young carers more effectively.

Through the recent engagement events with our Young Carers and professionals we can see there has been a massive impact on them due to the pandemic. Their caring duties have increased and their schooling / education has been affected. As a priority we will be working with our stakeholders and education to review the current offer for young carers. Below is the illustration developed by our young carers of how they wish to be supported to enable them to flourish.



Carers caring for 50 hours or more per week by Cheshire East Ward



Provides 50 or more hours unpaid care a week (2011)

273 - 409

205 - 273

156 - 205

120 - 156

101 - 120

92 - 101

79 - 92

51 - 79

Health and Wellbeing

In Cheshire East there is a single point of access for carers to receive information, advice, and support through the Cheshire East Carers Hub. This is an all age service and supports young, adult and parent carers. At the end of March 2021 there were 5,061 carers registered with the Hub. 1,160 new adult carers and 124 new young carers accessed the service in 2020/21.

The Cheshire East Carers Hub also carries out statutory carers assessments on behalf of the council. Between April 2020 and March 2021, the Hub completed 589 adult carers assessments and 99 young carers assessments.

Cheshire and Merseyside Health and Care Partnership Plan

The Cheshire and Merseyside Health and Care Partnership Plan has committed to actions that need to be taken across Health and Social Care and considers a more joined up approach to supporting all age Carers.

Cheshire Clinical Commissioning Group Commissioning and Contracting Intentions 2020/21

The Cheshire Clinical Commissioning Group recognises the importance of Carers within their Cheshire Commissioning & Contracting Intentions 2020/21. Priority one is the development of a new service model to deliver person centred care for individuals and their Carer's.

The CCG wants to see:

- Increased number of people accessing support via social prescribers
- Increased focus on personalised care and people feeling empowered to self-care using digital options to make informed choices
- Reduced demand for appointments – GP, Hospital and Community Services
- Improved staff awareness of personal health budgets (PHB)
- Support Carers to maintain their caring role
- More people to access support to maintain their caring role
- Increased support to Young Carers
- Consistent offer for Carers across Cheshire



Health and Wellbeing

They plan to implement this by:

- Supporting the implementation of social prescribing link workers
- Continuing to expand on the personal health budgets offer and expanding this to children and young people and section 117 aftercare
- Community contracts to support staff development and training around person and patient centred care.
- Continue to build on programmes such as One You, Healthy You, and the NHS Long-term Plan
- To develop digital options for people to manage their own wellbeing
- Further developing an all age model to support Carers across Cheshire

<https://www.cheshireccg.nhs.uk/media/1782/cheshire-commissioning-and-contracting-intentions-2020-21.pdf>

This strategy aligns with these priorities.





Key Delivery Actions

To enable us to successfully deliver the All Age Carers Strategy for Cheshire East, several key delivery actions have been identified.

We will develop an outcomes-based approach to carers and their cared for. Where services are provided for a carer they will also achieve a set of results for the cared for.

We will deliver outcomes through working with the joint commission of the Carers Hub Service and by the development and co-production of the All Age carers Strategy:

- Identifying the outcomes that are expected to be achieved prior to making any referrals to services
- Contracting for services based on outcomes and then monitoring based on those outcomes e.g. joint commissioned carers service
- Work collaboratively with our health partners to ensure seamless pathways to support our carers

Delivery of the strategy will be overseen by the Cheshire East Carers Forum. The group is an effective mechanism to ensure that the support available to carers in Cheshire East is shaped by all partners – statutory agencies, voluntary and community sector organisations.

Useful Information



Local Need and Strengths (Assets)

<https://www.cheshireeast.gov.uk/pdf/jsna/carers-jsna-june-2018-final-v2.pdf>

Healthwatch data

<https://healthwatchcheshireeast.org.uk/wp-content/uploads/2019/10/Experiences-of-Unpaid-Carers-Registering-with-their-GP-Practice-in-Cheshire-Report-1.pdf>

Co-production together guide

<https://www.cheshireeast.gov.uk/pdf/livewell/together/together-our-coproduction-guide-and-definition.pdf>

Corporate Plan

https://www.cheshireeast.gov.uk/council_and_democracy/council_information/consultations/corporate-plan-consultation.aspx

Social Value

<https://www.cheshireeast.gov.uk/pdf/business/procurement/cheshire-east-social-value-policy-nov-20.pdf>

Shorter version of The All Age Carers Strategy

<https://livewellservices.cheshireeast.gov.uk/Documents/Download/770/Carers-Strategy-Sh>

Cheshire Young Carers Co-production and Engagement Recommendation Report

[CEC Young Carers Findings_Recommendations Report](#)

All Age Carers Survey 2021

<https://livewellservices.cheshireeast.gov.uk/Documents/Download/769/All-Age-Carers-Survey>

Insights Report Exploring Young Carers Experience throughout the Coronavirus Pandemic

<https://livewellservices.cheshireeast.gov.uk/Documents/Download/774/Young-Carers-and-COV>

Story of the challenges carers face and their covid-safe message

<https://youtu.be/8SrKTmCenJs>

For further information please contact:

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jill.stenton@cheshireeast.gov.uk



The Cheshire East Integrated Carers Model 2023

The consultation and engagement with carers told us what works well, and the Integrated Carers Hub model was recognised as an invaluable service that makes a difference to local carers. Therefore, the Cheshire East Integrated Carers Hub will continue to deliver a service very similar to the current approach with a focus on the single point of access for carers, families, and professionals.

During the consultation events carers told us that changes are needed to support them getting a break from caring and how difficult this can be. The new proposed model will address this need much earlier by ensuring all statutory assessments are identifying carers respite needs and the level of support required. A further area for development is around services for young carers and better links within schools/educational settings.

The outlined model is looking to address these areas of development, with the lessons we have learnt from working and delivering services during Covid. We have shaped this model to ensure it is fit for the future.

The provider[s] will be expected to:

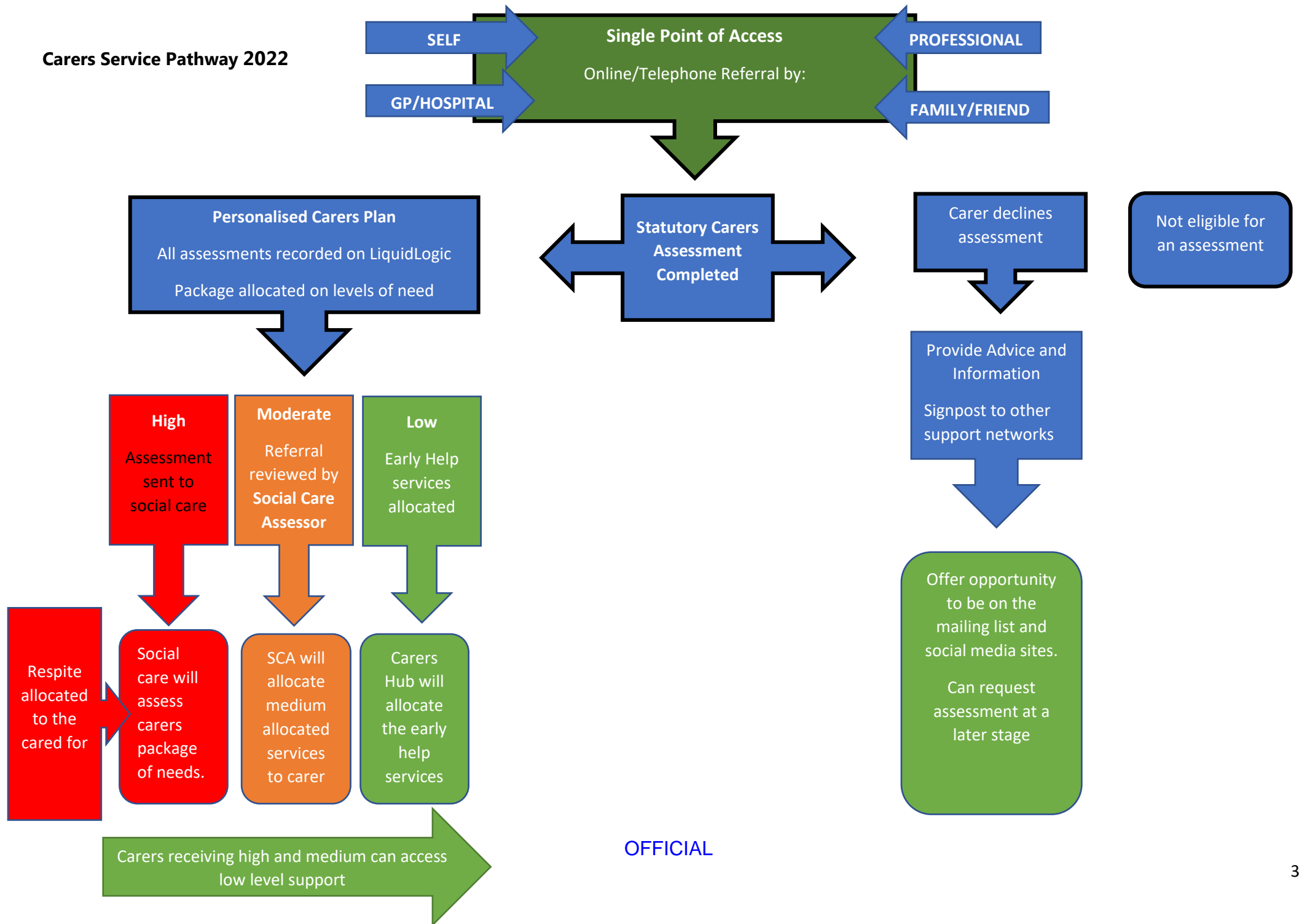
- Implement and operate the Hub, which will be a single point of contact for carers.
- Be responsible for managing and co-ordinating the service, ensuring through telephone, website, social media or face to face contact that carers gain easy and quick access to information, intervention and support.
- Complete statutory carers assessments on behalf of Cheshire East Council and review the support plan annually. All assessments and reviews will be submitted to the local authority for recording on our case management system.
- Determine the most appropriate type and level of support for the carers based upon their statutory carers assessment, where the level of need is deemed to be.
- Support carers to access the most appropriate resource to meet their outcomes.
- Develop a tiered approach to the support offered that best meets the level, type and time period for the intervention and support needed to best achieve the carer's outcomes. A tiered approach will ensure that carers receive the support at the right level e.g. low, moderate or high.

Key Developments for 2023

- Develop and refine the tiered approach for the levels of need e.g., low, moderate early intervention support
- Develop the offer to young carers with a target approach around schools and age-appropriate respite
- Develop the referral and support mechanisms within schools and other education settings
- Develop the Take a Break service using providers from VCFS, residential and nursing homes and home care providers
- Strengthen the links with GP's – carers register
- Strengthen the links and approach with social care and hospitals
- Continue to keep our carers health and wellbeing at the heart of the service delivery.

Below is a visual representation of the model and pathways for carers gaining support. Further outlined details are included on the three levels of need and the services that would be offered. It will be expected that the Integrated Carers Service will provide all aspects of the low level of need and contribute to the moderate level of need.

Carers Service Pathway 2022



OFFICIAL

Levels of Need



HIGH

Residential and Nursing Respite Care
Day Care
Community Respite

These services are allocated to the ***cared for*** individual via a social care assessment. The carer may also receive support from low and moderate services.



MODERATE

Take a Break
1 to 1 Support
Community Respite

These services can be combined with low level services to provide a full package of support.



LOW

Unlocking Advice and Support

Information, Advice and Guidance
Online based support
Group and Drop In Sessions
Peer mentoring
24/7 Chat Line
Emergency Card
Wellbeing Fund
Befriending and Volunteering
Education and Training
Signposting to community activities/support
Advocacy for carers
Transition support

Carers allocations of support could change, and support could be a combined offer subject to assessed needs.

Low Level Support for all carers

The lower-level support need is the first step for carers in unlocking the advice and support they need. It can also be used as a mixed approach to support carers who receive some help from high and moderate services.

Information, Advice and Guidance - Carers have access to relevant, up to date information relating to caring as well as other individual requirements identified in support plans.

Information and advice shall be available through various means accessible by carers, families and professionals. These may include (but are not limited to):

- Information packs/ booklets;
- Newsletters and publications;
- Telephone based support;
- Face to face;
- Web-based (including website, online networks and social media).

Online / Virtual based support - Carers have access to online based information, advice and support. This will be included onto the Live Well Cheshire East, Facetime, Zoom and other video options and the use of innovative technology. Virtual groups and activities will be included as part of the offer, including some outside of 'normal' office-based hours.

Group Support – A provision of group-based support both face to face and virtually will be scheduled. Group support will enable carers to build positive relationships with peers and can be used as a tool for befriending and mentoring. Group based support may be particularly useful as a step down from more structured support or for those who do not have high needs identified. Number and frequency of groups to be determined by level of need and desired outcomes.

Drop-In Sessions - (face to face support) – Will offer a scheduled number of sessions at community venues and also online for carers from Cheshire East to drop into to gain advice, information, guidance, arrange an assessment, meet the staff and volunteers. The service will target

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those locations with poor public transport and/or semi-rural and rural localities. The sessions will give carers requiring immediate support the provision of specific support for current carers accessing the service, as well as providing short term support for former carers, or carers who have previously accessed the service as part of their follow up provision. Carers should also be signposted to drop-in services which are already available in the community.

Peer Support - Facilitate peer support, befriending, social networks, self-help and support groups for carers. This will include supporting groups to become self-sustaining. These may be physically based at a range of locations and can be delivered in partnership with other organisations or through virtual networks.

Telephone Support/CHAT Line - Carers have access to telephone-based information, advice and support. This will be included onto Live Well Cheshire East and provided through Facetime, Zoom and other video options. Access to a 24-hour helpline, supported by volunteers.

Emergency, Contingency and Future Planning - Support carers to develop emergency and contingency plans, to provide peace of mind for carers in the event of an emergency or to plan for the future when they are no longer able to care. This will include the implementation of an Emergency Card.

Living Well Fund – Oversee and administer the use of the Wellbeing Fund. The Wellbeing Fund will allow for innovative interventions and solutions that promote the health and wellbeing of the carer as identified within the support plan.

The fund will allow carers to access activities and support that enable the carer to have relief/ a break from their caring responsibilities. Options may include (but are not limited to):

- Short breaks;
- Leisure activities (may include access to sports and exercise facilities/ classes);
- Hobbies and interests;
- Accessing universal services;
- Holistic, relaxation and alternative therapies;

- Time with friends/ family;
- Assistive technology and IT solutions.

Befriending and Volunteering Network - The provider[s] shall ensure that carers have opportunities to meet with other carers and provide peer support, befriending and mentoring opportunities. The provider[s] will develop self-sustainable carer led befriending activities/networks and shall offer volunteering opportunities for people wishing to work with carers. The provider[s] shall be required to ensure that all volunteers undertake a training programme in line with staff requirements and have had the necessary checks and clearance.

Carer Education, Employment and training support - The provider[s] is to provide support and information to carers to access or maintain education, employment and training. The provider[s] will support carers to enter into paid work. This will be achieved through a variety of measures including providing information and advice, signposting, promoting volunteer and work placement opportunities. The provider[s] will work closely with the Department of Work and Pensions, local employers, educational and training establishments, and other local initiatives to maximise carer take up of training and employment opportunities.

Carers Advocacy - The provider[s] shall deliver an element of one-to-one and self-advocacy support to carers. The Provider[s] should consider a co-production and co-delivery approach through the development of a volunteer base to support the delivery of carers advocacy. Where advocacy is the reason for referral or becomes the principal concern, this should be referred to the commissioned advocacy services.

Transition Support - The provider[s] shall ensure that appropriate support is in place for carers at key transition points.

Medium Support allocated by Social Care Assessor

Medium assessed needs – a carer requiring immediate support for a variety of reasons, e.g. carer breakdown, carer's ill health, support with cared-for returning from hospital, crisis. This is targeted at carers where the cared-for person has no allocated social care respite services. It is a short-term intervention with a step-down approach to de-escalate the issue and provide an essential break for the carer.

1-2-1 Support – Any 1-2-1 support will be put in place based on the assessment and subsequent support plan. 1-2-1 support could be via face to face or virtual support. Any intensive support will be delivered for a time limited period and a step down and exit plan approach applied. This activity will be supported by the Carers' Hub, with oversight and support from a social care assessor.

Take a Break Service – The provider[s] shall ensure there is a varied respite offer available to carers. The respite offer will enable the carer to take a break from their caring role. Respite options could include a sitting service, activities, opportunities to meet new carers, a short break. A break from caring needs to be personalised and meet the needs of the individual as identified within their care and support plan and desired outcomes. This offer does not include respite for the cared for person.

High Level

Cheshire East allocates residential and community respite to the ***cared for*** individual following a statutory social care assessment. Although the allocation provides the carer with a carers break, there is still a need for carers to access the appropriate services to meet the carer's assessed needs, for example this could be support to access benefits/financial help, attendance at groups/coffee mornings, volunteering.



Exploring the lived experiences of young carers in Cheshire East

Findings and Recommendations Report Presentation
January 2022

**make
better
happen**

Prepared for you by team **ice**

Report Structure

1

Background & objectives

2

What we did

3

Key findings

4

Insight led recommendations

Background & objectives

Background and objectives

Cheshire East Council have identified that some young carers may be 'falling through the gap' and more needs to be done to ensure young carers are identified and supported. CEC partnered with ICE to conduct research designed to explore the lived experience of young carers aged 11 – 17 and to co-design what needs to happen to **support young carers in Cheshire.**

The research objectives were to:

- Explore attitudes towards and experiences of being a young carer, including the current state and challenges (including Covid-19).
- Envisage what being a young carer is like at its best.
- Co-design what support/information young carers need and how solutions can be applied to support young carers to flourish.

Although our target audience was specifically *young carers*, we refer to them as *carers* in this report.

What we did

What we did

Research activities

In total, we engaged **16 carers and 16 professionals** working in education, health and voluntary organisations who interact with and support young carers.

This research was conducted virtually and included the following qualitative research activities:

- 2 x insight groups (90-mins) with 16 carers and 1 group (90-mins) with 16 professionals to explore experiences and support needs.
- 1 x co-design hackathon workshop (90-mins) with 8 young carers and 6 professionals together to test and co-design solutions.

Hackathon workshop

The hackathon was invaluable to achieving project objectives, allowing co-design and testing of ideas and solutions developed to support young carers by:

- Enabling a critical review of a **touchpoint journey** of the carer experience and solutions that can help improve them, to establish what the touchpoints and a carer journey is ideally like, 'at best'.
- **Evaluation** of solutions/ideas, ensuring they are useful to carers themselves.
- Asking, what will enable that solution/idea to **work in practice**?

Informed by above, we can collate robust findings and make recommendations that will help improve young carer experiences in their day-to-day lives, but importantly that are made in collaboration with carers themselves.

Sample Characteristics

16 young carers comprised of:

- Male (n=6) and females (n=10)
- Aged 11 – 17
- Black, African, Caribbean or Black British (n=6) and White or White British (n=10)
- Lived in a range of areas including:
 - Alsager
 - Middlewich
 - Bollington
 - Crewe
 - Macclesfield South/Tytherington
 - Sandbach Town/ Elworth
 - Congleton.

16 professionals working across education, health and voluntary organisations in the following roles:

- Family Liaison Officer (education)
- CEO (VCS)
- Leadership support manager (health)
- Teacher (education)
- General practice doctor (health)
- Community engagement officer (third sector)
- Learning support assistant (education)
- Service manager (VCS)
- General practice support staff (health)
- Pastoral support manager (education).

Key findings

EXPLORING EXPERIENCES OF YOUNG CARERS

IDENTIFYING

CARER PASSPORT

HELP WHEN COLLECTING MEDICATION

HELP AT SCHOOL ETC.

THEY'VE STARTED SOMETHING SIMILAR IN WALES

PHYSICAL & DIGITAL OPTIONS

CONFIRM WITH **GP'S & TRANSPORT**

TAKE PRESSURE OFF CARER GROUPS SO THEY CAN FOCUS ON SUPPORT

CELEBRATE YC AS HEROS!

YOUNG CARERS EDUCATE PEOPLE ABOUT WHAT IT'S LIKE TO BE A YOUNG CARER

WHAT'S THE INCENTIVE TO SAYING I'M A CARER?

VARIABLE IDENTIFICATION AT SCHOOL **50%** ARE HIDDEN CARERS

HELP WITH AWKWARD CONVERSATIONS

FORMS & QUESTIONNAIRES CAN HIGHLIGHT WHO A YOUNG CARER IS

AWARENESS & UNDERSTANDING

YC AMBASSADOR

PEERS & THOSE THAT HAVE BEEN THERE TO MENTOR & SUPPORT

PRIDE IN OUR RECOGNISED ROLE

SHOW THE WAY

TO SUPPORT THOSE WHO DO IDENTIFY

REAL CONSISTENT ACTION

PEER GROUPS

CASCADING SUPPORT

KEEP LEARNING FROM WHAT SOME YOUNG CARERS ARE ALREADY DOING

FEEL PART OF A COMMUNITY

SPEAK OUR VOICE

SOCIAL MEDIA GROUPS

THIS IS WHAT IT'S LIKE... SPEAK IN ASSEMBLY MAKE IT A NORMAL DIFFERENT HEAR THE VARIETY

RESPITE

CENTRAL POINT OF ACCESS HUB FOR...

1 PLACE TO SEE EVERYTHING

OPTIONS & CHOICES

CLEAR OPTIONS TO MAKE YOUR OWN DECISIONS

RELIEF

ADVICE

SUPPORT

IDEAS

1 PLACE, EASY TO FIGURE OUT

5 STAR RECOMMENDATIONS

CHESHIRE EAST WEBSITE

LOCAL

WHAT'S AVAILABLE AROUND ME?

SAFE SECURE ACCURATE UNDERSTANDING CARING

DIRECTED BY YOUNG CARERS

OUR WAY

YC FEEL IN CONTROL & OPEN

ACCESS & NAVIGATION

MENU OF OPTIONS

HOW TO ACCESS SERVICES

1 PLACE, EASY TO FIGURE OUT

5 STAR RECOMMENDATIONS

VARIATION IN TYPES OF SUPPORT STORIES TO HELP IDENTIFY WHAT MIGHT WORK FOR ME.

1ST CONTACT MUST BE POSITIVE FOR THE YOUNG CARER...

VIDEO STORIES OF SUPPORT OPTIONS

STORIES OF WHAT PEOPLE LIKE ME HAVE BENEFITED FROM

What is it like being a carer currently?

Summary based on carer feedback

- Carers discussed being **overwhelmed** - they didn't have enough time to do everything they needed to and struggled to balance their priorities which could be emotionally challenging.
- They put the needs of the person they care for before their own, which leaves them feeling tired and pressured, with very **little time for friends, personal time/ respite**.
- Some worry about the person they care for when they are not with them (emphasised by Covid-19 concerns), so they can **never fully relax**.
- Conversely, there were **positive aspects** fed back about being a carer.
- Multiple carers said their responsibility meant they were **more mature** for their age.
- There is **pride** in the important things they do for others, they are noted as “heroes” by themselves and those around them.
- Despite pressures, some have **managed to make time** for the things they enjoyed and that were important to them.

What are the barriers to identifying and supporting carers?

Based on young carer and professional participant feedback the following were found as key barriers...

- Trust
- Not wanting to be judged
- Limited of understanding from others
- Inconsistency

“Understanding them [trusted adult] as a person and whether you think they’ll support you, there is no point in telling them if they will just judge you.” Carer, 16

“I don’t tell people because I don’t want others to feel sorry for me.” Carer, 12

“It took me going into school crying one day to be offered support.” Carer, 13

“I don’t but I know some other carers my age who get help. I’m not sure it’s for me” Carer, 11

Trust

Findings suggest trust is a key theme underpins carer experiences.

- Uncertainty around trust was fed back from many carers towards peers and trusted adults, making carers hesitant to share their experiences or challenges with others.
- Multiple carers said they only spoke about being a carer with people they trusted highly.
- Carers didn't feel enough trust to talk to others about being a carer or even say that that they were a carer at all. In addition, some carers didn't want to "burden" others by speaking about being a carer.

This suggests

Carers have different notions of trust and trusting others enough to share their experience as a carer. Mixed perceptions of carers' trust in people and environments around them meant they were less likely to speak about their experiences and responsibilities. Discussion with carers and professionals highlighted that carers who are less open are harder to identify and offer support to. They may not be aware of support that could help them.

Not wanting to be judged

Not wanting to be judged was another salient theme fed back by many carers.

- Carers worried about others judging and stereotyping them negatively.
- They didn't want to tell peers they were a carer because they were embarrassed - they worried that peers may treat them differently once they knew they were a carer.
- Some thought their family members may be unfairly judged based on their support needs or health conditions.

This suggests

Judgement is an obstacle limiting carer experiences, preventing their journey from being 'at best'. Carers can be apprehensive about telling others about their responsibilities for fear of judgement or stigma by peers and trusted adults/professionals, making this a key barrier in identifying carers and them getting the support they may need.

“People assume the worst case scenario when I say I’m a carer, as if both parents are in wheelchairs, then I get asked loads of questions that can be awkward.” Carer, 13

Limited understanding/awareness from others

Carers reported limited understanding and awareness of those around them.

- Some carers said trusted adults, such as teaching staff and healthcare professionals, weren't supportive or sensitive to their situation.
- This made them less likely to speak about being a carer and getting support that could help them.
- People around them needed to be educated about what a carer is and what being a carer involves. Participants said they would appreciate it being brought up and outlined in their school assemblies.

This suggests

A need to educate and raise awareness around carers sensitively – carers want awareness raised without feeding into stigmas, feelings of judgment or embarrassment. If others had more understanding, carers would be more comfortable to explain their specific circumstances and challenges. Carers can be intimidated having to explain being a carer in detail, when they may want to speak about only some aspects of their challenges or caring responsibilities.

Inconsistency in carer support

Support that carers received varied. Some are receiving good levels of support from school, peers and from voluntary organisations (Cheshire Young Carers, Crossroads, Cheshire Hub).

- Most participants did not receive this level of support if any at all.
- Trusted adults and peers could make their experiences harder by holding carers to the same standards and expectations of others without their level of personal responsibility.
- Lack of support impacted carers in their personal wellbeing, such as feeling more stressed or pressured at school and in their personal lives.
- Their ability to care was limited by people who didn't support their responsibilities. For instance, teachers not allowing them to leave a lesson to call the person they care for, pharmacists not letting them pick up medication for the person they care for.

This suggests

There is support available for carers in Cheshire East that is helping carers currently. Although, others receive less or no support. In addition to this, there are carers whose challenges go unrecognised or are exacerbated by those who have the capability to improve or enable carer support.

What needs to happen to support young carers to be their best?

Several questions were asked to explore what needed to happen to overcome the challenges identified and what the carers journey would be like at it best in the future. Four key themes were elicited:

1. Carers are identified
2. Awareness, understanding and good communication around carers
3. Carers have respite opportunities and can do things they enjoy
4. Accessing services and navigating what's right for carers.

These 4 themes will be outlined and as **touchpoints** that can help to illustrate and understand a positive carer journey.

What needs to happen to support young carers to be their best?

Touchpoint 1. Carers are identified

A carer is identified by trusted adults or professionals and/or feels comfortable enough to tell others about their caring responsibilities.

Touchpoint 2. There is awareness, understanding and good communication around carers

Carers experience awareness and communication that feels judgement free, enabling a trusting environment. They feel they can communicate with others if they want to and are treated fairly.

“I don’t like having to explain I’m a carer, especially when some people don’t understand what that means – the responsibilities I might have.”
Carer, 14

What needs to happen to support young carers to be their best?

Touchpoint 3. Carers have respite opportunities and can do things they enjoy

Once identified, and good communication and awareness has been established, carers are able to have the type of respite they want, when they want it. They do not have challenges which limit them doing things they enjoy.

Touchpoint 4. Accessing services and navigating what's right for carers.

If a carer wants to access services, they can in a trusting environment. They can see all available options so they can choose support that suits them.

“Sometimes you want to talk to someone if you’re stressed, but sometimes I just want to have some time to myself.” Carer, 17

Insight-led recommendations

Recommendations

Informed by the insights, **3 key recommendations** are made:

- **1.** Make it easier for carers to be identified in multiple settings
- **2.** Ensure appropriate awareness and communication is in place for carers in their daily settings/contexts
- **3.** Give carers a central point of access and easy way to navigate support and respite.

This has resulted in **4 solutions**, developed to achieve the above recommendations. Each solution will be discussed in the remaining sections of this report. These solutions have been developed to improve a carer's journey and/or help them to overcome challenges and stigmas they experience, making room for them to be happy and proud of their achievements and personally flourish.

1. Recommendation to make it easier for carers to be identified in multiple settings

Solution: Young carer card/passport

Obstacles in the identification of young carers

Barriers around **trust, awareness and/or perceived stigma** they may experience means carers can be hesitant to tell others that they are a carer. They can find it hard to tell people who know they are a carer that they may feel overwhelmed and need some time to themselves. Some experienced problems in being identified and other people treating them appropriately when trying to fulfil their responsibilities as a carer, e.g., trying to pick up prescriptions for the person they care for and being questioned or even turned away by pharmacists, or not being allowed to take a moment to themselves in schools.

Research suggests that a quick, easy and discrete tool like a card or 'passport' to signify that they are a carer would be beneficial. This can help overcome hesitancy from carers in discussing being a carer publicly or with certain people, which many carers felt was too personal. In addition, the settings in which young carers felt comfortable varied based on individual preferences, so making the pass useful in multiple settings was well received and even more attractive for many participants.

Young carer card/passport

Solution in practice

- Participants predominantly mentioned identification obstacles in **education settings, however obstacles occurred in a range of social settings**. Schools/classrooms, primary care and transport were given as salient examples by professionals and carers as to where a carer pass or card could be useful. To be as effective as possible for carers, a pass should be supported by people working in these different settings.
- For example, a 'timeout' feature was mentioned and could be implemented in school settings, so carers can show the card if they need permission to leave a classroom. For buses, it would be method for carers to obtain transport discount.
- The **process of implementing a pass** in some of these settings would also work towards raising awareness about carers and how they can be better supported.

“We’re currently using a blue timeout card with some similarities to this pass in our school, so we could quite easily help implement this for carers. It would help raising staff awareness too!”

School teacher

Young carer card/passport

Solution in practice

- A version of a carer pass/ card is already in use in Wales on a national level, best practice and useful learnings should be evaluated from this and applied to CEC carer pass where possible/ relevant¹.
- Physical and digital formats of a pass or card should be considered as both formats have benefits. As well as being convenient for many, a digital pass could link or be integrated with wider 'back-end' systems in health/primary care, education and more.
- Although a digital phone pass would be useful, it could exclude carers with limited digital access or without smartphones, so a physical pass should always be considered as a digital alternative if a pass was made in digital formats.

“It’s a really handy idea. I know that young carers find it difficult in General Practice. So I definitely would be an advocate for working with primary care and young carers themselves for it to be okay to flash a card out.” General practice staff

¹<https://socialcare.wales/service-improvement/care-worker-card-faqs>

2. Recommendations to ensure appropriate awareness and communication is in place for carers in their daily settings/contexts

Solution: Young Carer Ambassador

Obstacles to awareness, understanding and communication around young carers

Carers aren't always **aware** of who can help them. Knowing 'who to go to' can be unclear and/or awkward for young carers, particularly in school settings. They aren't aware of other carers, or people they feel they can trust to understand their experience. Carers want to know there is someone available who can **advise them appropriately** (whether it's advice, support, or respite needed). **Supporting carers after identification** was noted as a key challenge by professionals. Findings also suggest that it is important that when a carer does reach out for advice or support, that their first experience is a positive one to facilitate them continuing to reach out for support in the future.

Research suggests that an ambassador who can act as a point of contact for carers to speak would be appealing and practically beneficial. Importantly they would have an understanding of carer backgrounds and responsibilities, so ambassadors can better signpost carers and provide resources based on specific needs and in ways that don't feel judgemental. Ambassadors can also ensure carers first experience in reaching out for support is a good one and well joined up/signposted to other useful resources or services.

Young Carer Ambassador

Solution in practice

- A carer ambassador should be equipped with **up-to-date information** and easy to share resources. They need to be able to **identify with or understand carers experiences**. It was suggested that ambassadors could be a similar school age to carers.
- They need **a point of contact** for support from adults, if ambassadors need it. We suggest this is a voluntary organisation, or someone with experience who will understand carer situations and practical solutions available, such as:
 - School mentor
 - Cheshire Young Carers
 - Pastoral services.
- Once ambassador set up is underway, a **buddy system** can be introduced to help induct and support new ambassadors.
- **Facilitate annual meetings** for ambassadors to exchange information, within school or a time/place agreed by carers – protecting respite and their own time wherever possible.

“I think a peer would be better as an ambassador for some young carers, an adult can seem like someone who may be looking down on them and can feel more daunting.” Carer, 15

Solution: Publicly speaking about and raising awareness for young carers

Obstacles to awareness, understanding and communication around young carers

Carers worry about being **misunderstood and stereotyped** by others which makes them less open to communicating openly and honestly. They worry about being judged burdening others by speaking about their experiences/challenges. Carers don't always feel that others communicate with them appropriately or sensitively, even in settings that are significant to them, like classrooms and activity groups. Carers believed more should be done to raise awareness about being a carer and agreed school assemblies would be a good place to do this.

This suggests that carers, peers and professionals will benefit from speaking publicly/ raising awareness. This should be done sensitively, with feedback from school age carers themselves if they are comfortable with informing this. If they do not want to take part in assemblies/public speaking, they can be drawn upon to say what needs to be communicated about being a school age carer. This helps normalise the topic among carers and dispel perceived stereotypes. Hearing the topic of carers spoken about publicly in places significant to them would make them feel less alone and more open to honest communication about their challenges.

Publicly speaking about and raising awareness for young carers

Solution in practice

- Again, cross-sector application would be useful here. Efficiency and best practice should be shared by creating a comprehensive, easily shared and **easily understood 'presentation'**. This can be adapted and changed to suit a variety of settings where carers attend.
- In the presentation make it **clear to carers who they can speak to** and how they can find or reach them.
- **This route should be informed by carers themselves** to define how they would like the process to take place, as carers in some schools or activity groups may not want this at all, or want public speaking to be done on a smaller scale, e.g. in small classes or groups.

“It’s chance for us to say, ‘don’t treat us any differently, but this is what we may be going through, why we might be sitting taking a minute to ourselves over school break.” Carer

3. Recommendation to give carers a central point of access and easy way navigate support and respite.

A menu and central point of access for young carer respite and support services

Obstacles to carers getting respite

There are **practical obstacles** to carers having respite. They discussed not being able to get transport, to get buses or 'lifts', to activities they enjoy. Having the resources, such as having the equipment/ kit needed or prepared to take part in activities is a challenge. Many carers also don't feel like they have adequate time to have respite.

Findings also highlight **emotional obstacles** to carers respite. Carers can worry about the person(s) they care for while taking respite, which can limit them taking it in the future. We also know carers can feel too stressed or overwhelmed – juggling responsibilities.

This suggests carers need to be given options that suit their needs (e.g. respite that matches transport capability, or that includes transport) in a way that is easy to access and understand. Carers would appreciate having a central point of access for activities and respite options, in a menu format that could be physical and digital. This gives carers better access to quickly and easily read up on all of the options available to them. It also gives them the control to make decisions on what they want to do.

A menu and central point of access for young carer respite and support services

Obstacles to carers accessing support

Carers **don't always realise** support is in place to help them, in what ways they can receive it and if it will benefit them. Carers **don't know enough about the service to access it confidently** (e.g. will the people there understand my situation/pressures I face). In addition, not one size fits all - type of service carers want can vary e.g. (121 or group support) and how they access it (phone, in-person, online). Carers can be unsure if a service or respite option is right for them.

This suggests carers want to see feedback and stories from people they can relate to, speaking about the services or respite options they are considering. This review format helps to make carers feel more comfortable accessing support as they can clearly see the benefits. It also helps them find an activity or support option that feels right to them, based on feedback from people in similar positions to themselves. *The challenges around carers receiving support and respite overlap significantly, so a menu of services and respite in a central location can be implemented to help carers in both support and respite access.*

“Its about access, connections and building relationships in services.” Voluntary sector professional

A menu and central point of access for young carer respite and support services

Solution in practice

- Carers should be given a clear and easy to access matrix in a menu format, that will help to provide advice on respite/support and show follow-up options, should they want to query any options further.
- A menu of choices should show available services and how to access them (e.g. transport options available, resources required) with relevant signposting information. Carers who are trying to access respite/support when they are at a point of immediate need will find this useful, as navigating service options under high levels of stress can be difficult.
- A menu can be distributed in a range of digital, social media and traditional formats. It should be shared in community and in professional settings. A menu and central point of access can also tie into being a resource for carer ambassadors, giving them a tool to inform their peers and adults.
- Seeing options for support and respite in this way shows the diversity in support available to suit the varied preferences and lifestyles among carers.

Insight-led recommendations summary

Based on findings from this insight report, 3 recommendations are made:

1. Make it easier for carers to be identified in multiple settings.
2. Ensure appropriate awareness and communication is in place for carers in their daily settings/contexts.
3. Give carers a central point of access and easy way to navigate support and respite.

These recommendations can be achieved by implementing 4 solutions:

- Young carer pass/ card.
- Young carer ambassador.
- Publicly speaking about and raising awareness for young carers.
- A menu and central point of access for young carer respite and support services.

Informed by insight, the above recommendations and solutions will help improve carer experiences in their daily lives, enable social resilience and help them to personally flourish.

together we...

#MakeBetterHappen

To discuss this Insight Research further please contact:

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Prepared for you by team **ice**

Young Carers and COVID-19



February 2022

**An insights report exploring the experiences of
young carers across Cheshire East during the
Coronavirus Pandemic**

By Georgia Carsberg

Young Carers Overview

“A young carer is a person under 18 who provides or intends to provide care for another person”¹. In accord with the statistics highlighted by the Carers Trust there are at least 376,000 young carers across the United Kingdom². The total number of young carers in Cheshire East is based on the number of pupils that are on roll within the borough. On record there are 50,486 primary and secondary pupils. This figure does not include specialist provision such as special schools and pupil referral units (PRUs). Nationally, it is envisaged that we would expect that 1 in 5 young people could have some level of caring responsibility. Based on this assumption there could be around 10,000 young carers across Cheshire East. If we presume a third of this number have caring roles that meet criteria for some support, the figure could be anywhere around the 3,000+ mark. It is difficult to ascertain the number of young carers receiving a service, as support is fragmented across several different providers. In addition, young carers are often hidden and are not identified as a young carer³.

Children as young as five years old provide essential care for their loved ones, this is often 24 hours round the clock care³. Their caring role can have a significant impact on their health and wellbeing, whether that be physical or mental health³. Their caring responsibilities can also hinder their education and social development³. As we are aware in 2019, a global pandemic hit the world. The Coronavirus pandemic has had a considerable impact on our society, especially from a healthcare, economic and social perspective⁴. Previous research has highlighted that the Coronavirus pandemic will have significant implications for young carers³. During the lockdown their caring responsibilities significantly increased³. The COVID-19 pandemic has had a fundamental impact on young carers mental health⁵. The school closures meant that young carers were unable to concentrate and struggled to keep up with the home learning due to their caring responsibilities³. Additionally, the guidance also meant that services were running at a reduce capacity and there was a lack of support from those around them, such as friends and family³.

ICE Creates

Cheshire East Council commissioned ICE Creates to talk to Cheshire East young carers with the aim to explore their attitudes towards and experiences of being a young carer, including the current challenges such as COVID-19. In order to carry this research out, 16 young carers and 16 professionals joined a focus group, with some also joining a hackathon. All of the focus groups were facilitated by a member of ICE Creates. A member of ICE Creates provided some insights into how COVID-19 impacted young carers across Cheshire East, their findings are outlined in the summary below.

“Difficulties were mentioned by multiple carers regarding actually caring for an individual at home; being able to meet their needs, managing time, doing other activities alongside caring and managing the social restrictions/ impact of COVID-19.

Some carers alluded to being apprehensive to see others and their friends in and outside of school, as they were concerned whether others would follow COVID-19 safety guidance. Carers worried more about feeling safe when out of the home due to the health ramifications COVID-19 could have on them and their family. Multiple carers worried about the possibility of carrying COVID-19 to their loved ones.

Many carers reported that they must constantly put the needs of the person they are caring for before their own, which again leaves them with less time for friends. If a carer had to cancel plans with their friends last minute due to caring responsibilities or if they were worried about COVID-19 implications (catching COVID and not being able to care and/or passing COVID to the person they care for) friends were not always understanding which could cause problems and strain friendships, adding to carer isolation and pressures.

Loss of escape mechanisms were associated with COVID-19 for carers. Leisure activities which carers liked to do to relax and use as an escape from their day-to-day life and caring responsibilities (such as dance classes, reading, crafts or Cheshire Young Carers activities) can be moved online when COVID-19 is prevalent in the community. This was limiting for some carers as they didn't have laptops available to take part in activities. Most carers have access to a laptop but for some it was shared between multiple people in the household. Furthermore, constantly being at home meant that they had no break from caring to do something for themselves to relax and enjoy. Finally, some carers simply do not like online activities, preferring face-to-face options.

School being moved online had its own challenges too, which was mentioned by most of the carers. The carers said they might have to switch between studying and caring, constantly being in the house provided them with no break from caring.

Some carers suggested that due to spending so much time with their household over lockdowns and social restrictions, they have become attached to the person and feel even more worried about leaving them than before.

Conversely though some carers preferred doing their schoolwork from home as it felt like they had more space to themselves, and therefore helped relieve some of the pressure they felt in school.

For many, COVID-19 worries resulted in carers feeling more stressed or apprehensive at school and when they were out of their home. For some this even resulted in them isolating themselves, not contributing or involving themselves with others in an effort to protect their loved ones. This could have negative impacts as they are alienated at times which are designed for them, such as being in school and doing things they enjoy.

A key finding of this research, which also applies to allaying COVID-19 concerns and challenges, is to enable young carers to feel comfortable and safe in ways that resonate with them and their preferences. For some this is having space to themselves to learn at home, for others this is feeling safe when they are out, which is important to them as they want time out of their home.

These findings show how carers' anxiety and isolation is emphasised or made apparent by the onset of COVID-19, directly interfering with carers respite opportunities for some (e.g. socialising with friends at school, taking part in leisure activities).

As findings throughout this research indicate, isolation of carers is a key barrier to them being identified and receiving support. It should be kept in mind that in periods where COVID-19 is more prevalent in the community, carers are more susceptible to isolation, not being identified and may be less likely to seek or receive support. This bolsters the need to implement strategies and recommendations."

Some of the comments that were made in the focus groups by the young carers and professionals are outlined below.

"I was worried about my mum who isn't well, I need to stay safe for her but the kids in school don't seem to be bothered."

"School being moved online meant that there was no break from being at home."

"We have seen an increase of young carers in our service - we've found more young people in roles who would not usually be in carer roles. It's an implication of challenges posed by COVID. Access to service can be harder for these."

"School is the obvious place to identify young carers because most young people are going to school or college. You can recognise changes in performance, and attendance. However, this becomes more difficult when pupils have to work from home or frequently isolate due to COVID-19 guidance"

In addition to this piece of work, ICE Creates are currently working with a young carer, a working carer, an adult carer, an older carer and a parent carer to create a graphic scribe. These interviews will provide an overview of the experiences of the pandemic from the perspective of all aged carers.

Young Carers activity session consultation

A number of young carers expressed a desire to have their voices heard but didn't feel comfortable doing this online, describing themselves as "all zoomed out". As a result, alongside the work carried

out by ICE Creates, in November 2021, the lead commissioning officer for young carers spoke to individuals from a local group offering activities for young carers. This provided them the opportunity to talk about their experiences and the challenges of being a carer during the pandemic. The young carers that attended this group session were aged between 8 and 17 years old.

When asked about their experiences of COVID-19 and being in a lockdown, some of the carers explained that there was no support during this time. They found that the respite opportunities that were provided to them were very limited. Similarly, they felt that these opportunities didn't meet their needs. They wanted choice and control over the type of service offered. Once face to face support resumed, young carers found it difficult to re-join and connect with the services and other young carers who had previously helped them. They found it difficult to socialise when they returned to school and experienced increased levels of stress due to the risk of bringing the virus home to family members and cared for. Not being in school was a positive for some as it gave them more time to themselves, this is highlighted in the below comments made by the young carers.

"After lockdown I found it really difficult to talk to people. On the breaks I would just put my hood up and head down. It took weeks for me to join in again. I just felt nervous and anxious. I just didn't feel safe outdoors."

"No school, no support, no friends."

"Not being in school meant less pressure, more time and space for me."

"Found it difficult to concentrate at home, hard to find own space. Had to do everything, schoolwork, caring, no time for me."

"I didn't get a break for 14 weeks, just stuck in the house."

"It made me sad and stressed, there was no one I could talk to".

"No break at all for me, stuck at home, noise, noise, noise."

This consultation has highlighted the impact COVID-19 has had on young carers; the comments demonstrate how being stuck in the house with a caring role meant that they did not have a break and it was much more difficult to access support during this time.

References

1. <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
2. [About young adult carers - Carers Trust.](#)
3. [UEA young carer CRCF COVID 19 full report.pdf](#)
4. [Effects of COVID-19 pandemic in daily life \(nih.gov\)](#)
5. [Young carers in the COVID-19 pandemic: risks for mental health - The Lancet Regional Health – Western Pacific](#)

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Responses to Cheshire East Council’s Consultation and Engagement on the All Age Carers Strategy 2021 – 2025



Introduction

Caring for a family member or friend is a vital and important contribution to the delivery of adult social care and health services. Carers play a valuable role in the community, and we need to ensure that the strategy reflects what our carers are saying in relation to the support and guidance required.

We recognise how important it is that any decisions about how to improve support for carers across Cheshire East are shaped by carers. We have worked hard to produce an all-age carers strategy that will reflect what our carers are saying to us.

The All Age Carers Strategy has been developed jointly by the local authority with the NHS Cheshire Clinical Commissioning Group 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' and therefore acknowledges health and social care integration developments. Its development is part of the recommissioning activity that is undertaken by the council, with the results of the coproduction, engagement and consultation influencing the service specification for the All Age Carers Hub.

With health and social care services focusing on how they achieve integrated ways of delivering services, it is more important than ever to have a clear offer and vision for carers' services, which builds on the aspirations and statutory frameworks of The Care Act (2014) and Children and Families Act 2014; and prepare for the implementation of the White Paper 'Working together to improve health and social care for all' in 2022.

The findings of the consultation will inform the development of the strategy and future support for carers of all ages including the recommission of the All Age Carers Hub.

The draft strategy was developed in partnership NHS England Clinical Commissioning Group Cheshire. The following groups and organisations played a vital role in supporting views from carers they support. We were able to take the consultation to these groups and seek their views:

- Cheshire East Parent Carer Forum
- Cheshire East Carers Hub
- Cheshire Young Carers
- Cheshire East Dementia Steering Group
- Schools and education
- Teachers, pastoral services, public health and other professionals
- Learning Disabilities Partnership Board
- End of Life Partnership Board
- Nursing and residential settings
- Care at home organisations
- Cheshire East Social Action Partnership
- Cheshire East Healthwatch
- North West Ambulance
- Patient Advice and Liaison Service (PALS)
- Social prescribers within community teams

- Gypsy, Roma and Traveller Forum
- GP practices
- Differently Abled
- Frail and Elderly Team at Leighton Hospital and Macclesfield Hospital
- Emergency Duty Team
- Frontline social work team – communities
- Mental Health Team
- Cheshire East Council HR Department
- All the voluntary, community and faith sector organisations via Cheshire East Social Action Partnership (CESAP)
- LGBTQ+ CE Vibrance

“You don’t know the impact of becoming a carer until you are one and it will be different for everyone. It can take its toll on health, relationships, social life, finances, education and employment.” – carer

Consultation and engagement methodology

Consultation and engagement activity included:

- An All Age Carers Survey, which ran from 12 February 2021 to 31 March 2021
- Twelve-week consultation on the strategy, which ran from 15 November 2021 until 17 January 2022
- Consultation with young carers from October 2021 to December 2021
- Consultation with professionals from schools and education October 2021 to January 2022
- Graphic scribe of carers sharing their story and their message linked to COVID-19 in January 2022.

COVID-19 has presented many challenges, especially for our carers. We needed to ensure, despite the pandemic, that we could hear the voice of our carers, so we adapted our approach. As face-to-face meetings were not possible, we used other ways to ensure respondents could take part in the consultation in a safe way. Paper copies and easy read copies were made available as part of the consultation.

The consultation was promoted across lots of communication channels including the vaccination programme for our unpaid carers via the All Age Carers Hub. We linked in with other current consultation events and attended operations team meetings to consult on the strategy.

Individuals and organisations were able to respond via email, telephone and in writing. The following consultation events we attended to share the consultation were:

- Autism
- Day opportunities
- Assistive technology and charging policy

- Dementia Strategy and steering group
- Live Well for Longer Strategy
- Rural Strategy

Responses to the consultation

- 248 people responded to the online survey
- 27 people responded to the online consultation
- 50 people responded from the Cheshire East Parent Carer Forum
- 28 people responded via telephone calls
- 48 people from the Cheshire East Carers Forum
- 8 people from the End-of-Life Partnership Group
- 22 people from the Learning Disability Partnership Group
- 15 people from the Gypsy, Roma and Traveller Group with lead officers
- 22 young carers joined the consultation and engagement online event
- All the voluntary community and faith sector (VCFS) via Cheshire East Social Action Partnership (CESAP)
- 12 Armed Forces Groups, British Legion
- 28 working carers within Cheshire East Council
- 14 people from the Differently Abled group
- 48 officers from operational teams in adults and children's services
- 4 people from Cheshire Without Abuse
- 4 people from Cheshire Young Carers
- 10 officers from the Children's Admissions and Transport team
- 2 people from the LGBTQ+ Vibrance Group
- 3 community liaison officers who support the migrant community in Cheshire East
- 14 professionals joined the consultation and engagement event who consisted of the following:
 - GP
 - child psychologist
 - pastoral service
 - headteacher
 - teacher
 - school assistant
 - social worker
 - school nurse
 - officers from children's services.
- Over 150 delegates at the North West ADASS Carers Conference.

Key messages

People were asked to what extent they agreed or disagreed with each of the priorities:

- Health and Wellbeing
- Early Support for Carers
- Prevention – Carer Breaks/ Respite
- Information/ Access/ Processes
- Employment, Education and Training
- Young Carers

The vast majority agreed with all the priorities and associated actions and commented on each of them. The key messages that emerged from the priorities were:

- Improving communication between health and social care
- Improving access to services and support available for carers
- Identifying carers within all sectors including training and awareness
- GP intervention to support carers, improving the GP register for carers
- Supporting young carers in school, colleges and health
- Supporting young carers to be able to have a break and time away from their caring role
- Supporting the mental health and wellbeing of carers
- Working carers
- More collaboration with LGBTQ+ awareness for carers and training for professionals.

All Age Carers Strategy Priorities

Priority 1: Health and Wellbeing

The vast majority agreed with this priority and the need to improve health and wellbeing for our carers:

- health and wellbeing checks for carers
- registered as a carer within a GP practice
- support from the pharmacy
- information and advice
- young carers having breaks of their choice, systems in place so the cared for are safe
- Young carer ambassadors in schools
- Mental health support.

Priority 2: Early Support for Carers

The vast majority agreed strongly that early support for carers is a priority:

- understanding of carer assessments and not just a tick box exercise

- making access to support and advice much easier and simpler, just one place, not having to tell the same story repeatedly
- clearer pathways for carers that are easy to follow, and everyone understands the pathway
- end-of-life experience information and support offered in advance via the GP, hospital, and other services, have a plan
- support agencies offering support to the carer as well as the cared for
- improve the communication with all faith sectors with Cheshire East.

Priority 3: Prevention – Carer Breaks/ Respite

The vast majority agree that care breaks and respite are key to ensure good health and wellbeing:

- community respite in the carers home, not in a residential setting
- small breaks little and often
- planned respite; the pandemic has shown that respite can be used in different ways
- the importance of carer activities, groups, networks, and befriending schemes was highlighted in the comments, to avoid loneliness and social isolation
- young carers having time away from the caring role.

Priority 4: Information/ Access/ Processes

The vast majority strongly agreed that information at the right time is key:

- information access should not just be the internet as many can't always access or find technology difficult
- one place for the right information when needed
- health and social care should have the same information, clearer pathways in hospital for carers to understand
- schools and colleges to help with information for young carers
- mental health information and advice
- involving carers in the development of services is important to ensure effective support services
- better understanding for young carers
- improve the digital offer for young carers
- more engagement around LGBTQ+ carers awareness and training and delivery of training to professionals
- ensuring relevant information for carers is available within other communities e.g. migrant community, veterans.

Priority 5: Employment, Education and Training

The vast majority agreed strongly that further support for working carers is key.

- employers identify carers/ flexible working pattern
- training opportunities for carers
- young carers to recognise their caring role is skilled and something to be proud of.

Priority 6: Young Carers

There was a very strong agreement that more needs to be offered to our young carers:

- school, college and education
- peer support
- pharmacy and GP support
- Care Ambassadors in all schools
- more local young carer breaks
- identifying young carers early
- information and advice for young carers
- support for LGBTQ+ and young carers.

Comments from our carers

“The impact of loss and grief on carers is significant. This can include losses relating to employment, role, relationships, and identity, as well as the loss and grief associated with the decline and death of a loved one (before and after death). People who are being cared for may also experience loss and grief because of their changed health and status and this can have a knock-one effect on their carer.”

“GPs could do much more to support informal carers in terms of them being recognised, flexible appointments, carers MOT check. Patchy at best, needs to be consistent across the patch. Young carers remain hidden, support not targeted to the individual, single point of access not working for them. Much more needed”

“Navigating through health services and all the appointments is a minefield. if the cared for is under many different consultants, there needs to be a health co-ordinator whom the carer can go to.”

“The strategy has very limited reference to people who are caring for those with palliative care needs or who are at the end of life. We believe that this stage of the caring journey needs much greater emphasis to reduce isolation, empower carers to care at the end of life and provide greater support into bereavement. In relation to demographics, 1% of our population die each year, with five associated bereavements, some of which will be among carers.”

“The strategy does raise expectations - in view of the fact that funding is precarious so that in some cases projects/ services may have to be limited or even come to an end - expectations are then dashed. Are there any contingency plans? This in particular affects charities where short term funding is offered.”

“I think a lot of the group activities are for younger children and not older teens.”

“Young carers deserve more than a paragraph. Greater emphasis on identification particularly in schools. Support to be targeted to meet individuals’ needs. Young carers transition important as is support for young adult carers, present support may not meet their needs. Health and wellbeing need of young carers not overlooked, listen, respect and support particularly important within health settings important.”

“I want my sexual orientation to be fully accepted, not just tolerated.”

“I feel as if during the time I was caring, I spent six years back in the closet, after the journey of coming out.”

Report Produced by:

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Working for a brighter future together

Adults and Health Committee

Date of Meeting:	28 March 2022
Report Title:	Cheshire East Live Well for Longer Plan 2022 – 2027
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health and Integration
Report Reference No:	AH/29/21-22
Ward(s) Affected:	All

1. Purpose of Report

- 1.1.** This report will provide details of strategic integration structures underpinning the Cheshire East Live Well for Longer (LWfL) Plan 2022 – 2025 (Appendix 1) and will provide narrative on the approach to constructing the document.

2. Executive Summary

- 2.1** Cheshire East has an ageing population, with the number of older people increasing by nearly 50% in the last 20 years. The journey of integration for health and social care is of great interest to Cheshire East residents, as they are keen to plan their future with the confidence that their support needs will be met if or when they arise. The LWfL Plan was coproduced with adults of all ages and provides a list of commitments that are designed to underpin commissioning across the health and social care system to ensure that services are designed and delivered in accordance with residents' needs. The insights gained during coproduction of the LWfL plan can be applied to all departments at Cheshire East Council, so the consultation period will allow for exploration of the plan's principles across the wider council.

3. Recommendations

- 3.1.** That the Adults and Health Committee:
- 3.2.** Note the insight-based approach to engagement and coproduction activity that has led to the creation of the draft Living Well for Longer Plan
- 3.3.** Approve the draft Living Well for Longer Plan as outlined in Appendix 1 for the basis of consultation

- 3.4. Following consultation, note that the final version of the Living Well for Longer Plan will be presented for approval to the Adults and Health Committee.

4. Reasons for Recommendations

- 4.1. The LWfL Plan aligns to the council's Corporate Plan 2021-25, addressing the aim: *'to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents'*. 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.
- 4.2. The LWfL Plan addresses priorities within the Cheshire East Partnership 5-year plan, including *'enable people to live well for longer, to live independently and to enjoy the place where they live'*.
- 4.3. A key priority for the Live Well for Longer Joint Commissioning Group is to provide clarity on the strategic direction for the transformation of services for older people across Cheshire East. The group also recognises a need for improvement in engagement and coproduction across the system, including adults of all ages (providing the opportunity for residents to plan for their own future). The LWfL Plan is entirely coproduced by Cheshire East residents so once adopted, it will enable adults of any age to have a voice and provide a foundation for commissioning intentions across health and social care.
- 4.4. The LWfL Plan will provide a local voice to the integration agenda, ensuring consistency of service design across the health and social care system, including the wider voluntary, community, faith and social enterprise (VCFSE) sector. The principles detailed in the LWfL Plan will underpin joint commissioning intentions in health and social care and will provide a foundation for our local place-based approach to integration, aligning with the Government White Paper for integration.
- 4.5. The principles within the LWfL Plan compliment other existing joint strategies across health and social care and will underpin the development of new strategies moving forward, but this valuable resident insight should not sit in silo within just health and social care. The principles and commitments within the Plan should underpin all delivery at Cheshire East Council to ensure the resident voice runs as a golden thread through all council services. In association with the 'Together in Cheshire East' guide to coproduction, the LWfL Plan should underpin activity across all directorates in Cheshire East Council.

5. Other Options Considered

- 5.1. Do nothing: If approval is not granted for the content of the draft LWfL Plan and formal consultation, the commitment made to residents during the coproduction process will not be fulfilled. Learning from resident engagement is already informally influencing the way we work with our communities, so it

is imperative this engagement continues and the commitments are formalised into a measurable plan.

6. Background

- 6.1.** Cheshire East's population is estimated at 386,700, with 59% of working age (16 to 64) and 23.1% identified as 'older' (65+), which is significantly higher than the national average (18.6%). The number of older people has increased by 49.4% since 2001 and predictions show that this rate will continue on an upward trajectory. Conversely, population growth in the borough's oldest age groups (85+) has been recently and historically low, rising by just 0.1% during the year ending mid-2020. When compared to the average population growth across all ages of 9.8% it is clear there are inequalities in life expectancy as residents age (source: Cheshire East Population Report, 2021).
- 6.2.** The likelihood of experiencing multiple chronic and complex health conditions increases with age. In 2016, 29% of 60–64-year-olds had two or more chronic health conditions and for those ages over 75 years this rises to over 50%. As the population rises, there may be a requirement to provide support to more individuals with health conditions, so it is imperative that the health and social care system continue to dedicate time and resource to investing in early intervention and prevention services. Research shows that ratings of personal wellbeing rise around the ages 60 to 64 years, but then begin to decline toward the late 70's. This could be due to factors beyond one's control (such as widowhood) but there is evidence to suggest the services encountered in early older age could impact lifestyle and wellbeing as one grows older.
- 6.3.** Having reviewed older people's strategies from other local authorities, it is evident that several different approaches have been taken. Cheshire West and Chester Council focus on the creation of an 'Age Friendly Place' aligned to their corporate plan. Greater Manchester Combined Authority have partnered with The University of Manchester to produce a 'Keeping Well at Home' booklet which provides practical advice for recovery from the effects of isolation during the COVID-19 pandemic. The Office for Health Improvement and Disparities (OHID) have reviewed the journey taken to produce the LWfL Plan and have praised the level of coproduction involved. OHID have committed to support the implementation of the plan by providing guidance and best practice from a regional and national perspective.

7. Consultation and Engagement

- 7.1.** The LWfL Plan is underpinned by 'Together in Cheshire East', a coproduction guide which details how residents and commissioners work together as equal partners toward common goals. Cheshire East residents were pivotal in the development of initial concepts of enablers for living well for longer, which were refined and tested again through a series of engagement activities.

- 7.2.** Initial engagement with residents found that the word ‘strategy’ did not lend itself to effective coproduction. Residents felt that strategy had connotations of being “done to”, so the title LWFL Plan was adopted which provided a foundation for clear and realistic expectations.
- 7.3.** In August 2021, Cheshire East Council Communities Team partnered with ICE Creates (behaviour change specialists) to facilitate an engagement experience which began with two workshops, for stakeholders and residents (Appendix 2). Both workshops took an insight-based approach to understanding what living well for longer means to our communities and emerging themes were shared with participants via a live graphic scribe:



Fig1. Stakeholder Workshop



Fig 2. Resident Workshop

- 7.4. Following the workshops, Cheshire East Communities Team embarked on a four-week engagement exercise, where the themes were tested and refined with residents. During this period, the team engaged in direct conversation with over 400 people by visiting coffee mornings, activity groups, food banks, church groups and many more forums in the community. A commitment was made to continue these conversations throughout the lifeline of the LWfL Plan and crucially to involve residents in the codesign and evaluation of services: “you said, we did”.
- 7.5. Insights and intelligence gathered through the workshops and community engagement were brought together during a ‘Hackathon’ design event (Appendix 3), facilitated by ICE Creates. The facilitators used a behaviour change model to guide discussion from identifying behavioural drivers and motivators to co-designing ‘enablers’. The enablers are summarised into the commitments detailed on the LWfL Implementation plan.
- 7.6. Once the draft LWfL Plan has been approved, the journey of coproduction will continue. A three-month formal consultation period will allow for ‘testing’ of the principles and commitments in the plan, ensuring that the resident voice was heard correctly. The consultation period will also allow for further exploration of how the plan can be applied across the wider council and underpin delivery of all Cheshire East Council services. The implementation plan will be coproduced with residents and stakeholders to ensure the actions are owned, measurable and crucially meet the vision of LWfL.
- 7.7. If approved, the formal consultation period will consist of the following:

- Re-visit residents engaged with during the coproduction phase to check language, tone and validity of the LWfL Plan (e.g. “this is what we heard, is this what you told us?”)
 - Survey (web-based and hard copies distributed within the community)
 - Structured interviews (based on the survey questions)
 - Focus groups (based on the survey questions)
 - Councillor workshops and engagement with Town and Parish Councils
 - Wider stakeholder engagement across the health and social care system
 - Engagement with stakeholders who do not have direct contact with or influence commissioning for older people, but provide services important to them (e.g. transport providers, housing providers)
 - Exploration of how the plan can be applied across wider council delivery.
- 7.8.** Upon completion of the consultation period and approval of the LWfL Plan, a Live Well for Longer Forum will be created which will consist of residents of all ages from various backgrounds. The forum will act as a critical friend and will be invited to coproduce, co-deliver (where possible) and co-evaluate services for older people. The forum will be aligned to the Live Well for Longer Joint Commissioning Group and will provide a channel for two-way conversations enabling the voice of the resident to be heard and acted upon within the health and social care system.
- 7.9.** The resident voice featured in the plan will not be siloed to health and social care. The plan will be applied and embedded across Cheshire East Council and its principles will underpin all delivery.
- 8. Implications**
- 8.1. Legal**
- 8.1.1.** The Care and Support Statutory Guidance (updated 27 January 2022) provides that the core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life (Paragraph 1.1). Paragraph 4.12 and 4.13 states that ‘Local authorities must ensure that the promotion of the wellbeing of individuals who need care and support, and the wellbeing of carers, and the outcomes they require, are central to all care and support functions in relation to individuals, emphasising the importance of enabling people to stay independent for as long as possible. Local authorities will need to understand the outcomes which matter most to people in their area, and demonstrate that these outcomes are at the heart of their local strategies and approaches’. There will be a need to engage with legal and procurement teams on any future commissioning that may arise from the implementation of the LWfL Plan.

8.2. Finance

8.3. There are no financial implications, or changes required to the MTFS, because of the recommendations in this report. The recommendation is to approve the draft strategy for consultation, and once this has taken place the final strategy will be brought back for approval.

8.3.1. There will be opportunities to amend policies as a result of the LWfL Plan's approval, following a period of formal consultation. Any policies amended or created will be subject to separate approval. The LWfL Plan naturally aligns to the Social Value Policy by providing an opportunity to channel 'social good' to meet the commitments within the plan.

8.4. Equality

8.4.1. An Equality Impact Assessment will be completed in parallel with the public consultation which will then be included as an appendix to the report prior to the report being received by committee for decision.

8.5. Human Resources

8.5.1. No current HR implications have been identified at this stage.

8.6. Risk Management

8.6.1. The plan will have its own risk register. This plan is coproduced with Cheshire East residents and stakeholders so reputational risk is mitigated. Approval to proceed with a formal 12-week consultation will further mitigate this risk.

8.7. Rural Communities

8.7.1. The DEFRA Rural Classification for Cheshire East is 'urban with significant rural' (source: Department for Environment, Food and Rural Affairs, 2014) and the Rural Services Network considers Cheshire East to be 'predominantly rural' (source: SPARSE Rural). We know that older people are more likely to live in rural areas, which means that accessing services (such as health, shops and socialising) may require a journey out of their own community. We also know that public transport is less available in rural areas and driving rates decrease with age, so this can leave older people isolated and struggling to access services.

8.7.2. Residents and stakeholders from rural areas were key contributors to the LWfL Plan and their feedback had been incorporated into the draft. A key commitment within the plan reads: 'Our rural areas will not be disadvantaged in access to services'; there are actions identified within the Implementation Plan to address this commitment and further actions will be added as necessary during formal consultation.

8.7.3. The LWfL Plan aligns with Cheshire East Rural Action Plan and demonstrates a commitment to maintaining the quality of place in our rural communities. The plan also acknowledges the challenges of rurality

experienced in more urban areas of Cheshire East, for example inadequate transport provision to connect from town to town. The plan engages our rural communities throughout the journey of co-production and demonstrates a contribution toward maintaining the quality of place for our rural residents.

8.8. Children and Young People/Cared for Children

- 8.8.1.** The LWfL Plan is relevant to adults of all ages across Cheshire East. Implications around supporting children and young people is something that will be considered as part of the wider public consultation.

8.9. Public Health

- 8.9.1.** The LWfL Plan is underpinned by early intervention and prevention and will guide joint commissioning intentions for Cheshire East Place for services addressing health inequalities. In addition, the plan will serve as a guide to the voluntary, community, faith and social enterprise (VCFSE) sector in the design and delivery of community-based activity aimed at reducing health inequalities.
- 8.9.2.** The LWfL Plan will be underpinned by a Joint Outcomes Framework which is aligned to the Joint Strategic needs Assessment (Tartan Rug) and the wider Marmot Communities developments in Cheshire East.

8.10. Climate Change

- 8.10.1.** The LWfL Plan sets out a collaborative approach to working which will improve efficiencies from an environmental perspective. The plan will guide integrated commissioning intentions across the health and social care system, so environmental and sustainability implications will be considered in the design and delivery of new and existing services from a social value perspective.

Access to Information	
Contact Officer:	Shelley Brough Shelley.brough@cheshireeast.gov.uk Katy Ellison Katy.ellison@cheshireeast.gov.uk
Appendices:	Appendix 1 – DRAFT Live Well for Longer Plan (including implementation plan) Appendix 2 – ICE Creates workshop report Appendix 3 – ‘Hackathon’ design event report
Background Papers:	Cheshire East Together Guide

Cheshire East Council

Live Well for Longer Plan 2022-2025



Open

Fair

Green

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Introduction

Every resident of Cheshire East is unique and deserves to feel valued, happy and healthy. The **Live Well for Longer plan** details how we, as a Health and Social Care System, plan to enable this. This plan will guide residents, support providers and leadership teams on the fundamental things our communities need to live their best life.

(GLOSSARY): Health and Social Care System – this refers to all organisations (e.g. NHS, Council), services (e.g. care providers, GP's) and people (e.g. counsellors, volunteers) who's intention is to help you be the best you can be.

Health is our greatest asset, but healthy is not a term with universal meaning. My interpretation of healthy is probably very different to yours, so for the purpose of this document we shall focus on being the best we can be. To create the Live Well for Longer plan, Cheshire East residents were given a blank sheet of paper. They were asked what Living Well for Longer looks like and this document is completely based on what they told us. This plan is relevant to all adults living in Cheshire East, whether in later life or simply planning for the future.

“what we feel is living well may not be what someone else thinks it is – it means different things to different people”.

Being the best we can lies in how we value and look after ourselves and others. At some point in our lives, most people will need some additional support, whether it is from formal services, family, friends or their local community. Accessing support must be an experience centred around your needs so the uniqueness of each resident remains at the heart of the process. It is important that residents feel empowered and confident to care for themselves and are provided with the resources needed to control their own future.

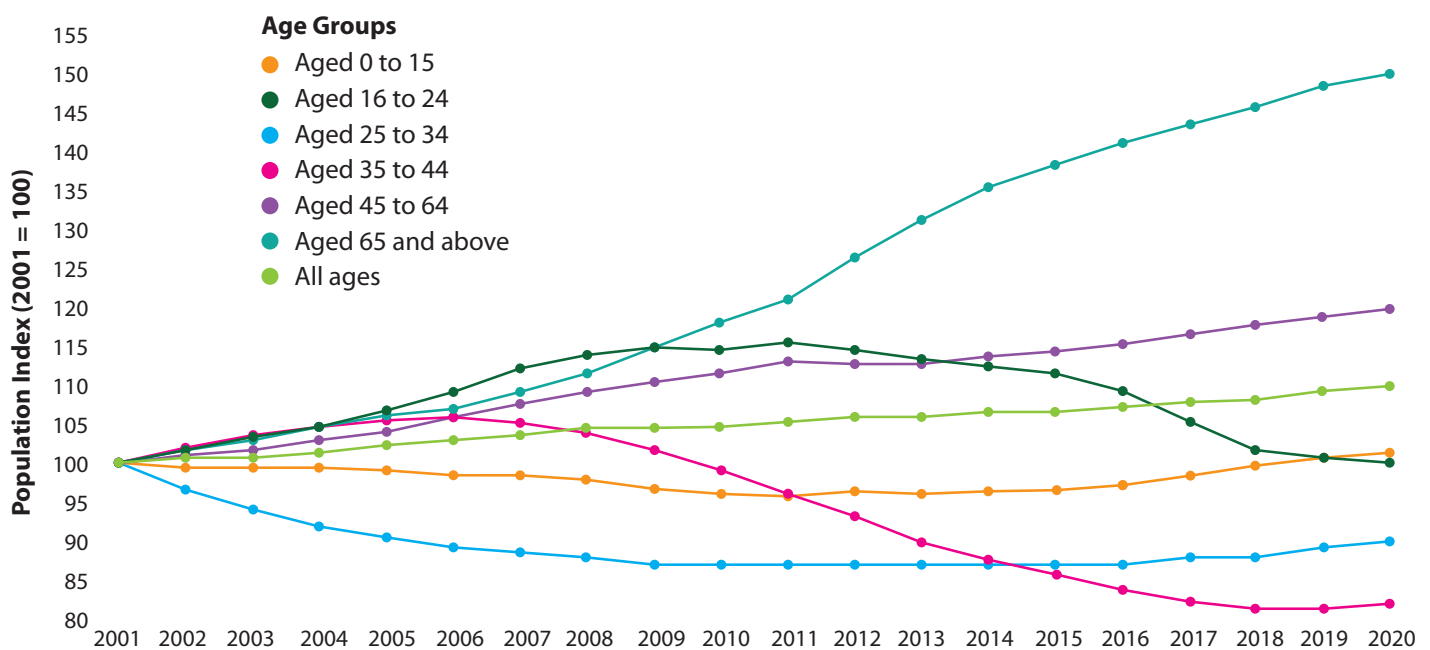
The vision is simple:

To work in equal partnership with the residents of Cheshire East to design and deliver meaningful services that help us all Live Well for Longer



Did you know?

Cheshire East is estimated to have **386,700** residents and the borough follows the UK trend of having an aging population. The over-65 age group makes up **23%** of our population (89,100) which is significantly higher than the England average at 18.5%. The number of older people (aged 65 and above) has increased by **49.4%** since 2001, rising in every consecutive year, from **59,700** in 2001 to **89,200** in 2020. It is expected that the number of older people will continue to grow, whereas Cheshire East's working age population is expected to continue to decline.



Source: ONS, 2020

Research shows that a quarter of the population will have two or more chronic health conditions by the time they reach 65 and for over 75s this rises to almost half. As the population continues to age, the demands on health and social care services will naturally increase. Remaining independent and in control is important to Cheshire East's residents, so this plan will make that happen.

Source: The Health Survey for England, 2016



What Living Well for Longer means

This plan was entirely co-produced by residents of Cheshire East in partnership with Cheshire East Live Well for Longer Joint Commissioning Group (for the purpose of this document, the word 'we' refers to this group).

We spoke to people of different ages, with different backgrounds, in different geographical locations. We held workshops, focus groups, telephone calls, drop ins and had quick chats on the high street. Conversation was started with a simple question: "what does living well for longer mean to you?". The responses we received include:

- Happy, healthy, and content
- Maintaining independence for as long as possible
- Having options and the ability to plan for the future
- Well connected to friends, family, and community
- Positive and safe
- Valued and having a sense of purpose
- In control with autonomy to make decisions
- Retaining dignity and respect
- Access to services where and when I need them

When asked what they value the most, residents told us that independence and happiness were at the top of their list. They want to access reliable support services in a community where they feel safe. They want to maintain a lifestyle where they feel content and in control, where there is choice and information available when needed.

(GLOSSARY): Coproduction – where groups of people get together as equal partners to influence the way services are designed and delivered

(GLOSSARY): Cheshire East Live Well for Longer Joint Commissioning Group – a collection of stakeholders across the Health and Social Care System who will be responsible for implementing and evaluating the Live Well for Longer Plan, in partnership with Cheshire East residents



The benefits of working in partnership with residents to design, deliver and evaluate services are recognised by stakeholders within the Health and Social Care system. They include:

- Increasing capacity in early intervention and prevention services means demand on resource in social care and health services will reduce
- Budgets and resources will be better allocation and managed
- Equality across the system, ensuring the same quality of care and support is provided to everyone
- Reduction in inappropriate service use and long waiting lists to achieve a more streamlined experience

(GLOSSARY): Stakeholders – the people who work within the system (e.g. social workers, mental health professionals, GP's, volunteers)

(GLOSSARY): Early Intervention and Prevention – preventive personalised support to keep people healthy, treat problems quickly and empower people to manage their own health

The Three Pillars



The insights gathered from Cheshire East residents identifies **three pillars** that must be fulfilled to enable living well for longer:

Confidence

People reported that feeling confident in the support systems around them increases the likelihood that they will ask for help and feel empowered to take control of their future. With confidence, people felt willing to try new things, seek solutions for their own needs and make positive lifestyle choices. Confident people are more willing to reach out to connect with others and are more motivated to take part in a new activity. People said that Living Well for Longer means embracing a new start, at any age, for which confidence is crucial.

“confidence gives you the chance to make active decisions... empower older people: ask them what they want to do”.

Navigation

Information needs to be available at the right place, at the right time, in a format that is accessible to all. There needs to be clear pathways to access support and help should be available to navigate complex systems. Information should be jargon-free, acronym-free and clear about eligibility. Support services need to be well-connected and work in collaboration to meet demand, ensuring that people only have to tell their story once.

People value familiarity so support needs to be available within their community from a source they recognise.

“you don’t know what you don’t know”.

It’s about me

Cheshire East’s residents are energetic and passionate about creating positive change for themselves and their community, but they need to feel valued for their uniqueness. Everyone has a part to play in enabling Cheshire East to Live Well for Longer, but the solution is not ‘one size fits all’. It is crucial that services adapt to suit individual needs and people feel listened to, to maintain a sense of control and ultimately independence.

“if I want to be independent as long as possible, I need to have choice and control”.

Our commitment

To achieve the Live Well for Longer vision and enable residents of Cheshire East to **be the best we can be**, we make the following commitments to you:

- We will listen to you, then listen again and involve you in decision making
- Our support services will be joined up where professionals talk to each other
- We will make sure the information is there when you need it, in a format you can easily access
- We will continue to value and appreciate your role in helping our borough to thrive and empower you to make positive change in your own community
- We will enable our support services to be flexible and adapt to meet your needs
- Our rural areas will not be disadvantaged in access to services
- We will be open, honest and transparent in our communication
- We will take an innovative approach to service design and take you on the journey with us

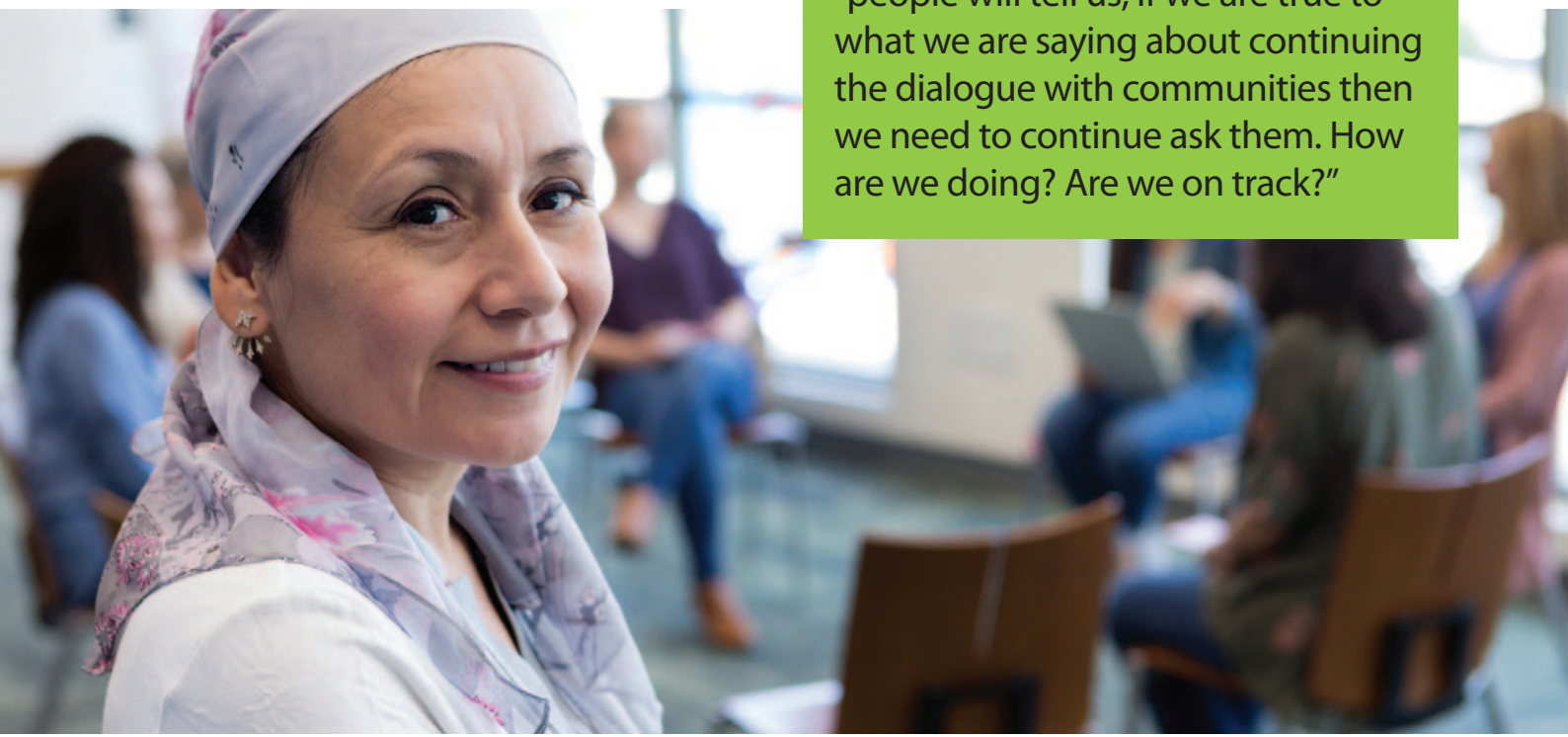
(GLOSSARY): Commissioning – the process by which health and care services are planned, purchased and monitored

To make this happen, we need to work together. The Health and Social Care system has committed to providing leadership to create action, so we need residents on board as equal partners to ensure actions meet requirements. The implementation plan detailed overleaf will be reviewed regularly in partnership with stakeholders and Cheshire East residents, to ensure our commitments are met.

We want to see increased engagement with residents of our borough and crucially this dialogue will be ongoing to ensure the actions taken create the desired impact. We want to see increased capacity and engagement with early intervention and prevention services. We want to see less demands on costly services such as hospitals and GP surgeries. Most importantly, we want to see residents recognised as equal partners and enable them to join us in the creation of opportunities to help you be the best you can be.

This plan will be implemented and evaluated by Cheshire East Live Well for Longer Joint Commissioning group, a collection of stakeholders who all have an active interest in enabling the vision above.

“people will tell us, if we are true to what we are saying about continuing the dialogue with communities then we need to continue ask them. How are we doing? Are we on track?”



Implementation Plan

Commitment	Description	Action	Who is Responsible	Measures of success
We will listen to you, then listen again and involve you in decision making	Cheshire East residents are 'experts by experience' so they need to be an equal partner in the design and delivery of services. The system needs a shared approach to engagement and coproduction to ensure consistency and equitability.	Reinvigorate 'Together' in Cheshire East coproduction guide (footnote 1) and embed into practice across health and social care	Live Well for Longer Joint Commissioning Group	We will listen to you, then listen again and involve you in decision making
		Recognise residents as 'equal partners' and put their voice at the heart of decisions and service design	Service providers	Residents are equal partners on design and decision-making forums where their opinions are valued and actioned
		Supported and empowered to have their voice heard and willing to work alongside commissioners and decision makers to create positive change	Residents	Commissioned services meet the needs of our communities and residents feel ownership for continual service improvement
Our support services are joined up where professionals talk to each other	There is a vast amount of provision available to connect those in need of support with the services that can help them, so we need to make sure that these providers are joined up with a common sense of purpose	Enable information sharing across multi-disciplinary teams by revising data-protection arrangements	Live Well for Longer Joint Commissioning Group	Multi-agency information sharing agreements in place
		Participate in place-based information sharing forums to plan coordinated interventions for residents requiring support	Service providers	Multi-disciplinary Team case conferences take place to work collaboratively
		Embrace a sense of shared responsibility by supporting vulnerable members of your community – register to volunteer with People Helping People (footnote 2)	Residents	Number of volunteers for People Helping People increase
		Create an environment where all support services can 'Make Every Contact Count' (footnote 3)	Live Well for Longer Joint Commissioning Group	Support needs are addressed at the earliest opportunity to reduce demands on high-cost services. Residents do not have to repeatedly explain their needs and circumstances

Commitment	Description	Action	Who is Responsible	Measures of success
We will make sure the information is there when you need it, in a format you can easily access	Information regarding activities, support services and self-care needs to be accessible to all. Some residents are not digitally enabled either through choice or lack of resource, so prefer to receive information via different methods. Some residents do not have English as a first language or experience cultural barriers.	Facilitate the availability of information in multiple formats and locations	Live Well for Longer Joint Commissioning Group	Information available in a range of formats and there is evidence that it reaches everyone who needs it
		Develop innovative communication solutions using local channels and providing information in a format that is favourably received by the community	Service providers	Attendance at early intervention and prevention activities increases, more residents expressing satisfaction with level of information received
		We will actively seek opportunities to bring information to you	Service providers	Residents benefit from engagement with professionals in a familiar setting. Professionals have a greater understanding of community and encourage coproduction
		Understand cultural and language differences and adopt appropriate communication methods	Live Well for Longer Joint Commissioning Group / Service delivery partners	Increased access to services for hard-to-reach communities
		Become a 'Navigator' for your community and actively channel communications to where they are needed	Residents	Members of the community learning information via 'word of mouth'
We will continue to value and appreciate your role in helping our borough to thrive and empower you to make positive change in your own community	Services and activities delivered by the community with support from professionals will reduce health inequalities and increase pride. By addressing an identified gap in service, residents will be empowered to help others	Harness residents who are experts by experience and utilise their experience to help others	Live Well for Longer Joint Commissioning Group / Service providers	Residents have increased pride in their community and are able to see the difference they make in their community
		Develop informal network of 'Community Navigators' – volunteers who have an understanding of health and social care systems and willing to guide others	Live Well for Longer Joint Commissioning Group	'Community Navigator' network established and resource channelled through People Helping People
		Register a project on Cheshire East Crowd and work within your networks to fund something meaningful in your community	Residents	Project accepted onto crowdfunding platform and meets or exceeds funding target

Implementation Plan

Commitment	Description	Action	Who is Responsible	Measures of success
We will enable our support services to be flexible and adapt to meet your needs	Every resident in Cheshire East is unique so it is crucial that they feel valued and listened to. Support needs change over time so services need to be flexible in their design and delivery	Continuous improvement of services by reviewing performance and listening to what our residents need	Live Well for Longer Joint Commissioning Group / Service providers	Services flex and adapt to meet needs
		Take an asset-based approach to developing local services for local people	Service providers	Residents empowered to influence and facilitate service delivery for their own community
Our rural areas will not be disadvantaged in access to services	Residents of rural communities should not be unfairly disadvantaged in the services they can access. Disadvantages of rurality are also felt in some disconnected urban communities where services are not readily available or made accessible	Provide adequate travel options for rural communities (and detached urban communities) to connect into community facilities	Live Well for Longer Joint Commissioning Group	More travel options available
		Develop a network of venues in rural (and detached urban) areas where information and services can be accessed	Live Well for Longer Joint Commissioning Group	Community facilities available in rural areas where residents can have their needs met in a familiar and safe community
		Connect rural communities together in a forum where they can share good practice and address challenges of rurality as a collective	Service providers	Rural forum established and working collaboratively
We will be open, honest and transparent in our communication	Having options is central to living well for longer, but more importantly those options should be explained with clarity and honesty.	Avoid use of jargon in communication materials and speak in a language understood by all	Service providers	Our residents feel informed and in control of their own future
		Take a person-centred approach to care	Live Well for Longer Joint Commissioning Group	Residents feel valued and needs are met using a bespoke plan
		Explain options available and explain why some options might not be available	Service providers	Increased trust and confidence in support providers and the wider system
We will take an innovative approach to service design and take you on the journey with us	Integrating the Health and Social Care system will enable effective use of existing assets but also open opportunities for innovation using combined budgets, resources and contracts.	Use an insight-based approach to gather intelligence on gaps in service and work collaboratively to design and deliver innovative solutions to meet those needs	Live Well for Longer Joint Commissioning Group	Recognition nationally for best practice. Increased resident satisfaction and engagement with early intervention and prevention services
		Clear and transparent communication regarding budget pressures and work in partnership with residents to address these pressures	Live Well for Longer Joint Commissioning Group	Residents feel part of the solution and take ownership for their own self-care where reasonably possible

(GLOSSARY): Live Well for Longer Joint Commissioning Group – Stakeholders from the Health and Social Care System and the Voluntary, Community, Faith and Social Enterprise Sector

Service Providers – The people who care about making a difference to the lives of Cheshire East residents, the places you go to for support (e.g. GP surgery, community-based activities, charities, social care)

Multi-disciplinary Team (MDT) – A diverse group of professionals working together to organise and coordinate support services to meet the needs of an individual²⁰

Hard to Reach Communities – Individuals or communities who do not engage with support services due to barriers which can be overcome

Asset-based approach – Recognising and valuing the skills, knowledge, connections and potential within a community – build on what we have rather than reinventing the wheel

(FOOTNOTE 1): [Together in Cheshire East coproduction guide](#)

(FOOTNOTE 2): [People Helping People](#)

(FOOTNOTE 3): [Make Every Contact Count](#)



August 2021

Insight and Co-Creation Workshops

To better understand the behaviours, exchange, barriers
and competition for Living Longer Well...



What we did

A set of engagement experiences designed to bring clarity and accelerate change and develop an effective specification and strategy to support the Cheshire East Team in developing their place-based system of care and self care.

ICE Creates facilitated two 2-hour workshops with 25 stakeholders and 10 residents in East Cheshire.

Powered by Clean Language, Live Graphic Scribing and Theme Capture, the session was designed to bring key community members together to explore and co-design what needs to happen to enable people in East Cheshire to live well for longer.

LIVE WELL FOR LONGER

LIVING WELL TODAY IS LIKE...

LIVING WELL AT ITS BEST IS LIKE...

CONFIDENCE

DO ALL THINGS
ID DO NORMALLY

BEING IN
GOOD HEALTH

HAPPY
HEALTHY
CONNECTED

SENSE OF
PURPOSE

"I'M GOOD ENOUGH"

POSITIVE
ABOUT THE
FUTURE

SAFE &
SECURE

HOPE

CONFIDENCE
HAS BEEN ZODDED

GEOPGRAPHY GETS
IN THE WAY

FEELING
LOVED

CONNECTED
WORKING TOGETHER

FREE!

NEEDED, VALUED,
SAFE & SECURE

SELF LOVE

EMPOWERED
COMMUNITIES

ALL IN THE SAME BOAT!

EASY TO FIND
THE HELP
YOU NEED

KNOWN
TO &
BY
EACH OTHER

CHOICE & OPPORTUNITY

ABLE TO
ASK FOR
HELP

SELF CONFIDENCE
& CONFIDENCE IN
SERVICES &
SUPPORT
CHOICES

ACTIVE &
ACCESSIBLE
CHOICES

SENSE OF
CONTROL

THINK
OUTSIDE
THE BOX

OVERCOME
BARRIERS
& MAINTAIN
HOPE

NEW
START
AT ANY
AGE!

NAVIGATION

1. KNOW WHERE
TO LOOK

2. IT'S ACCESSIBLE
IN DIFFERENT
FORMATS

PLAIN
ENGLISH

CLARITY OVER
WHAT CAN BE EXPECTED

NO RED
TAPE

AGREED PRIORITIES
COMMON
PURPOSE
SHAPE TO PEOPLE'S
NEEDS NOT OURS

CREATED NOT
IN SILOS
SUPPORTED
TO UNDERSTAND

CONTEXT

HARDER

LESS MOBILE
SOME DON'T WANT
TO LIVE LONGER

LOSS OF
INDEPENDENCE

POVERTY!

KEEP MY
DIGNITY!

YOU NEED
MONEY TO DO IT

WORK
LONGER

STIGMA
OF ASKING
HELP
& FINDING IT

HEALTH
LITERACY

HARD TO NAVIGATE
THE SYSTEM!

INEQUALITY

LIVING WELL & LONGER
AT ITS BEST IS LIKE...

STAY AS
INDEPENDENT
AS POSSIBLE
FOR
AS LONG
AS POSSIBLE

PURPOSE

GOOD INFORMATION
TO SUPPORT CHOICE
ALSO SUPPORTIVE
ENVIRONMENT

FUELLING
OURSELVES
& WELL FOR IT

FREE WILL &
CHOICE

CONFIDENCE,
COMPETENCE
& RESOURCES

THAT'S
ALL I
WANT!

ABLE & SUPPORTED TO
PLAN AHEAD

QUALITY
OF LIFE

WHAT DO YOU
WANT TO
DO?

MANAGE TRAVEL & ACCESS

FLEX & ADAPT
TO SUIT NEEDS

EVEN GENERATIONAL
NEEDS

LISTEN
TO INDIVIDUALS
& COMMUNITIES

THINK ABOUT
COMMUNICATION
CHANNELS
THAT ACTIVELY
JOIN THINGS UP

LIVE WELL FOR LONGER

LIVING WELL TODAY IS LIKE...

CONNECTED WITH FRIENDS & FAMILY
DOING THINGS I WANT TO DO NOT WHAT OTHERS THINK I WANT TO DO!
NO ACCESS TO PHYSICALLY SEE A DOCTOR ANY MORE
AFFORDABLE ACTIVITIES
SUPPORT FROM HOUSING ASSC.
RELIES HEAVILY ON **VOLUNTEERS**

LIVING LONGER TODAY IS LIKE...

"YOU TOLERATE MORE"
"WHAT IF?"
"IT'S NOT SO BAD"
"YOU CAN LOSE CONFIDENCE"
"DOES THE SYSTEM KNOW ABOUT OUR STRUGGLES?"
"DO THEY SEE US?"
HEALTH & SOCIAL, STILL NOT JOINED-UP
NOT ALL ONLINE SO WE MISS THINGS.
POSTCODE DICTATES AVAILABILITY

LIVING WELL AT ITS BEST IS LIKE...

DO THE THINGS YOU'D LIKE TO DO
CONNECTING WITH ALL KINDS OF PEOPLE
EASILY TO NAVIGATE & UNDERSTAND WHAT'S AVAILABLE & HOW TO ACCESS IT
CONTENT & SAFE WITH ACCESS TO HELP & SUPPORT
HEALTH & CARE JOINED UP
OWNERSHIP & CONFIDENCE
PEOPLE KNOW BUILD AN INDEPENDENT PEOPLE
EQUALITY OF LOCALITIES
MEET WITH PEOPLE TO DO WHAT THEY WANT
ACTIVELY LINK PEOPLE & ORGANISATIONS TOGETHER

LIVING WELL & LONGER AT ITS BEST IS LIKE...

WHEN PEOPLE ARE HEALTHY, ACTIVE & CAN CONNECT WITH THE SUPPORT THEY WANT
KNOW & ABLE TO ASK FOR SUPPORT
COMMUNITY ROAD SHOW EVENTS
STALLS WHAT'S AVAILABLE
PROMOTING AGE WELL EVENTS
HELP HUB
PHYSICAL COMMUNICATIONS NOT WHAT'S AVAILABLE
QUALITY, SAFE, AFFORDABLE WITH TRANSPORT IF & WHERE NEEDED
LONELINESS BOOKLET

ACT

INVOLVE
US ALL THE WAY



COMMUNICATE TO ALL - EVERYTHING THAT'S AVAILABLE

Living well today is like what?

Stakeholders and residents were asked to think about what living well today was like now. Across both groups, three key themes emerged:

Being Healthy

- Being in good health
- Healthy, happy and feeling content
- Still being healthy enough to do everything I want to do
- Having the capacity to plan.

Feeling Connected

- Being happy, well and connected to friends and family
- Not being isolated. Specifically, stakeholders said feeling part of the community was key to living well for longer.

Feeling Secure

- Positivity and feeling safe
- Having stability, autonomy, a sense of purpose/feeling valued
- Feeling secure and being able to plan for the future
- Living a fulfilled life
- Residents talked in detail about how feeling secure meant being able to make your own decisions, rather than them being given to you.

“Having options – you can’t plan for the future, but having the options to take your life in different directions whatever happens, is really important”



Living well today is like what?

The conversation among the residents group brought up several negative issues when talking about what living well longer looked like today. When these are reversed, they support the emerging themes of what living well looks like; having confidence, being able to navigate the services and systems which are available and receiving a person-centered approach to their care (context).

- Feeling isolated, especially in remote rural areas
- Losing confidence
- Not feeling connected to social media
- Systems for medical appointments are increasingly becoming more electronic
- People getting lost
- Older people have lost their confidence and are not overly pushy
- Need an intermediary to speak on their behalf
- Services are not the same across the borough
- Lack of funding.



RELIES HEAVILY
ON **VOLUNTEERS**

"We carry out blood testing in the community, people feel safe coming here and like they're not bothering their doctor"

"Getting to physically see a doctor is almost impossible. I talk to group of elderly ladies who aren't pushy, they are more likely to downplay their symptoms, but they are suffering and haven't seen anyone for 2 years"

"As a carer for my husband with Alzheimer's, I am fearful all the time, because the unknown is in the future, and I can't look forward to it. I am fearful of all things, the what if?"

The impact of the COVID pandemic

Throughout both sessions, COVID and the effects of the pandemic were mentioned as having an impact on health and wellbeing.

Participants in both groups discussed a sense of loss, isolation and a decline in mobility among older people, but that it has also brought the chance to reflect and to appreciate what we do have.

- Many older people have lost confidence, especially for those who have been self-isolating or shielding. It was discussed that many people in this situation would need support to build up their confidence and re-enter society.
- Many people have lost loved ones, jobs/career opportunities, money and security, which has negatively impacted their mental wellbeing.
- Many older people have experienced a decline in their mobility as they haven't left their homes often, or even at all.
- There's been more time to reflect. A good opportunity to think about wants and needs.
- Over the pandemic, community spirit has really come to the forefront. It has given people in the community a feeling of ownership.

"Mum has been shielding and for her, confidence has been a huge thing. Loss of independence – her environment has been her home. Mobility is a big factor here".

"I've noticed particularly in older people who haven't been able to get out it's been more difficult – they're living longer, but not as good quality".

"Remembering the "good old days" where everybody helps out. COVID has improved this – everyone in the same boat. The sense of community spirit is back, and we can build on this".

Experiences of living well for longer:

What is living longer like personally and/or for those you support?

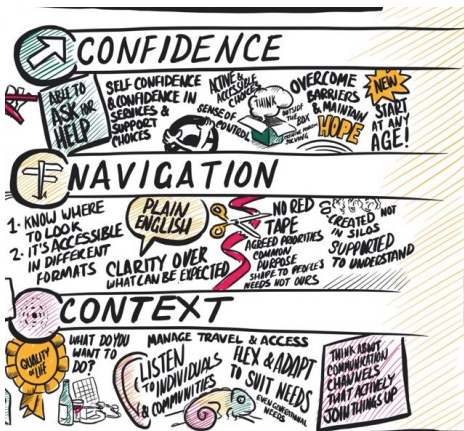
Stakeholders and residents were asked to think about their own experiences of living longer and to think about those they support.

The complexities of navigating the care system as well as recognising the importance of quality life were key discussion points. It was also identified that issues that can arise when 'older people' and their needs are generalised.

- Each person's individual circumstances affect how they live and their experiences as they live longer
- The residents group spoke about how as you get older you become more tolerant, they also appreciated the benefits of relationships between younger and older generations
- The residents shared their opinions that each generation has skills and experiences which can be mutually beneficial to each other. One resident talked about an example where this is currently happening, and collectively the group reflected on how they would like to see more of this type of collaboration.

"A new center was set up to help with computer skills for young and old. Younger people helped the older generations with computer skills and the older generation taught the younger one's service skills – digital skills traded for life/practical skills. Both generations understanding each other"

The comments from both groups echoed the same key themes; communication, context and navigation.



Quality of life aligns to confidence

- You can be as healthy as anything, but if you don't have money, food, heating it's going to be pretty grim
- Many people are now living longer, which means working longer, but not always physically able to do your job. Employers could be more flexible and open minded to employees working part time
- Freedom and the ability to be outdoors enjoying nature.

System navigation

- Navigating the care system is complicated/disjointed – difficulty trying to understand who does what and access the right services
- A lot of services have moved online, but not everyone has the tools or sometimes the confidence to access them
- Ensure people have access to the knowledge and the tools to act on it. This includes checking that people have the right equipment and skills to look for information online or making sure people can read the literature they are being given
- Accessing and being aware of relevant benefits can be an issue. Having better finances can mean older people don't have to make the choice between hearing and eating.

- **Personal Choice (Context)**

- There's a large percentage of people who don't want to live. They've had their time and are ready to move on
- People choosing to not accept support and care because they are proud and may not be aware that they need it.

Cont.'
 “and resources
 for example to
 be able to
 travel”

Living well and for longer at its best is like what?

Both groups were asked to think about, at its best what is living well and longer like?

Good health was talked about as a key feature, as well as remaining independent for as long as possible.

However, the conversation mainly focused on personal choice and personal circumstances. The residents group particularly recognised the importance of individuality and the context of each person's unique circumstances.

“What we feel is living well may not be what someone else thinks it is – it means different things to different people”.

“People think marketing is all online, it doesn’t have to be”

Health and Independence

- To enable you to live longer you need to ensure you are healthy
- Diet is important, what am I feeding myself that's going to help me live longer
- Feeling happy
- Keeping active
- Stay as independent for as long as possible in the place you want to be
- Having independence with support as needed.

Navigation

- Having processes in place where you can reach out when you need to
- Information is accessible and not just a website.

Choice/Context

- Providing a person-centered approach to receiving support
- Getting old and retaining dignity and choice
- Not everyone is in a position where they can make the choices they want, they can be constrained by their circumstances
- Having independence with support as needed.



What supports people to live well for longer?

Community

Throughout both sessions the conversation often steered toward community.

Participants discussed the positive effects a strong community can bring to older peoples' quality of life and the health benefits of having these links. They also recognised the negative effects when older people feel isolated from their community.

- Quality of life can be improved by knowing what activities, groups and volunteering opportunities are available to keep active and connected with others
- In some areas of Cheshire East, older people were grateful for what they had around them, the strong community and family links
- Communities need to work together in a holistic way, supporting each other, looking out for each other
- It needs to be recognised that people in the community are assets and how we can help each other
- The residents recognised that trust is a big concern among older people and being local is a common link between people which develops this trust. This means volunteers within a community are more trusted.



"Remembering the "good old days" where everybody helps out. COVID has improved this – everyone in the same boat. The sense of community spirit is back, and we can build on this".

"Blood pressure tests in the community made people come to the community centres. It was ideal, people coming to ask questions."

What supports people to live well for longer?

Navigation

For both groups navigation came back into the conversation when talking about the difficulties that can arise when trying to access services.

Ranging from the frustration that comes from being asked to repeat conversations to multiple people within the same services, to the complexities of families accessing services across postcode borders, the practicalities of finding out what is available and getting support in place can be exasperating.

- There needs to be better signposting
- Sometimes it's just the simple things, like help with form filling
- Families don't follow neat postcode borders. It can be very confusing
- People should be empowered to identify and meet their own needs
- Most people don't know what they don't know, more deprived areas have no chance as they haven't got help with the navigation.

"Knowing where things are, with knowledge comes empowerment. What is the need and where is the help? Once you know that you can get it for yourself."



Who should be meeting the needs of older people?

When the stakeholder group were asked who should be meeting the needs of older people, there was a mixed response. On one hand the participants recognised the need for the Council to offer good quality, assessable care, but on the other hand the role of services outside of the statutory sector;

- There are statutory services that the council needs to provide
- There needs to be more resources on the front line and less time and money spent on building new structures
- It should be the people who are best for the job but coordinated with the person who needs the support.

“Understanding ‘what is the need’ is essential. Is it something small like aids and devices around the home, or a full care package?”

There were also several references to community playing a part, one example was blood pressure testing and a second was shopping support and cooking meals.



We ask participants to give one to three words for living well, on the right is a word map of the words used.



Three main themes

During the workshops with both stakeholders and residents, 3 key themes emerged when decoding and synthesizing what living well for longer is like at it's best;

1. Having **Confidence**
2. **Navigation** - The Ease of finding your way within a complex system and vast range access to services
3. The **Context** of my life - Having a person-centered philosophy and approach.

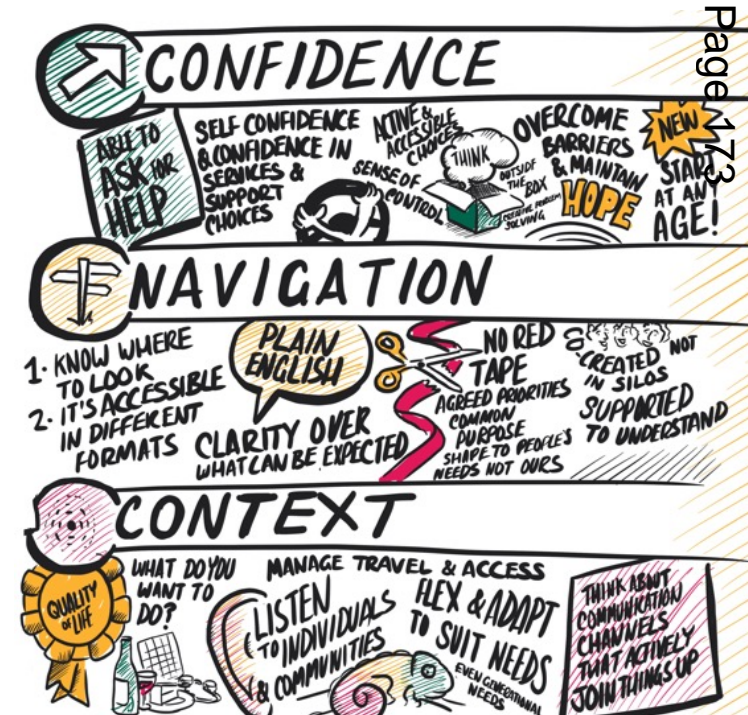
Taking each one in turn the group were asked to explore when each one of these is at its best, what do you notice and why is that important?

When confidence is at its best, what do you notice?

- People are asking for help
- People are positive and proactive
- There is confidence in local support and systems
- People are willing to try new things
- People are reaching out and connecting with others
- People have the motivation to find the help or activities they want or need
- People can seek solutions for their own needs
- Confidence to have a new start, at any age.

"Confidence gives you the chance to make active decisions – sometimes you 'do things to people' you say come here, be part of this activity, eat dinner here, let someone take care of you, but you don't always ask 'what do you want to do'? Empower older people, ask them what they want to do."

"When we are confident, we are more likely to move forward with people and opportunities, not back away from people. Also, if something doesn't work out confidence helps you to try again".



When navigation is at its best, what do you notice?

- People know where to look for information, its easy to find and understand and is accessible for all
- Clear signposting with support on hand to explain and help navigate if needed
- Jargon free and clear explanations of what's available and who's eligible
- Clear pathways, who to go to initially who then know who to sign post you to
- Remove acronyms
- The right information at the right time which is current and not out of date
- Sharing what works well
- Joined up working and an awareness of what's available.



When the approach is person centered, what do you notice?

- There are new ideas, thinking outside off the box, energetic approaches
- Having confidence to face your fears and overcome barriers – carry on chasing your dreams
- Thinking about what the future look will like.



What is stopping us doing this?

The stakeholder group were asked to keep in mind what confidence, context and navigation look like at their best, and then consider, what's stopping us getting there?

- Red tape
- Not listening to what our community needs and wants
- Programmes are being designed and created in silo
- People lack motivation
- Mental health barriers
- Information needs to be accessible to hard-to-reach groups
- Travel limitations, particularly in rural areas.

“There are too many priorities, we need just one agenda – what’s best for the person”

“There is a lot of information available, but they often lack the motivation/confidence to seek this out”

“Agencies working together, we are more joined up now but one hospital for a blood test, another for the results – this needs sorting”

What would you like to see?

The resident's group had several practical ideas of initiatives they would like to see in their community which would benefit older people, living longer;

- Doctors have patient records; they could contact people who are alone/isolated, so people aren't on their own
- More funding for volunteer organisations
- People getting access to information about what is available
- Door knocking and leaflets
- An 'aging well' roadshow held where all support comes together to advise what is available.

The topic of what the group would like to see next brought up some skepticism around the practical impact their feedback would have, based on their previous experiences;

- Opportunities to voice and hear views are great, but what is the end goal - a mission statement?
- The council are good at designing strategy and showing it to people, but there needs to be more safe spaces created where the public can be honest
- There is a lot of office speak. You'll try and put together a document in a 'user friendly' way, but the people who need support the most won't be looking at a booklet.



The group were asked, what is the most important thing we can do next?

While the resident's group were thinking about what they would like to see, they were asked to consider what the most important next step would be for them?

- Pull together everyone's views and act on them
- People need to be involved, a proper plan which includes everyone's thoughts
- Get the message out there, there are lots of deprived areas are not getting reached
- The council are not understanding or not wanting to understand.



The data points towards 3 focused action areas

1. **Health and Inequalities** - Poor health outcomes in older life, creating demand on the system.

Leading to unplanned and planned care being:

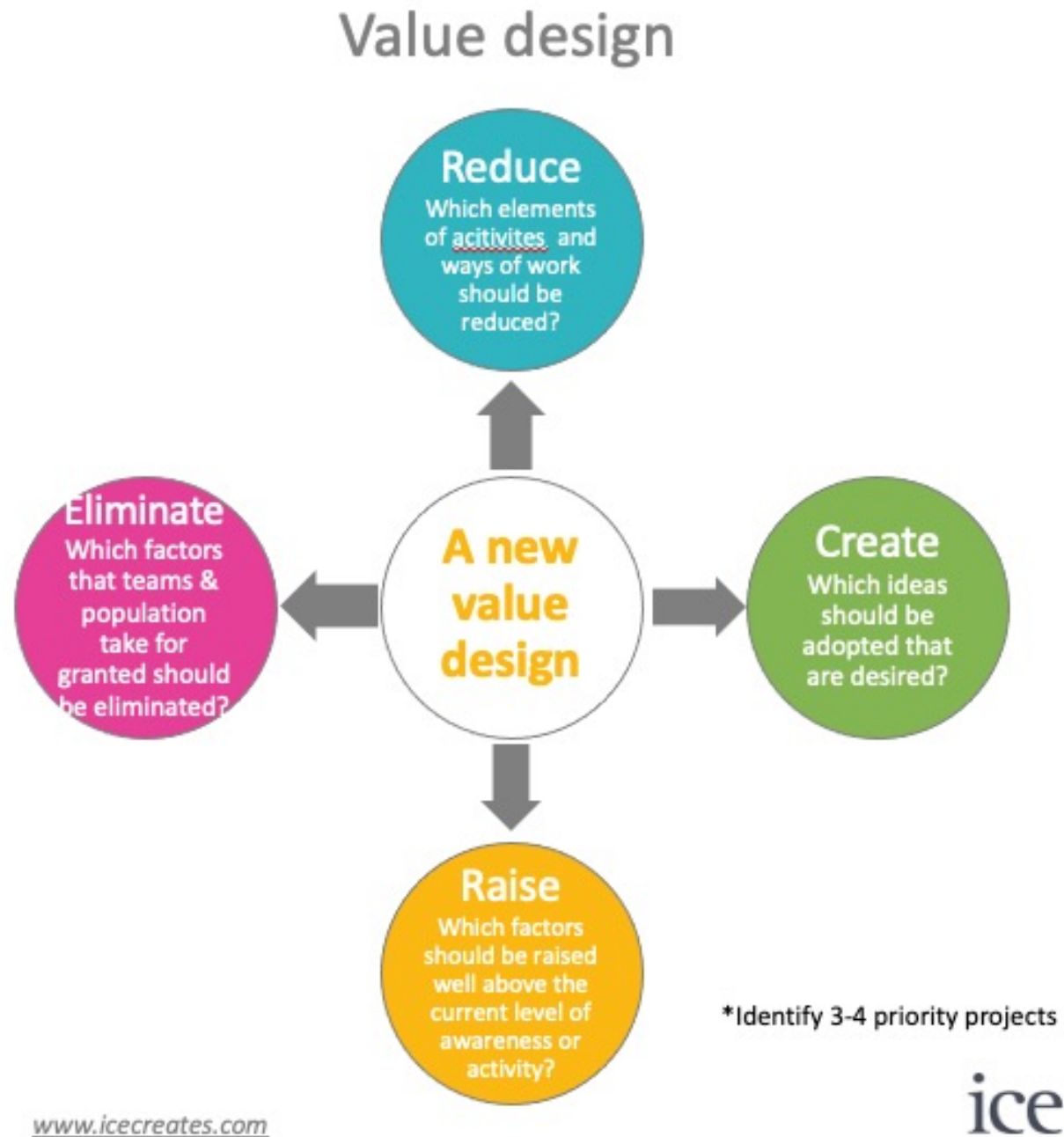
- Costly
- A poor experience for all
- Transactional rather than transformational.

2. **Happy** – *the senses of knowing you are OK, that you and your network can deal with the good and the bad in your life and that you are in a place that can grow and change, (hope) this is for staff, population (older and all), focus of safety was a prime concern.*

3. More **adaptable and shared resource**. To be more resilient to be able to change/take risk.

This model provides a way of building a plan of action that focuses on what is desirable, feasible and viable.

The next slide and more importantly the next action would be to agree the work packages that the strategy can lead to, with a distributed design that includes community ownership.



Value Design high level identification of factors

Reduce	Raise	Create	Eliminate
Duplication	Aspirations, regardless of age	Opportunities	Complex navigation systems
Ageism	Transport options	Empowerment	Can't do attitude
Complexity of services	Opportunities for local people to share their views	Choices	The stigma of asking for help
Stigma	Social care so its seen on par with health care	Collaborative networks	Organisations thinking they know best
Barriers	Can do attitude	Open friendly communities	Criteria for services
Health Inequalities		Services with people who use them	Making assumptions about people
Time it takes to engage with a service		Opportunities for people to have a go!	Inequality in accessing healthcare
Isolation			"it's because you are old, what do you expect"

Recommendations

This piece of research is small and concise in nature, it holds many insights into the why and how people would like to collaborate and provide the most effective environment and services to support the population of Cheshire East to live well for longer.

We have drafted an approach towards modelling what the insight has shone a light on. The fundamentals for the system and the living well for longer is **“to make a difference”**. If the model of care achieves its vision, it will have made a difference to the lives of people. Each individual and service working across the system has unique “differences” that they want to make. The variety of “what's” are too complex to detail in a visual model, therefore, the “call to action” of **“making a difference”** has been used. The visual model is designed so that when anyone sees this model they will think of the difference they want to make. This purpose will then align to the individuals purpose and why they chose to do what they do. No matter if its for a family member, a neighbour or as a service or provider. In short, encouraging them to act. **The draft model follows**

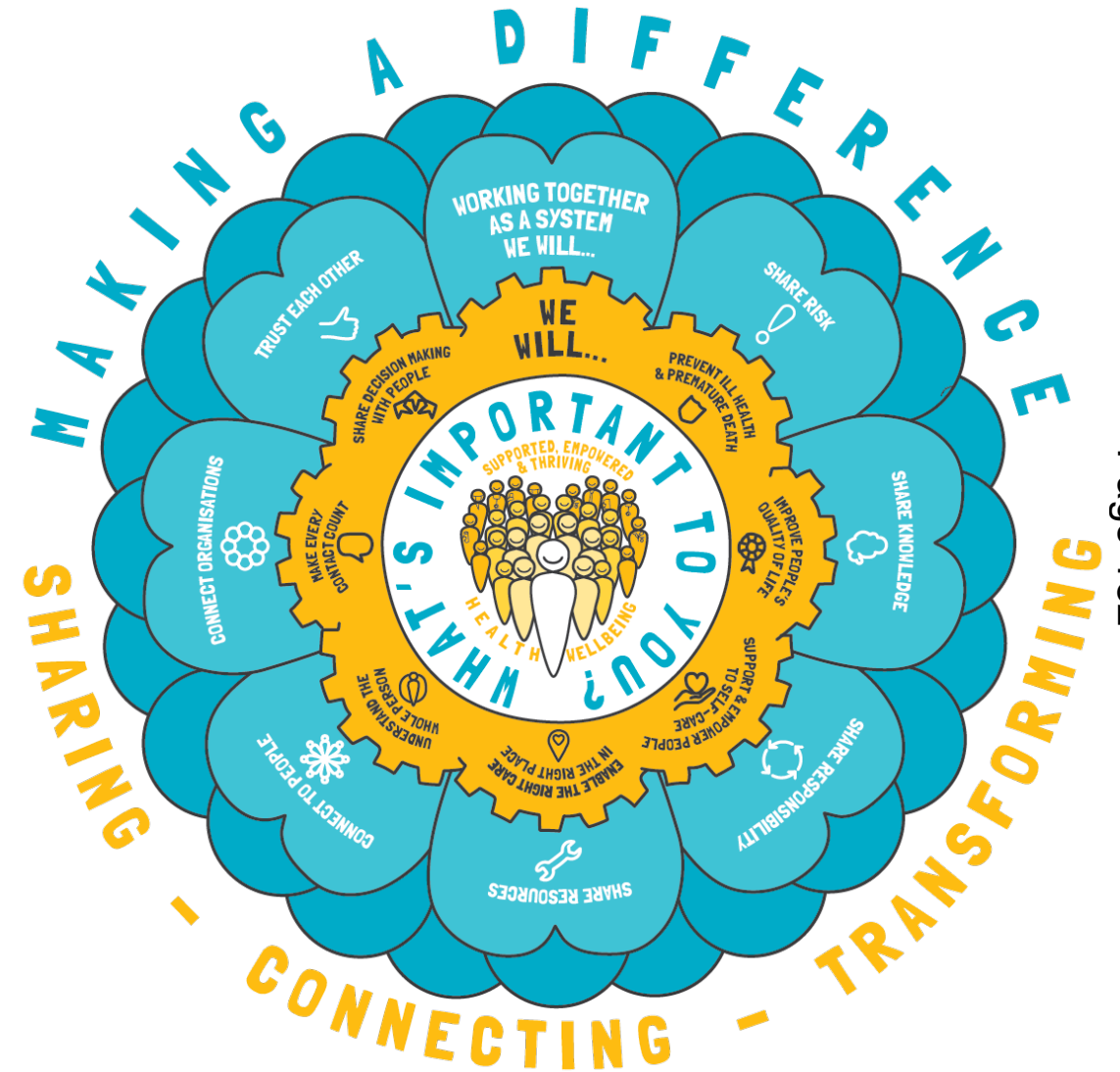
Additionally to this, we believe a road map or journey map would really help people to identify and bring clarity to the roles they could play and help with system navigation, we have included a similar map for online consultation that Devon ICS have adopted to help their networks and population.

Finally, engagement will be critical to bring the energy and alignment, people talked about road shows and the drip drip effect of consistent messaging and engagement.

The model is built with the “**why**” in the centre. The why is the **health and wellbeing** of people. This represents a fundamental shift in approach from an illness model to a wellness model. We want people to be supported, empowered and thriving.

There needs to be a critical cultural shift that will facilitate the implementation of the model of live well for longer. Words such as “supported”, “empowered” and “thriving” were used by the workforce when describing their purpose. People are at the centre of the model. The heart shaped grouping represents health and wellbeing. Different colours have been used to visually represent 4 layers of people and support.

Individual, family, community (which would include volunteers and non-paid carers) and **statutory** services. An animation could be developed and would build from the centre out, demonstrating the importance of the individual first and the different layers of support that an individual may have.



Devon ONLINE/REMOTE CONSULTATION AT BEST DRAFT JOURNEY

1 Public Education

Patients are educated & supported to navigate the healthcare system patients choose the best service for their conditions/symptoms.

2 Signposted by GP Website

Access to self-care advice & other local services to support early signposting.

clear routes into primary care

3 Online consultation form

The online consultation form is user-centered to make it easy for the patient who completes it and the practitioners who review it.

- Simplified, contextual questions
- Identify the user
- Long-term condition or new symptoms?
- Early Free-text box to self-describe (character limit with spell check) guide on what to type.
- Key words/phrases are 'tagged' & trigger key actions
- Practices have flexibility to tag words/phrases to align with GP preferences & local services
- Select contact preferences
- Capture info pertinent to QOF & create opportunity to send info to linked systems
- Auto holding email shaped and framed by practice.

Key

- Primary user features & function
- 'Back end' secondary user features & functions

4 Risk Management

- Certain words/phrases are tagged to redirect to urgent assistance
- Full stops used in boxes to circumvent system will redirect to NHS Direct
- Patients know why they have been advised to go elsewhere
- Patients make an informed choice to redirect or continue to consult GP online
- Patient advised to redirect flag in consultation notes

5 Sifting/Triage & Decision Making

Practitioners who sift/triage have the knowledge and confidence to triage patients to the right clinician/service for their conditions/symptoms.

- The tool suggests a clinician/ service for the patient's needs
- Suggested clinicians/services can be tailored by the practice to align with what they offer
- A person verifies the suggested clinician/service & makes final sifting/triage decision
- A person verifies the suggested clinician/service & makes final sifting/triage decision
- A clinician reviews the form & determines how urgent it/ appropriate response time
- A person checks the form to ensure sufficient info is provided & requests more info if needed e.g. photos
- Live progress tracker to keep patient informed & also that the HCP can call and be answered.
- Ability to ask/case transfer from one clinician to another

6 Clinician reviews the online consultation

- Seamless interoperability with practice system & patient record
- Automatic suggestions to add to patient record to be clinician verified
- Automatic suggested coding approved by the clinician
- Practice flexibility to alter codes for QOF - coding can be overriden by 3rd party application coding where desired (e.g. Ardens or Docman)
- Consultation identity matched to patient history identity
- Sufficient info to review in one go open two systems at one time
- Red flags if a form is missed

7 Remote consultation

Clinicians contact using patient's preferred channel

TEXT/email

- Templated responses can be tweaked SMS/email messages to send unique questionnaires or booking system etc.
- Manage templated responses available to use, to fit practice resources
- Patients can send text or photo response
- All messages are saved to the patient's record
- Tool generates new templates about other reviews/tests relevant to patient. Clinician sends reminder which is automatically coded for QOF.

PHONE

Pre-empt Patients expect the call back to reduce DNAs

VIDEO

- Chat bar with ability to attach docs etc.
- Easy to set up - join via link or call patient direct like FaceTime
- High quality to diagnose with confidence
- Video transcript to be copiable to patient notes????

System can recommend a reminder for a patient review etc based on patient data to the clinician

The patient's needs are met from receiving appropriate care, treatment & advice OR The patient is seamlessly referred to face-to-face or secondary care

Together we...

make
better
happen

For support or more detailed
information and feedback please
contact

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Specially prepared for you by team ice

Hackathon Report

Live well for longer

**make
better
happen**

Specially prepared for you by team **ice**

What we did

An engagement experience designed to bring clarity and accelerate change and develop an effective specification and strategy to support the Cheshire East Team in developing their place-based system of care and self care.

ICE Creates facilitated a hackathon session with 18 stakeholders from Cheshire East.

Powered by Clean Language, live graphic scribing and theme capture, the session was designed to bring key community members together to explore and co-design what needs to happen to enable people in Cheshire East to live well for longer.

LIVE WELL FOR LONGER

CONFIDENCE

ABLE TO ASK FOR HELP

SELF-CONFIDENCE & CONFIDENCE IN SERVICES & SUPPORT CHOICES

ACTIVE & ACCESSIBLE CHOICES

THINK OUTSIDE THE BOX

OVERCOME BARRIERS & MAINTAIN HOPE

NEW START AT ANY AGE!

NAVIGATION

1. KNOW WHERE TO LOOK

2. IT'S ACCESSIBLE IN DIFFERENT FORMATS

PLAIN ENGLISH

NO RED TAPE

AGREED PRIORITIES

COMMON PURPOSE

SHAPE TO PEOPLE'S NEEDS NOT OURS

CLARITY OVER WHAT CAN BE EXPECTED

CREATED NOT 'N' SILOS

SUPPORTED TO UNDERSTAND

CHOICE

CONTEXT/ABOUT ME

WHAT DO YOU WANT TO DO?

MANAGE TRAVEL & ACCESS

LISTEN TO INDIVIDUALS & COMMUNITIES

HEX & ADAPT TO SUIT NEEDS

THINK ABOUT COMMUNICATION CHANNELS THAT ACTUALLY JOIN THINGS UP

QUALITY OF LIFE

INVOLVED IS LIKE...

LISTEN

LOTS TO DO

PEOPLE WANT THE SIMPLE THINGS

"THE CONFIDENCE TO NAVIGATE YOUR WAY AROUND ALL THE STUFF THAT WORKS FOR YOU"

LISTEN ALWAYS & ACT ON WHAT WE HEAR

GO BACK TO PEOPLE

TALK ABOUT & TEST OUR IDEAS & PLANS

INTERPRET

DRIVER

REDUCE DEMAND COSTS OF ESCALATING RELIANCE ON SERVICE

PEOPLE TOLD US OF THEIR ASPIRATION FOR LIFE

IMPROVE OUTCOMES

LESS TIME REDIRECTING

EARLIER INTERVENTION

PREVENTION IS MORE EFFECTIVE & EFFICIENT & IMPROVES LIVES & OUTCOMES

DIRECT & EFFICIENT

CHANGE & RE-CHECK ALONG THE JOURNEY - BECAUSE THINGS CHANGE

CONTINUAL RELATIONSHIP CONVERSATION

INVOLVED PROPERLY

YOU SAID... HOW ABOUT THIS?

MOTIVATION

ABLE TO DO THE THINGS THAT ARE IMPORTANT TO ME

MAINTAIN INDEPENDENCE

DO THINGS FOR MYSELF

STAY WELL!

GET WHAT I NEED AS SOON AS I NEED IT!

MY CHOICE

INDEPENDENCE

HIND + DO THINGS THAT ARE IMPORTANT TO ME!

DIFFERENT CHANNELS FOR DIFFERENT PEOPLE

ONE STOP SHOP

"ON THE STREET" "ON THEIR TURF!"

PERSONALISATION POLICY

PEOPLE ARE MORE LIKELY TO ADHERE IF THEY ARE INVOLVED IN SHAPING THINGS FOR THEMSELVES WHICH SAVES MONEY AS THEY LIVE BETTER

STATUTORY DUTY

BEST USE OF RESOURCE

HELP ME LIVE HOW I WANT TO LIVE

SENSE OF CONTROL CHOICE & TAILORING TO ME

FEEL RESPECTED

"I WANT TO UNDERSTAND SO I CAN GET WHAT'S BEST FOR ME TO DO WHAT MATTERS TO ME"

ACCESS TO GOOD QUALITY CARE

OPEN & TRANSPARENT ABOUT WHAT IS & WHY THAT'S THE CASE

USE DIFFERENT PLACES PEOPLE & SPACES

DECENCY TO ASK & LISTEN FACE TO FACE & PLAN ACTIONS

CHOICES

ONE PLAN

TELL PEOPLE IT'S IN THEIR HANDS!

ENABLER

JUST TO BE ABLE TO SPEAK TO A PERSON

BE FRIENDING

KNOWING WHO TO CONTACT + HOW + IN THE SERVICE

20 MINUTE ENVIRONMENT

INVEST IN PRACTICAL EDUCATION ABOUT SELF-CARE + SELF-WORTH

MAKE FUNDING & RESOURCES WORK TOGETHER

COLLECT OUR ENABLERS

PRIORITIES WITH ENABLERS WITH COMMUNITY REPRESENTATIVES

JOINT PLAN

LOCATE ACTIONS

SHARE & CONTINUE TO SHAPE THE PLAN WITH PEOPLE AS WE GO

IDENTIFYING THE PARTS THEY & OTHERS CAN PLAY

COMMUNICATION IS CLEAR & ACCESSIBLE!

TELL PEOPLE IT'S IN THEIR HANDS!

ACTIONS

INVEST IN PRACTICAL EDUCATION ABOUT SELF-CARE + SELF-WORTH

MAKE FUNDING & RESOURCES WORK TOGETHER

COLLECT OUR ENABLERS

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COMMUNICATION IS CLEAR & ACCESSIBLE!

TELL PEOPLE IT'S IN THEIR HANDS!

NETWORK

TRANSPORT

3RD SECTOR

COMMUNITY & ENGAGEMENT

FAITH GROUPS

OUR COMMUNITY

HOUSING ASSOCIATIONS

MEDIA

SCHOOLS & COLLEGES

FIRE SERVICE

CELEBRATE SUCCESS

PEOPLE WILL TELL US

MEASURE FROM DAY 1

DEMONSTRATE

PEOPLE WILL TELL US

MEASURE FROM DAY 1

CELEBRATE SUCCESS

PEOPLE WILL TELL US

MEASURE FROM DAY 1

The Stakeholders

18 stakeholders were involved in the hackathon for 'Live Well for Longer' in East Cheshire.

There were individuals from all areas of East Cheshire with a range of roles including individuals from the community development team, public health, commissioners, community coaches, transformation work and NW ambulance.

At the start of the session, all stakeholders were asked to state their 'three words for the week', which are illustrated in the word cloud to the right.

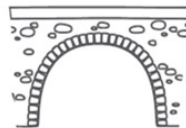


DEMAND

a behaviour focused planning tool



Driver



Enabler



Motive



Action



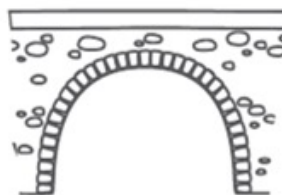
Network



Demonstrate



DRIVERS - are the 'what really matters' from the commissioners or system perspective. Drivers make the anchor for change commitment from commissioners and providers and often identify outcomes



ENABLERS – determine what will help enable this to happen across the integrated place and system to help meet the drivers. It is what enables the co-production of all players.



MOTIVES – what is motivating the people we need to take action to make this change happen? Often communities or patients etc.

In the hackathon we altered the order questions asking first about the **system drivers**, followed by the **motives** for people and **enablers** last. The reasoning behind this was to ensure that we were able to establish the motivational factors for each theme, before exploring ways to make the behaviour change happen.

Using DEMAND



From previous insight work we are aware that there are 3 key themes around living well for longer:

1. Confidence
2. Navigation
3. It's about me/ My context

During the hackathon, these themes were further explored using the DEMAND tool in order to develop an actionable plan that is co-designed, person centred and aligns with the organisational needs.

In the first half, stakeholders explored the demands, enablers and motives– the HOW and WHY.

Whilst in the second half, the actions, network and demonstrate aspects of the tool were explored which provide a more tangible plan of how the change can occur, who can be involved and how its success can be measured.





Driver

The WHY **driver** for confidence

The key **drivers** which were identified in both breakout room discussions are listed below:

- **Reducing demand** on social care and healthcare services, which in turn will increase the capacity around early intervention services, allowing for better allocation and management of budget.
- **Equality across the system** – for people with different ethnic backgrounds, different ages, different health concerns. Ensures the same quality of care is provided to everyone, thus improving the outcomes for residents.

‘The driver for us as organisations is that reducing demand, managing the budget, as well as improving outcomes for people’ **SK3***

‘A driver for us as a system, is we want equality of care that we’re providing’ **SK1***



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*Represents an anonymised participant from the hackathon.



The WHY **motive** for confidence

The key **motives** which were identified in both breakout room discussions are listed below:

- **Independence** – people want to feel confident to go out and do activities and things for themselves, but also to access services by themselves, which retains their own dignity and reinforces their self-worth.
- Having the confidence to continue doing activities independently also improves residents' **wellbeing and happiness**.
- **Reassurance for family and friends**, as when an individual feels confident, others in their life will also feel confident, which is important as lots of residents, especially older adults want what's best for their family and don't want to worry or trouble them with things.

'[residents'] physical health has declined, their mental health has declined and they've become lonely, become isolated because they're just in a position where they haven't got the confidence in the services that are out there because they have not used them for a long time and they haven't got their own confidence to get out of the house' **SK1***

* Represents an anonymised participant from the hackathon.





The HOW for confidence

The key **enablers** which were identified from the breakout room discussions are listed below:

- **Community connectors and social prescribers** are vital as they give confidence to residents and provide them with support when they need it, whether that is attending services or answering questions.
- **Making every contact count** - stakeholders should go the extra mile and when they are visiting a resident they should speak with them and look around their home to try and identify any needs which they may have, adopting a holistic, person centred approach rather than a medical one.
- Having someone residents can **speak with over the phone or face to face**, who will be **open, honest and transparent** with them and provide them with **accessible information** will not only increase residents' confidence in the service, but it will increase their own self-confidence too. As residents want someone to speak with them not to them – they want to **feel involved** and part of the conversation.

‘Every contact counts – if a district nurse is going in to give a B12 injection, don’t just give the B12 injection, look around the house, look at your person, what are they saying to you? Is there something that you can sign post? Is there something you can bring back to the office, to the care community?’ **SK5***



*Represents an anonymised participant from the hackathon.



NAVIGATION

1. KNOW WHERE TO LOOK
2. IT'S ACCESSIBLE IN DIFFERENT FORMATS

PLAIN ENGLISH

CLARITY OVER WHAT CAN BE EXPECTED

NO RED TAPE

AGREED PRIORITIES

COMMON PURPOSE

SHAPE TO PEOPLE'S NEEDS NOT OURS

CREATED NOT IN SILOS

SUPPORTED TO UNDERSTAND

CHOICE



The WHY driver for navigation

The key **drivers** which were identified in both breakout room discussions are listed below:

- **Early intervention prevention** – if residents are able to navigate services correctly, they should be able to get help earlier which will **reduce the demand on the more demanding and expensive services**.
- By simplifying navigation, the number of **disgruntled people can be reduced**, **inappropriate service** use can be **reduced**, along with the **friction in the system**.

‘Reduce the amount of disgruntled people’ **SK1***

‘A driver for us is ensuring that people access the right support at the right time... because we might be creating demand in a certain area because we haven’t been clear in terms of how people are able to access the support in the right point in time’ **SK3***





The WHY motive for navigation

The key **motives** which were identified in both breakout room discussions are listed below:

- People want to **maintain their independence** and **continue to lead the lifestyle that they have chosen to**, which would increase their confidence and self-worth once again, and they can do this if they are able to navigate the system successfully and get the help and information they need quickly and independently.
- When people are unwell and require the use of service they do not wish to be travelling far to get help or reach those services, instead they prefer to be close to home, in their community where they **feel safe**, have **trust** in the services and a sense of **familiarity** wherever they go.
- Some residents may **feel patronised** when trying to navigate the system, whether that is due to difficult systems, websites or conversations, which take away their power and respect. Whilst **good navigation** makes people **feel empowered and respected**, which increases their confidence.

‘The motives are independence again... and maintaining your lifestyle and a lifestyle that you choose, your options for that’ **SK7***



The HOW for navigation

The key **enablers** which were identified from the breakout room discussions are listed below:

- **Empowering people to make behaviour change** which is backed up by the Pareto principle 80/20. There are **local navigators** that have “done it” and know their way around and we need to find them and **set them free to navigate for others**.
- Providing residents with **clear and simple** access to information is key, as at the moment they become overwhelmed with all of the options and default to visiting their GP as it is the simplest and easiest choice.
- Additionally, information should be provided in **different formats for different people** including **physical copies** for older individuals who may not use the internet a lot, **translations** for individuals from different countries and **considerations** should be made **for visually and auditory impaired** individuals too, ensuring it is accessible by all.
- Creating a **one-stop-shop** in the community where residents can go and access a range of services or where there are also **system navigators** that provide education and help residents understand information, and navigate the system without removing their power or respect.
- Alternatively, **already existing services** can be **improved and expanded**. For instance, a **library** is considered an important service which provides education, allows for friendships, confidence and trust to be built over time and for groups to be held. Here, **system navigators** can also be put which will have specialist knowledge about navigating the system and accessing information which residents will be able to access easily.

‘People have said that almost like that one stop shop just going there getting the info, being signposted and then being followed up’ **SK2***



*Represents an anonymised participant from the hackathon.





The WHY driver for it's about me/my context

The key **drivers** which were identified in both breakout room discussions are listed below:

- **Working collaboratively** with residents by listening to their ideas and wishes, incorporating them and feeding back to them about the changes that have been made as a result of their input will make the residents feel heard and **increase their engagement within the service.**
- **Statutory duty** to meet people's needs should be built within services, combined with **good use of resources and public funds**, it will **reduce demand and save money** as people will be living better and their needs will be getting met earlier on before they have become more complicated.

‘A driver is definitely around designing services to meet the individual needs as well as community needs, but I think it goes back to some of the care acts because it is a statutory requirement for us to do and provide choice and control’ **SK3***



*Represents an anonymised participant from the hackathon.

The WHY motive for it's about me/my context

The key **motives** which were identified in both breakout room discussions are listed below:

- Residents want to **maintain their lifestyle and motivation** for as long as possible and services should be understanding and supportive of this.
- A lot of people, especially older adults are being disrespected and spoken to without dignity, which is wrong. Individuals should have their **choices respected** whether that is accessing or not accessing a certain service, as this allows them to **feel in control and empowered** in their lives.
- Residents want **access to good quality care and services**, however that is not always easy as sometimes they get forwarded from call handler to call handler and are unable to reach the correct department, which makes it a **difficult and frustrating** experience for them as they **feel lost** and don't want to be.
- When services are working for individuals, and are considering their needs, they increase the **trust between the individual and the service**, making them feel understood and safe.

‘When people are in crisis it’s ever so confusing.. there needs to be one central point where somebody is able to deal with those needs’ **SK8***

‘We need to think about that choice and control in a broader context, and there is also a choice not to access services as well...because if I [resident] want to be independent as long as possible there’s a choice’ **SK3***



HELP ME LIVE HOW
I WANT TO LIVE
SENSE OF
CONTROL, CHOICE
& TAILORING TO ME
FEEL RESPECTED
I WANT TO UNDERSTAND
SO I CAN GET WHAT'S
BEST FOR ME, TO DO
WHAT MATTERS TO ME
ACCESS TO GOOD QUALITY
CARE ★★★★★



The HOW for context/ it's about me

- The key **enablers** which were identified from the breakout room discussions are listed below:
 - Being **open and transparent** with residents about their options and choices even when there is limited or no choice and communicating this with them.
 - **Guiding people** through their choices, by taking the time to explain information where necessary to ensure they understand it. Whilst also **considering failing eyesight and hearing** and **accommodating such individuals** and their specific needs.
 - Recognising people who use services to be on the same playing field as the commissioners and treating them as **equal partners**, by keeping them **involved** throughout the whole project. This way residents **feel heard, valued** and that they are **contributing to the bigger conversation**.
 - By **recognising the assets that you have**, and **combining budgets, resources and contracts** a more effective and efficient service can be provided for residents.

‘Sometimes its how you or me in this role interpret or translate that information to a point where they [residents] are okay with it, they get it straight away within the tiny bit of time you’ve spent with them. I think they massively value that.’ SK4*



*Represents an anonymised participant from the hackathon.

A photograph showing four hands, two on the left and two on the right, holding a white rectangular card. The card is centered against a solid yellow background. The hands are positioned at the corners of the card, with fingers slightly curled. The card has a thin black border and contains the text "Actions, Networks and Demonstrating Successes" in a black, italicized serif font.

Actions, Networks and Demonstrating Successes



What ACTIONS can we take?

The key **actions** discussed during the hackathon are listed below:

- Creating a **communication plan** that is aligned and **meaningful to everyone**.
- **Continuously involve residents** in the conversations and keep going back to them to **sense check new ideas** and ensure they are **aligned with their needs**, whilst communicating progress in a **clear and accessible way** for all **considering different barriers** such as nationality, age, eyesight and hearing problems, and internet access.
- Invest in **hubs or centres in the local community** that will act as hotspots for **educating residents** about self-care and self-worth, and **empowering** them to make the behaviour changes themselves, whilst also providing a **safe space** where residents can feel that they **belong**.
- **Current services** such as libraries or visitor centres can be **expanded** to provide residents with access to **support** that is **local, familiar and face to face**.
- **Broader activities and projects need to align and join up** their processes so that people are not getting asked the same questions repeatedly, saving resources and **making every contact count**.

‘We need a communication plan that aligns to this piece of work, we need to kind of agree across , how we communicate with people, how that communication becomes meaningful’
SK1*



*Represents an anonymised participant from the hackathon.



NETWORK – Who can we work together with?

The key **networks** discussed during the hackathon are listed below:

- Public transport - poor public transport in rural areas prevents people accessing help and support.
- North West ambulance service and West Midlands ambulance service – can provide transport to some people.
- Fire department – can be used to spread the message and increase engagement with it.
- Health watch – provide education.
- Communications and engagement team
- Third sector
- Housing associations
- Parish council
- Local radio stations such as Cat Radio
- Schools as parents present with social concerns to headteachers and teaching assistant.
- People from the community – they can spread the message through word of mouth with friends and neighbours.

‘Everybody - because actually the group we’re working for is the largest group in our population, it’s the largest increasing group in the population, and actually it’s anything that touches those people’s lives, so the skill will be... having a plan that has some longevity to it.’ SK7*





DEMONSTRATE – How will we know it's working?

The key ways to **demonstrate** success discussed during the hackathon are listed below:

- By measuring the impact on the drivers.
- People will communicate this with us if we continue to dialogue with them.
- Taking a base measure at the start of access figures such as hospital admissions or unnecessary GP calls and then comparing them with follow up figures taken after a period of time for which the actions discussed in the previous slide have been implemented, and seeing if there is a difference.
- **Finally, it is important to demonstrate and celebrate success.**

‘We’ll know it’s working by measuring the drivers, or the impact of whatever we’re doing is having on the drivers. We need to come up with some measurables that sit along those drivers that help us figure out’ **SK1***

‘People will tell us, if we are true to what we’re saying about continuing that dialogue with communities then we’ll be asking them. How are we doing? Are we on track?’ **SK7***



*Represents an anonymised participant from the hackathon.

Summary Matrix – the WHY

Drivers	Confidence	Navigation	It's about me
Reducing demand on social care and healthcare services, which will increase capacity around early intervention services.	X	X	X
Better allocation and management of budget	X		X
Equality across the system, ensuring the same quality of care is provided to everyone	X		
Early intervention prevention		X	
Number of disgruntled people can be reduced		X	
Inappropriate service use can be reduced and friction in the system		X	
Working collaboratively with residents			X
Statutory duty to meet people's needs			X
Motives	Confidence	Navigation	It's about me
Independence	X	X	
Being happy and well	X		
Reassurance for family and friends	X		
People want to access services within the community where they feel <u>safe</u> , and have trust.		X	X
Avoid feeling patronised, <u>disrespected</u> and powerless		X	X
People want to maintain their lifestyle	X	X	X
Accessing good quality care and services			X

Summary Matrix – the How

Enablers	Confidence	Navigation	It's about me
Community connectors and social prescribers	X	X	X
Making every contact count	X		X
Be open, honest and transparent when communicating with residents	X		X
Provide residents with accessible information	X	X	X
Empowering people to make behaviour change		X	
One-stop-shop within the community		X	
System navigators		X	
Current services expanded and improved		X	
Recognising residents as equal partners			X
Recognising the assets that you have, combining budgets, resources and contracts			X

Summary Matrix – the How

Networks	Confidence	Navigation	It's about me
Public transport		X	
North-West ambulance service and West Midlands ambulance service	X		X
Fire department	X		X
Health watch	X	X	X
Communications and engagement team			
Third sector	X	X	X
Parish council			
Local radio stations		X	
Schools	X	X	X
People from the community	X	X	X
Housing associations	X	X	X

Summary Matrix – the WHAT

Actions	Confidence	Navigation	It's about me
Create a communication plan that is aligned, meaningful and accessible to all	X	X	X
Continuously involve residents in the conversation	X	X	X
Invest in hubs or centres in the local community		X	X
Expand current services to provide support		X	X
Broader activities and projects need to align and join up their processes, making every contact count	X	X	X
Demonstrate	Confidence	Navigation	It's about me
Measure impact on the drivers			
Ask people what they think			X
Take a base measure and then compare at follow-up of access figures	X	X	X
Celebrate successes	X		X

Your GIFTS from the start of the session



- Listening
- Spreading the word
- Taking on board and being able to transact, and where available use NHS funding
- Speaking directly to residents within the community
- Leadership - making it happen
- Supporting all age carers, raising their profile and listening to them
- Ensuring inequalities and residents' health is always considered
- Listening and passing on information from residents to group
- Not taking no for an answer, balance and positivity, encouraging communities and pushing for change where highlighted and needed
- Listening to people and sharing their views
- Supporting the commissioned based services
- Me and positivity
- Listening and 'doing services with' residents rather than 'doing to residents'

Recommendations

1. **Set the mantra for the programme of work to be 'we do with', 'we don't do to'.** Make sure you are all connected and signed up to this way of working and ensure your get buy in for this from senior leaders – they need to be shouting this loud and clear.
2. **With your network, create a vision and a narrative that you all sign up to and support.** Agree how each organisation will work to deliver the vision, hold each other to account for delivering what you have committed to and ensure that the network sees and celebrates the positive impact it is having. Think of ways that you can communicate informally as well as formally, to create trust and rapport. What's App groups are great for simple things like shining a light on something positive that someone has done, sharing a positive thought for the day or even saying 'happy birthday'.
3. **Co-create the action plan with the communities that will deliver it.** Don't fall into the trap of doing the plan without them. Remember that those who create it actually create ownership of it and those who own it go on to deliver it.
4. **Engage citizens** – make them feel part of the process, that they have a voice and that their voice is being heard.
5. **Invest in the development of community leaders** – help equip them with the skills they need to go out and lead their communities
6. **Ensure you can evaluate and celebrate your progress,** make sure that people can see the positive steps you are taking and help make them feel proud of what you are doing together
7. **Map services against needs** – what can your services do to meet need and where else can needs be met
8. **Remember to have fun along the way and be kind to yourselves and each other,** this is about living well and your wellbeing is as important as the people your programme will empower.

Together we...

make
better
happen

Specially prepared for you by team ice

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Working for a brighter future together

BRIEFING REPORT

Adults and Health Committee

Date of Meeting:	28 March 2022
Report Title:	Adult Social Care Performance Scorecard - Quarter 3 2021/22
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health and Integration

1. Purpose of Report

- 1.1.** This report and the performance scorecard (included within the appendix) provide an overview of performance across Adult Social Care for quarter 3 of 2021/22 (1 October – 31 December 2021).
- 1.2.** The scorecard reports key measures across a number of strategic areas including the statutory adult social care (ASCOF) measures, core service activity, Care4CE and reablement activity, active service users, risk enablement (including mental health, Deprivation of Liberty Safeguards (DOLS) and safeguarding). All these areas feed into the strategic aims and objectives in the council's Corporate Plan 2021-25.

2. Executive Summary

- 2.1.** The scorecard includes measures covering all areas of the service. Notable performance against service areas is shown in the following sections. The scorecard includes the year end outturn position at the end of 2020/21 and the updated figure for 2021/22 in quarter 3, along with a RAG rating to highlight any concerns of note.
- 2.2.** The main areas for highlighting are:
 - Rising numbers of residential admissions in individuals aged 65+
 - Rising numbers of contacts to the local authority resulting in a referral
 - The percentage of clients who have received long term support for 12 and 24 months that have been reviewed

- The reduction in the percentage of community reablement packages completed which result in no long term package of care being needed.
- The increasing number of individuals being supported by the Carers Hub
- The number of new Deprivation of Liberty Safeguards (DOLS) requests being received
- Increased number of individuals awaiting packages of care
- The proportion of adults receiving direct payments to arrange their own support.

3. Background

- 3.1.** The scorecard enables appropriate scrutiny of key performance measures and helps to highlight areas of good and poor performance; and therefore scrutiny of the effectiveness of plans in place to improve services. This scorecard provides insight into the performance management systems of the local authority and provides essential data, along with qualitative information, to measure the effectiveness of services.

4. Briefing Information

- 4.1.** The scorecard shows the year end outturn position at the end of 2020/21 and the updated figure for 2021/22 quarter 3, along with a RAG rating to highlight any concerns of note.
- 4.1.1.** Residential admissions for 65+ age band – The 2020/21 figure was largely impacted by the restrictions linked to COVID-19 with a focus on supporting individuals in their own home wherever possible. 2021/22 (438 in year to date) suggests that we are now seeing an increase in individuals placed in permanent residential/nursing placements, and should the numbers continue, we will likely be at a similar level to those seen pre-pandemic. Admissions to residential care are being impacted due to shortages in domiciliary care availability in the local authority and the need for individuals to be safely supported. This is not unique to Cheshire East and is being reported nationwide as an issue. The requirement for COVID vaccinations is also impacting on recruitment.
- 4.1.2.** Councils are currently unable to report delayed transfers of care as this data is still not being collected and published by the NHS due to COVID impacts.
- 4.1.3.** Current forecasts suggest that there will be a 6% increase in referrals to adult social care based on numbers seen to date. This is having an impact on already struggling teams being able to meet the demand for assessments and source packages of care where needed.
- 4.1.4.** The percentage of clients who have received long term support for 12 months continuously that have been reviewed continues to reduce and is now also beginning to have an impact on clients who have received long term support for 24 months who have been reviewed in the last 24 months. Positively around 1 in 4 of these cases will have had other forms of contact that doesn't meet the formal definition of a review but nevertheless will flag should

additional services be warranted. As more individuals are fully vaccinated and COVID-19 restrictions relax it will hopefully make it easier to review in a more timely fashion.

- 4.1.5. Number of contacts resulting in a new referral – overall around 70% of contacts are resulting in a referral. This possibly continues to reflect new ways of working as family members return to offices / move out of furlough and are unable to support family members in the same way. The rising numbers are having a knock-on effect on the capacity to complete assessments and reviews in a timely fashion. New safeguarding referrals particularly impact against this due to the time required to investigate.
- 4.1.6. Quarter on quarter we are seeing a significant increase in the numbers of individuals being supported via the Carers Hub with the numbers up by over 220 compared to the same point last year. Whilst it is positive that more people are accessing support this again could be evidence of the rising demand across the whole adult social care system and there is a worry that demand will exceed support available.
- 4.1.7. Deprivation of Liberty Safeguards (DOLS) requests - Q3 2021/22 is showing a continued rising picture and year end estimates indicate a 20% increase. Whilst an increased workload, this is positive in that providers are following the correct procedures and ensuring individuals are being appropriately assessed. Despite increased volumes there has been a positive reduction in the average days taken per application.
- 4.1.8. Pressures in the domiciliary care market are now having an adverse impact on the number of individuals awaiting packages of care as a snap shot at the end of the quarter. This is resulting in individuals being discharged to short term residential/ nursing provision when their preferred option is support at home. Pressures in the market have also impacted on our internal reablement provision as workers are being diverted to cover existing packages of care as opposed to picking up new reablement cases.
- 4.1.9. Due to the ongoing pressures in the domiciliary care market, (recruitment and retention/ demand outstripping supply) individuals are finding it increasingly difficult to source support with a direct payment and as such are requesting the local authority arrange support. PA's that are available can charge a premium, especially in harder to reach areas, and as such the direct payment rate in some instances is insufficient to source support needed. All this is forming the requirements for the local authority's commissioning activity.

5. Implications

5.1. Legal

- 5.1.1. There are no direct legal implications.

5.2. Finance

- 5.2.1. Although there are no direct financial implications or changes to the MTFS as a result of this briefing paper, performance measures may be used as an indicator of where more or less funding is needed at a service level.

5.3. Human Resources

5.3.1. Although there are no direct human resource implications related to this report, performance measures may be used as an indicator of where extra resourcing is needed at a service level (i.e. volume and timeliness measures).

Access to Information	
Contact Officer:	Bev Harding, Business Intelligence Manager Bev.Harding@cheshireeast.gov.uk
Appendices:	Adults Scorecard Q3 2021/22
Background Papers:	None

Adult Services Scorecard - Quarter 3 2021/2022

Measure	Polarity	NW stat	Av	National Av	21-22 Target	Year end 2020-2021	Quarter 1	Quarter 2	Quarter 3	Quarter 4	21-22 year to date	RAG	Comments
Benchmarking/ ASCOF Indicators													
Residential admissions for 18-64 age band (total admissions year to date)	Low is good				<30	13	7	15	18		18		Whilst admissions are higher than last year this reflects a pattern that we would expect to see without the impact of a pandemic. Figures however remain low and in line with an ideal of less than 30 to ensure where possible individuals are supported within the community.
Residential admissions for 18-64 age band per 100k population (ASCOF 2A1) year to date figure	Low is good	13.7		13.3		6.0	3.2	6.9	8.3		8.3		see above
Residential admissions for 65+ age band (total admissions year to date)	Low is good				<530	443	136	290	438		438		Admissions at the end of the third quarter indicate a potential year end position higher than we would like to see. Admissions to residential care are being impacted due to shortages in domiciliary care availability in the local authority and the need for individuals to be safely supported. This is not unique to Cheshire East and is being reported nationwide as an issue. The local authority has launched a recruitment campaign to hopefully address the shortage in trained staff. The requirement for COVID vaccinations is also impacting on recruitment across the board.
Residential admissions for 65+ age band per 100k population (ASCOF 2A2) year to date figure	Low is good	715.0		628.2		502.0	156.3	333.3	503.4		503.4		see above
Total number of individuals currently in residential/ nursing care 18-64	Low is good					170	186	187	185		185		see above
Total number of individuals currently in residential/ nursing care 65+	Low is good					868	1095	1130	1117		1117		see above
Proportion of adults with a learning disability in paid employment (ASCOF 1E)	High is good	3.7%		5.8%		12.0%	5.1%	4.9%	5.0%		5.0%		The outturn also includes those supported by the supported employment service which we can't report on throughout the year.
Proportion of adults with a learning disability living in their own home or with their family (ASCOF 1F) - year to date	High is good	85.7%		75.4%	87%	86.6%	85.5%	85.0%	85.0%		85.0%		This remain unchanged from the previous quarter
Proportion of adults receiving self-directed support - year to date	High is good	83.4%		86.90%		100.0%	100.0%	100.0%	100.0%		100.0%		This remain unchanged from the previous quarter
Proportion of adults receiving direct payments - year to date	High is good			28.1%	25%	17.4%	17.3%	17.8%	18.0%		18.0%		This remain unchanged from the previous quarter
Core Service Activity													
Number of new case contacts in period	Low is good				13,000	11,662	3,382	3,142	2,897		9,421		These figures will only take into account those individuals contacting services and will exclude the range of queries directed to People Helping People. The position at the end of quarter 3 suggests an increase from last year but this could be a knock on impact of the pandemic and families trying to manage during lockdown.
Percentage of all new contacts (other than safeguarding) where the client had any other contact in the previous 12 months	Low is Good					36%	36%	35%	35%		35%		No change
Number of contacts resulting in a new referral	Low is good					8,050	2,337	2,166	1,924		6,427		The percentage of contacts resulting in a referral remain at around 70%. Referrals have slowed down slightly and annualised figures are suggesting around a 6% rise on last year. The biggest issue continues to be managing demand and service availability, especially in the community care market.

Measure	Polarity	NW stat	Av	National Av	21-22 Target	Year end 2020-2021	Quarter 1	Quarter 2	Quarter 3	Quarter 4	21-22 year to date	RAG	Comments
Number of assessments completed in period	n/a					2,684	593	612	547		1,752		Overall assessments compared to the volume of referrals indicates that we have an increasing backlog in terms of workload. Teams are reporting issues with capacity to undertake work which is compounded by ongoing issues from COVID and isolation requirements.
Percentage of assessments that result in any commissioned service (including long-term, short-term and telecare)	n/a					82.8%	84.1%	79.4%	74.0%		79.2%		This suggests that the right cases are progressing to referral and assessment. There will always be some cases that don't result in packages due to changing circumstances during assessment/ self funders.
Number of support plan reviews completed in quarter	High is good					4,802	1,158	803	794		2,755		Overall pressures in terms of increased referrals are also having a knock on effect to complete scheduled reviews, again compounded by issues relating to COVID isolation requirements.
Percentage of clients who have received long term support for 12 months continuously that have been reviewed in the last 12 months - snapshot position at end of quarter	High is good				75%	74.8%	62.1%	58.6%	55.5%		55.5%		See above
Percentage of clients who have received long term support for 24 months continuously that have been reviewed in the last 24 months - snapshot position at end of quarter	High is good					93.3%	92.8%	92.3%	89.8%		91.6%		The ongoing pressures in the services in terms of capacity to complete both assessments and reviews, especially with continuing isolation guidance, is now beginning to show in this measure. Whilst overall the majority of individuals requiring long term support still have an up to date package of care that has been reviewed either within or prior to the pandemic, it is likely that the year end position will be below 90%.
Proportion of service users in receipt of a community based service.	High is good				80%	84.4%	81.3%	80.7%	80.3%		83.5%		This is a potentially positive impact of the pandemic as services have adapted to support individuals within the community. It reflects the reluctance of many who do not wish to enter long-term bed-based services. We have also seen an increase in carers to our Carers Hub reflecting family desires to support individuals at home.
Number of service users in receipt of a community based service.	High is good					4,872	4,956	4,895	4,710		4,710		see above
Care4CE													
Number of mental health reablement referrals received in quarter	n/a					2,462	757	712	619		2,088		Whilst there was a reduction in referrals in quarter 3, the service continues to see a high level of increasingly complex needs and overall referrals are looking at being 13% higher than last year.
Percentage of referrals where individual engaged	High is good					77.0%	75%	72%	72%		73%		Engagement appears to have stabilised and hopefully as guidelines continue to ease and individuals feel more confident with face to face services this will improve.
Percentage of completed interventions which resulted in no ongoing package (ongoing package defined as a long term support service)	High is good					100.0%	100.0%	100.0%	100.0%		100.0%		no change
Number of dementia reablement referrals received in quarter	n/a					935	290	266	299		855		Referrals are averaging around 290 per quarter and likely to be up around 20% from last year. This is resulting in continued pressures on the services available to support.
Number of community support reablement referrals received in quarter	n/a					947	277	334	251		862		Whilst a reduction in referrals in quarter 3, the overall numbers continue to be much higher than last year. Adding to the ongoing pressures in the market overall, magnified due to issues around COVID-19 and additional requirements for PPE this is becoming increasingly difficult to sustain long term.
Percentage of community support reablement completed with no ongoing package of care (ongoing package of care defined as long term support in SALT)	High is good					67%	71%	74%	52%		66%		At this stage the drop in quarter 3 may not be an immediate cause for concern. It could however indicate that pressures in the market around early support services available together with long term impacts of COVID mean that we are now seeing a higher number of individuals with increased needs.

Measure	Polarity	NW stat Av	National Av	21-22 Target	Year end 2020-2021	Quarter 1	Quarter 2	Quarter 3	Quarter 4	21-22 year to date	RAG	Comments
Active Service Users												
Total number of individuals on the visual impairment register	n/a				2,231	2,181	2,226	2,267		2,267		It is important to understand the numbers in order to be able to develop sufficiency of services and inform equality impact assessments when changing services to ensure no individuals are adversely affected
Total number of clients with an active service other than Telecare (18-25)	n/a				222	221	215	223		223		see overall comments above re individuals supported in the community
Total number of clients with an active service other than Telecare (26-64)	n/a				1,359	1,368	1,367	1,345		1,345		see overall comments above re individuals supported in the community
Total number of clients with an active service other than Telecare (65-84)	n/a				1,527	1,536	1,514	1,499		1,499		see overall comments above re individuals supported in the community
Total number of clients with an active service other than Telecare (85+)	n/a				1,223	1,240	1,243	1,193		1,193		see overall comments above re individuals supported in the community
Total number of clients only receiving a Telecare service	n/a				1,762	1,706	1,703	1,634		1,634		Given that we are seeing increased numbers of individuals being supported in the community we are monitoring the take up of telecare products. We are however aware that some families are utilising other forms of digital products and platforms in a range of innovative ways to support family members in ways that traditionally may have required telecare products. These advancements in technology will form part of our understanding and planning process moving forward.
Total number of clients receiving any service - including Telecare (65+)	n/a				4,408	4,387	4,365	4,236		4,236		see overall comments above re individuals supported in the community
Numbers of distinct individuals supported through the Carers Hub	n/a				1,749	417	949	1,038		1,038		Please note this excludes carers assessments completed by the local authority. An overarching distinct number of carers supported will be quality assured and verified for the statutory returns. At the same point last year we had 811 distinct clients supported.
Rate of carers receiving a carer service (per 10k population)	n/a				58	17	31	34		34		See above
Risk Enablement												
Number of mental health act assessments completed	n/a				605	163	146	152		461		Overall the picture presented is indicating a slightly higher picture than last year. It is possible we are now beginning to see an increase in requests as the impacts of the pandemic on the mental health of individuals are becoming more apparent.
Number of S117 clients (includes Z65 MH Aftercare from Q4)	n/a				929	955	971	978		978		As above we are seeing increased numbers overall requiring S117 support. The increased needs will form part of any commissioning and service planning activity.
New DOLS requests (cumulative)	n/a				2,836	836	1,665	2,550		2,550		Q3 2021/22 is showing a continued rising picture and year end estimates indicate a 20% increase. Whilst an increased workload, this is positive in that providers are following the correct procedures and ensuring individuals are being appropriately assessed. There is ongoing preparatory work to assess the potential impact of the LPS guidance which is currently being finalised.
New DOLS requests per 100,000 (cumulative)	n/a	433	454		932.1	270.9	539.5	826.3		826.3		see above
Timeliness of DOLS application processing <i>Average days lapsed from date application received to date application signed off (for completed applications)</i>	Low is good				40 (Average over year)	47	48	38		N/A		Despite increased volumes there has been a positive reduction in the average days taken per application
Number of substantiated (including partially substantiated) S42 enquiries concluding with a 'type' of domestic abuse	Low is good				15	11	19	17		47		The increase in those where domestic abuse features reflects a national picture around rising issues during the COVID-19 pandemic. The service works closely alongside the domestic abuse service to ensure services are there to support individuals.

Measure	Polarity	NW stat Av	National Av	21-22 Target	Year end 2020-2021	Quarter 1	Quarter 2	Quarter 3	Quarter 4	21-22 year to date	RAG	Comments
Number of new safeguarding concerns received in a period (events not individuals)	n/a				4238	1330	1310	1211		3851		The highest number of concerns referred are coming from providers with concerns linked to both care homes and community settings related to short calls. Discussions in regional and national webinars indicate that a number of local authorities are experiencing similar increases.
Number of new S42 safeguarding enquiries starting in period	n/a				1189	442	425	291		1158		There has been a positive reduction in the number of S42 enquiries. This possibly reflects a better understanding by partners in terms of what meets the definition of S42 as opposed to a safeguarding concern. Numbers overall however remain high.
Number of new other (non-S42) safeguarding enquiries starting in period	n/a				167	46	66	47		159		see above
Number of S42 enquiries concluded in the period	n/a				1161	380	428	333		1141		see above
Percentage of S42 enquiries concluded for which the client expressed their desired outcomes	High is good				62%	62.1%	63.3%	64.0%		62.4%		A small but positive increase in understanding the client's desired outcomes
Of S42 enquiries completed that the client expressed their desired outcomes, the percentage that were fully achieved (not partially achieved)	High is good				68%	69.5%	59.4%	60.1%		62.6%		see above
Percentage of concluded S42 enquiries where outcome of enquiry was substantiated/ partially substantiated	High is good				53.1%	56.3%	62.6%	61.6%		60.6%		see above
Commissioning Activity												
Percentage of domiciliary care rated good or outstanding with CQC					87.7%	86.3%	86.1%			86.1%		
Percentage of care homes rated good or outstanding with CQC					82.3%	84.4%	84.4%			84.4%		
Percentage of complex care providers rated good or outstanding with CQC							50% (89%)	58% (89%)				We have 107 providers on the framework registered with CQC. Of these, 58% are rated good or outstanding, 31% have not yet been inspected, 6% require improvement. The figure in brackets includes those not inspected yet.
Sexual Health – Percentage of LARCs (excluding injectables) prescribed as a proportion off all contraceptives by age						62.0%	47.0%					
Number of people awaiting a placement or package of care (short or long term) following hospital discharge					8	38	71	101				The ongoing pressures in both the residential/ nursing home and domiciliary care market continue to cause problems in sourcing suitable packages of support. Hopefully the proposal to remove the requirement for mandatory vaccinations may bring some workers back to the profession.
Number of people awaiting a placement or package of care (short or long term) in the community					46	99	154	201				The ongoing pressures in both the residential/ nursing home and domiciliary care market continue to cause problems in sourcing suitable packages of support. Hopefully the proposal to remove the requirement for mandatory vaccinations may bring some workers back to the profession.
Percentage of domiciliary care hours delivered by Prime Providers							35.0%					



Working for a brighter future together

BRIEFING REPORT

Adults and Health Committee

Date of Meeting: 28 March 2022

Report Title: Adult Social Care Short Term Funding Streams

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

1. Purpose of Report

- 1.1. The purpose of this report is to inform the Adults and Health Committee of the various funding streams that have been provided to support the Adult Social Care market throughout the COVID-19 pandemic.
- 1.2. The report will focus on how the funding has been used in accordance with funding criteria and the decision making processes that have been adopted to ensure that funding can be spent within the required timescales.
- 1.3. The funding meets the strategic aims in the council's Corporate Plan 2021-2025 to ensure people live well for longer and that the council is a responsible, effective and efficient organisation.

2. Executive Summary

- 2.1. A summary of the various funding streams which have been provided to support care homes, domiciliary care providers and complex care providers with the challenges presented as a result of the COVID-19 pandemic is included within the appendix.
- 2.2. Most of the funding streams set out in the appendix have been introduced by the Department for Health and Social Care with strict criteria for their use. These include:
 - Adult Social Care Infection Control Fund (now incorporating rapid testing and vaccination funding)
 - Workforce Capacity Grant
 - Workforce Recruitment and Retention Grant
 - Adult Social Care Omicron Support Fund

- Market Sustainability and Fair Cost of Care Fund.
- 2.3.** In June 2020, Cabinet approved additional financial support for the sector in the form of a one-off payment of £400 per bed for Accommodation with Care providers and £200 per service user for Care at Home and Complex providers. This funding was met by the Adult Social Care budget.
- 2.4.** More recently £800,000 has been allocated to Cheshire East from the Cheshire and Merseyside Integrated Care Partnership to provide an incentive of up to £1,500 to commissioned Care at Home providers who pick up new packages of care. The rationale behind this is that it provides an incentive for providers to support council commissioned packages of care as and when they have capacity to do so.
- 2.5.** In December 2021 the government published a policy paper on the Market Sustainability and Fair Cost of Care fund. The aim of the fund is to prepare care markets for reform by encouraging local authorities to move toward a more sustainable fee rate for care. Cheshire East Council has been allocated £979,000 from this fund for 2022/23 which will be used to fund a 6% fee increase for commissioned Care at Home providers. The council must develop a Market Sustainability Plan underpinned by a cost of care exercise (which has recently been undertaken in Cheshire East) by September 2022 to attract funding in 2023/24 and 2024/25.

3. Background

- 3.1.** On 13 March 2020 the Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA) and the Care Provider Alliance (CPA) issued joint guidance for local authority commissioners which summarised the pressures on social care providers arising from COVID-19.
- 3.2.** The guidance came from a shared ambition to ensure that providers are supported to maximise availability of care and support and to remain operationally and financially resilient during COVID-19. It recommends a number of measures that local authorities can take to mitigate pressures including increasing fee rates or offering a lump sum payment.
- 3.3.** The first round of the Infection Control Fund was announced by the government on 9 June 2020 and initially consisted of a total of £600 million. There have been five further rounds of the fund since that time with the latest round announced in October 2021. The main purpose of the fund is to reduce the rate of COVID-19 transmissions within and between care settings through effective infection prevention and control practices. Later funding iterations included a ring-fenced allocation to support providers with COVID-19 testing and encourage take up of the COVID-19 vaccination.
- 3.4.** On 14 September 2021 the government made a commitment in the COVID-19 Response: Autumn and Winter Plan 2021 to support local authorities and

social care providers to maintain safe staffing levels over the winter period and to continue working with the care sector to build sufficient workforce capacity across services.

- 3.5.** The Adult Social Care Winter Plan published on 3 November 2021 sets out the support the government will be providing to the adult social care sector to meet the challenges it faces over the winter. The plan includes a commitment to providing workforce recruitment and retention funding to support local authorities to recruit and retain sufficient staff over the winter and support growth and sustain the sector.

4. Briefing Information

- 4.1.** The COVID-19 pandemic has presented significant financial, logistical and workforce challenges for care providers including the need for enhanced infection control measures, increased costs of personal protective equipment (PPE), rising insurance premiums, reduced income due to COVID-19 care home outbreaks, residents unwilling to go into a care home, and increased use of agency staff. Increasingly the workforce reports feeling undervalued and exhausted and staff numbers have been depleted due to staff taking up positions in retail and hospitality sectors which are able to offer higher wages and a less demanding workload.
- 4.2.** With the exception of the Market Sustainability Fund which is designed to support local authorities to move towards a more sustainable cost of care, a key feature of the DHSC grant funding is the short timescale in which funds must be spent by care providers or by local authorities (for any funds that are not passported directly to care providers).
- 4.3.** Typically, all funds must be fully spent, not just accounted for, within three months of receipt by the local authority. Any unspent funds must be returned to the department.
- 4.4.** Some funding streams have placed a requirement on the council to passport funds directly to care providers within twenty days of receipt.
- 4.5.** This has created a time pressure to obtain the necessary authority to accept the funds as a Supplementary Revenue Estimate and obtain delegated authority for how the funds will be spent, develop supporting documentation including terms and conditions and financial pro-formas and process payments.
- 4.6.** With the exception of Round 1 of the Workforce Recruitment and Retention Fund which was signed off at full Council in December 2021, the timings for Council meetings would not have given sufficient time to obtain Council approval to accept the funding and so an urgent decision has had to be made to ensure that the care market could benefit from the funding.
- 4.7.** The urgent decision forms are signed off by the Chief Executive in consultation with the s.151 Officer and Monitoring Officer, the Mayor of the

Council and Group Leaders. They allow the council to formally approve any supplementary revenue or capital estimate which is necessary in order to accept, administer and distribute any funding from government, or bodies acting on behalf of government, relating to the COVID-19 emergency.

- 4.8.** A suite of documents has been produced in consultation with Legal, Finance and Audit teams to support the passporting of funds to care providers. This includes terms and conditions which align with the funding guidance, a State Aid declaration which must be completed by care providers, and a financial pro-forma which providers must complete and return to show how the funding has been spent which is used to inform funding returns to DHSC.
- 4.9.** Care providers are required to return any unspent funds to the council and the council reserves the right to reclaim any funding which has not been spent in accordance with the terms or conditions of the grant.
- 4.10.** Administration of the funding streams is extremely resource intensive, not only for the council, but also for care providers some of whom have to complete financial pro-formas for several local authorities. As a result a handful of providers have refused some of the funding streams. Where this is the case the allocated funding for the provider is either distributed to other providers or returned to DHSC, depending on when the funds are refused.

5. Implications

5.1. Legal

- 5.1.1.** The council has a statutory duty under the Care Act to ensure that there is an effective and sustainable care market in the local area. The funding streams described in this report support this duty.
- 5.1.2.** The use of urgent decisions to accept the funding streams is justified given the short timescales to distribute the funding to care providers imposed by funding guidance.

5.2. Finance

- 5.2.1.** Since the COVID-19 pandemic began the total government funding allocated to Cheshire East to support the entire Adult Social Care market is £19.14 million. This consists of £15.62 million for infection control, testing, vaccinations and Omicron support and £3.52 million to support workforce capacity, recruitment and retention.
- 5.2.2.** An additional £2.82 million has been provided to the local care market from Adult Social Care and Cheshire Clinical Commissioning Group and £979,000 will be made available from the Market Sustainability Fund for 2022/23.
- 5.2.3.** As these are additional specific one-off grants there are no financial implications or changes required to the council's MTFS.

5.3. Human Resources

- 5.3.1. There are no direct HR implications for the council as the grants have been administered within existing staffing resources. However, the Workforce Capacity and Workforce Recruitment and Retention Grants are to be used by care providers to support recruitment and retention of staff.

Access to Information	
Contact Officer:	Joanne Sutton, Acting Head of Commissioning Joanne.sutton@cheshireeast.gov.uk
Appendices:	Appendix – Adult Social Care Short Term Funding Streams
Background Papers:	Social care provider resilience during COVID-19: guidance to commissioners Adult Social Care Infection Control Fund Guidance Workforce Capacity Fund for Adult Social Care Guidance Workforce Recruitment and Retention Fund for adult social care, round 2 Guidance Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023

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Appendix - Adult Social Care Short Term Funding Streams

Name of fund	Funding source	Funding period	Cheshire East Council Allocation	Purpose	How have the funds been spent?
Infection Control Fund	DHSC	Round 1 – May-Sep 2020	£5,320,292	The primary purpose of this fund is to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience. This includes measures to ensure staff who are off sick or self-isolating receive their full salary, to reduce staff movement between care homes and for safe transport and accommodation. Later rounds of the funding stream have also included an allocation to support regular staff testing and staff vaccinations.	<p>The majority of the Infection Control Funds have been passported directly to care providers on a per bed/per service user basis in accordance with funding guidance.</p> <p>Providers have used the funding for such measures as:</p> <ul style="list-style-type: none"> Ensuring staff who are required to isolate receive their normal wages Limiting staff movement between settings Support recruitment of additional staff/volunteers Cohorting staff to individuals or groups of service users Supporting additional costs incurred from frequent staff testing and vaccination Enabling care homes to facilitate external visiting during lockdowns. <p>A small proportion of the Infection Control Fund has been used to support the reopening of day services, the commissioned Infection Prevention Control Service and People Helping People Service (infection, prevention and control training for volunteers).</p>
		Rounds 2 & 3 - Oct 2020–Mar 2021	£4,712,872		
		Round 4 – Apr–Jun 2021	£1,807,449		
		Round 5 – Jul–Sept 2021	£1,283,276		
		Round 6 – Oct 2021 - Mar 2022	£2,128,810		
Local Authority Financial Support	Cheshire East Council	11 Mar – 30 Sep 2020	£2,021,000	On 9 June 2020 Cabinet approved payment of a one-off emergency financial support package for external care providers including care homes, domiciliary care providers and complex care providers to support them with the additional financial pressures caused directly by the COVID-19 pandemic.	<p>The funding could be used for a wide range of measures provided the spend could be directly related to the COVID-19 pandemic.</p> <p>For care homes the funding was mostly spent on reduced income resulting from empty beds, PPE and agency staffing costs. Care at home and complex providers mostly spent the funding on PPE, recruitment costs, paying staff the full salary if sick or</p>

Name of fund	Funding source	Funding period	Cheshire East Council Allocation	Purpose	How have the funds been spent?
				<p>Payments were equivalent to:</p> <ul style="list-style-type: none"> • £400 per bed for every care home in the borough, regardless of whether the local authority commissions places within the home; • £200 per commissioned care package for care at home (domiciliary care) and complex care providers. 	self- isolating and reduced income from an inability to provide services.
Workforce Capacity Grant	DHSC	16 Jan 2021 – 31 Mar 2021	£725,319	<p>The purpose of this funding is to enable local authorities to deliver measures to supplement and strengthen adult social care staff capacity to ensure that safe and continuous care is achieved to deliver the following outcomes:</p> <ul style="list-style-type: none"> • maintain care provision and continuity of care for recipients where pressing workforce shortages may put this at risk • support providers to restrict staff movement between care homes and other care settings in all but exceptional circumstances, which is critical for managing the risk of outbreaks and infection in care homes • support safe and timely hospital discharges to a range of care environments including domiciliary care, to prevent or address delays as a result of workforce shortages 	<p>Unlike other funding streams there was no requirement to passport funding directly to care providers. A quarter of the funding was utilised within Adult Social Care to ease health infrastructure challenges and support hospital discharges.</p> <p>Care providers were invited to apply for the remainder of the funding via a competitive process based on compliance with the funding guidance.</p> <p>In total 40 providers received funding which contributed to the following:</p> <ul style="list-style-type: none"> • 233 new roles being created. • Equivalent to 213 FTE • Circa 38k hours delivered as a direct result of the funding passported to providers. <p>Funding was also utilised to fund membership for all care home managers to the local Skills for Care registered managers network.</p>

Name of fund	Funding source	Funding period	Cheshire East Council Allocation	Purpose	How have the funds been spent?
				<ul style="list-style-type: none"> enable care providers to care for new service users where need arises. <p>Local authorities can use this funding to deliver staffing capacity measures that support all providers of adult social care in their area including:</p> <ul style="list-style-type: none"> residential and domiciliary care care providers with which local authorities do not have contracts organisations providing care and support who may not be registered with the Care Quality Commission (CQC). 	
Market Sustainability Fund	Department for Levelling Up, Housing and Communities (DLUHC)	2022/23 2023/24 2024/25	£979,000 Estimated £3.6 million Estimated £3.6 million	<p>On 16 December 2020 the DLUHC published the policy paper “Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 and 2023.” The purpose of the fund is to support local authorities to promote the efficient and effective operation of their local care markets through the provision of sustainable fee levels as evidenced by a cost of care exercise.</p> <p>Funding for years 2 and 3 is contingent on a fair cost of care exercise and Market Sustainability Plan being submitted to DLUHC by September 2022.</p>	<p>Cheshire East Council has recently undertaken a fair cost of care exercise. This has shown that an additional £21 million would be needed to pay the fair cost of care to all care providers.</p> <p>Funding from 2022/23 will be used to fund a 6% increase in the fees paid to care at home providers. Care at home fees have not been uplifted for over 3 years. This has been authorised via an ODR signed by the Executive Director of Adults, Health and Integration and is in accordance with the Financial Scheme of Delegation.</p>

Name of fund	Funding source	Funding period	Cheshire East Council Allocation	Purpose	How have the funds been spent?
Workforce Recruitment and Retention Fund	DHSC	Round 1: 21 Oct 2021 – 31 Mar 2022 Round 2: 10 Dec 2021 – 31 Mar 2022	£982,203 £1,813,297	<p>The primary purpose of the Workforce Recruitment and Retention Fund is to support local authorities to address capacity pressures within the adult social care workforce in their geographical area, through recruitment and retention activities during the winter months. This fund is designed to:</p> <ul style="list-style-type: none"> • support providers to maintain the provision of safe care and bolstering capacity within providers to deliver more hours of care • support timely and safe discharge from hospital • support providers to prevent admission to hospital • enable timely new care provision in the community • support and boost retention of staff within social care. <p>Funding from Round 2 can also be used to bring forward planned fee increases.</p>	<p>The first tranche of Round 1 funding (£589,322) has been passported directly to providers. Providers are required to submit a spending pro-forma demonstrating how funds have been spent by 14 January 2022.</p> <p>It is anticipated that the second funding tranche from Round 1 (£392,881) will be used to develop initiatives to support the recruitment and retention of the care workforce including the provision of training, electronic fleet vehicles and bicycles to support delivery in rural areas, enhanced mileage payments and childcare costs.</p> <p>Use of the fund for Round 2 has yet to be determined. Tranche 1 (£1.2m) of the funding has been received. As the fund can be used to bring forward planned fee uplifts, it is proposed that an amount equivalent to a quarter of the Cheshire East Council share of Market Sustainability Fund for 2022/23 is used for this purpose. Cheshire East has been allocated £979k from the Market Sustainability Fund, so £244k of the Workforce Recruitment and Retention Fund would be retained. This would enable providers to bring forward the NLW uplift due in April 2022 in a bid to attract staff.</p>
Care at Home Incentive Fund	Cheshire and Mersey NHS	Dec 2021 – Mar 2022	£800,000	This funding recognises the increased delivery costs for care providers and the challenges around recruitment and retention. It is designed to improve patient flows within the local health and social care system and reduce waiting times for care by encouraging	A one-off payment of £1,000 (£1,500 in certain hard to serve areas) will be paid to Care at Home Prime and Framework providers who deliver new packages of care over the period for people with an assessed need for care at home services.

Name of fund	Funding source	Funding period	Cheshire East Council Allocation	Purpose	How have the funds been spent?
				commissioned care providers to offer to deliver packages of care.	
Adult Social Care Omicron Support Fund	DHSC	Jan – Mar 2022	£362,659	<p>The purpose of this fund is to support the sector with measures already covered by the infection prevention and control (IPC) allocation of the Infection Control and Testing Fund (round 3) to reduce the rate of COVID-19 transmission within and between care settings through effective IPC practices. Additionally, this funding may also be used to increase ventilation in care homes, and to enhance local authorities' current direct payment offer particularly when the only way a person's care needs can be met is by a friend or family member, or to enhance support for carers. It may also be used to pay for temporary staffing to cover increased staff absence caused by COVID-19 and maintain staffing levels and workforce capacity.</p>	<p>Local authorities have discretion to use the funding as needed locally, to support the adult social care sector, including relevant local authority staff, in its COVID-19 response, and in particular increased challenges posed by the Omicron variant. Local authorities should consider the following as appropriate uses of the grant:</p> <ul style="list-style-type: none"> • ensuring that staff who are isolating in line with government guidance receive their normal wages and do not lose income while doing so • paying for temporary cover for staff who are unable to work because they are unwell due to COVID-19 and/or are isolating in line with government guidance, in order to maintain safe workforce capacity in care services • paying for temporary staffing (overtime or agency) to maintain safe staffing levels • limiting staff movement between settings in line with the latest guidance, to help reduce the spread of infection – this includes staff who work for one provider across several settings, staff that work on a part-time basis for multiple employers and agency staff • limiting or cohorting staff to individual groups of people receiving care, including segregation of COVID-19 positive residents in care homes • steps to limit the use of public transport by members of staff • providing accommodation for staff who proactively choose to stay separate from their

Name of fund	Funding source	Funding period	Cheshire East Council Allocation	Purpose	How have the funds been spent?
					<p>families in order to limit social interaction outside work</p> <ul style="list-style-type: none"> • support to providers in purchasing CO2 monitors or air cleaners for use in care homes to monitor and improve ventilation • enhancing local authorities' current direct payment offer to support care provided by friends and family, including any additional support the carer may need to assist them to continue in their caring role • providing additional support to care homes or other providers that are currently experiencing an outbreak to ensure that they are able to put in place sufficient IPC measures • providing support to community groups and paying volunteer expenses.



Working for a brighter future together

Adults and Health Committee

Date of Meeting:	28 March 2022
Report Title:	Better Care Fund Section 75 Agreement
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health, and Integration
Report Reference No:	AH/41/21-22
Ward(s) Affected:	All wards

1. Purpose of Report

- 1.1.** This report requests approval to enter into a new Section 75 Agreement for one year, between Cheshire East Council and NHS Cheshire Clinical Commissioning Group ("the CCG") from 1 April 2022 with the possibility of a further extension of another year from 1 April 2023.

2. Executive Summary

- 2.1** The government provides funding to local authorities each year which is targeted at encouraging integration, by requiring CCGs and local authorities to enter into pooled arrangements and agreeing an integrated spending plan. Those arrangements are known as 'S75 Agreements', and the money is provided from the ring-fenced Better Care Fund (BCF) which was launched in 2015.
- 2.2** The current Section 75 Agreement expires on 31 March 2022, and the council and the CCG therefore need to enter into a new agreement from 1 April 2022, in order to secure continued collaborative delivery of services under the BCF umbrella and access the available funding. This report seeks that pooled funding and current arrangements detailed in the Section 75 Agreement are extended; no changes are being made to the agreement with the CCG. The Section 75 Agreement may novate to the Integrated Care Board when constituted.

- 2.3 This report supports the strategic aim of the council's Corporate Plan 2021-25 to empower and care about people.
- 2.4 The schemes which form part of the BCF Section 75 Agreement support these specific actions noted in the corporate plan: 'To prioritise home first for patients discharged from hospital. Where possible patients are discharged to a home of their choice and that vulnerable and older people live safely and maintain independence within community settings.'
- 2.5 The Health and Care Act 2021 (currently at the bill stage) sets out reforms with the intention of delivering a more integrated provision for health and social care. As part of those reforms, the CCG will be abolished and replaced with an Integrated Care Board. For the purposes of this report, the S75 Agreement with the CCG will continue until they are abolished.

3. Recommendations

- 3.1. That the Adults and Health Committee:
- 3.2. Authorises the council to enter into a new Section 75 Agreement with NHS Cheshire CCG for a period of one year from 1 April 2022, for the council's minimum required budget, together with the option to extend that agreement for a further period of one year (subject to there being a national requirement to operate the Better Care Fund as a Section 75 pooled budget agreement until 2023/24).
- 3.3. Delegates authority to the Executive Director of Adults, Health and Integration (in consultation with the Director of Governance and Compliance) to agree the terms of the Section 75 Agreement.
- 3.4. Delegates authority to the Executive Director of Adults, Health and Integration (in consultation with the Director of Governance and Compliance) to extend the Agreement for 2023/24.
- 3.5. Authorises the Director of Finance and Customer Services to continue with pooled budget arrangements for 2022/23 for the council's revised minimum requirement.
- 3.6. Approves that the services identified in the appendix can be considered and reviewed with the potential that they are included in the Better Care Fund Section 75 Agreement. Recommendations for the development of these additional schemes and associated formal pooling arrangements will come to the Adults and Health Committee for approval.

4. Reasons for Recommendations

- 4.1. A further Section 75 Agreement will enable the services which sit within the BCF to continue to operate seamlessly.

- 4.2. The outcomes from the BCF 2021/22 have delivered a greater focus on: safe, timely and effective discharge, 7 day working, increased collaborative commissioning and more coordinated system planning.
- 4.3. One of the conditions of the BCF grant funding is that the local authority and CCG have a pooled budget, whereby both parties contribute funds, but the host authority accounts for the money for individual schemes where they are responsible.

5. Other Options Considered

- 5.1. No other options have been considered; we have to put in place a new Section 75 Agreement if the council is to continue to access the BCF, as this is a statutory requirement.

6. Background

- 6.1. Today, people are living much longer, often with highly complex needs and multiple conditions. These needs require ongoing management from both health and care services, which combine both the medical and social models of care.
- 6.2. As our population ages and the financial pressures on the health and care system increase, we need to be better at providing proactive, preventative care in community settings, so that people can be supported to live at home for longer and avoid the need for commissioned health and care services.
- 6.3. Due to increasing health inequalities, increasing older populations and demand on services, the NHS Long Term Plan highlights the need to focus on prevention, which is reflected within our commissioning intentions in Cheshire East via the 5 Year Plan. The NHS Long Term Plan sets out new commitments for action that the NHS itself will take to improve prevention. The extra costs to the NHS of socioeconomic inequality have been calculated as £4.8 billion a year in greater hospitalisations alone. A key indicator for success in Cheshire East identified within the 5 Year Plan is to 'Improve health related quality of life for older people'.
- 6.4. **Vision for Adult Social Care**
- 6.5. Recently the government published the policy paper entitled 'People at the Heart of Care: adult social care reform white paper'. The white paper sets out a 10-year vision for adult social care and provides information on funded proposals that we will implement over the next three years.
- 6.6. The white paper has a particular focus on three key objectives:
 - 1. How we will support people to have choice, control and independence
 - 2. How we will provide an outstanding quality of care.

3. How we will ensure that care is provided in a way that is fair and accessible to everyone who needs it.
- 6.7. Supporting social care reform, there was an announcement made at the Spending Review in October 2021 detailing how £5.4 billion over three years would be deployed. £3.6 billion to pay for the cap on care costs, the extension to means test, and support progress towards local authorities paying a fair cost of care, which together will remove unpredictable care costs. £1.7 billion to improve social care in England, including at least £500 million investment in the workforce.
- 6.8. Some of these monies are in areas which are included within the BCF, one such area is more money being made available to support the Disabled Facilities Grant which will enable changes to be made to people's property so they can be discharged from hospital in a timely manner and continue to live independently in the community.
- 6.9. **Better Care Fund Background**
- 6.10. The BCF provides a mechanism for improved joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group allocations, the Disabled Facilities Grant and funding paid directly to local government for adult social care services, which is known as the 'Improved BCF'.
- 6.11. **Oversight and responsibility for reviewing the delivery of the Section 75 Agreement**
- 6.12. Locally the BCF Governance Group has responsibility for oversight and responsibility for reviewing the delivery of the Section 75 Agreement. The BCF is hosted by Cheshire East Council and the BCF Governance Group is chaired by Cheshire East Council. The BCF Governance Group is also used to produce and coordinate the following: BCF Plan, Adult Social Care Winter Plan, end of year report, identifying and designating areas where funding can help meet pressures and metric performance requirements.
- 6.13. In addition to this the BCF Governance Group will also monitor performance, make decisions where appropriate, and implement any requirements as identified by the national Better Care Team.
- 6.14. In the future the BCF Governance group will transition to a working group which coordinates papers, reports, performance, etc. which reports to the Section 75 Committee from 1 July 2022, to make decisions which are delegated to them via the Adults and Health Committee with further detail provided in the Place Governance report which is scheduled to be presented at the Adults and Health Committee meeting on 30 May 2022.

6.15. Schemes which form part of the Better Care Fund

- 6.16.** The exact scheme amounts are based on 2021/22 original budgets – the amounts for 2022/23 are yet to be fully confirmed. We are awaiting the national guidance on the minimum amounts to be pooled (the amount of uplift is mandated) and in addition, the Local Government Pay Award for 2021/22 is still to be finalised and this is used as the measure for uplifting the relevant schemes (for example, the BCF Reablement scheme where the vast majority of expenditure incurred is staffing related).

Scheme ID	Scheme Name	Source of Funding	Expenditure (£)
1	iBCF Block booked beds	iBCF	£958,682
2	iBCF Care at home hospital retainer	iBCF	£40,000
3	iBCF Rapid response	iBCF	£555,815
4	iBCF Social work support	iBCF	£578,124
5	iBCF Winter Schemes	iBCF	£500,000
6	iBCF Enhanced Care Sourcing Team (8am-8pm)	iBCF	£452,435
7	iBCF General Nursing Assistant	iBCF	£300,000
8	iBCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care)	iBCF	£5,320,994
9	BCF Disabled Facilities Grant	DFG	£2,342,241
10	BCF Assistive technology	Minimum CCG Contribution	£757,000
11	BCF British Red Cross 'Support at Home' service	Minimum CCG Contribution	£297,570
12	BCF Combined Reablement service	Minimum CCG Contribution	£4,771,325
13	BCF Safeguarding Adults Board (SAB)	Minimum CCG Contribution	£422,380
14	BCF Carers hub	Minimum CCG Contribution	£398,000
15	BCF Programme management and infrastructure	Minimum CCG Contribution	£411,558
16	BCF Winter schemes CCG	Minimum CCG Contribution	£527,800
17	BCF Home first schemes CCG	Minimum CCG Contribution	£18,693,933
18	BCF Trusted assessor service	Minimum CCG Contribution	£94,000
19	BCF Carers hub	Minimum CCG Contribution	£324,000
20	Community Equipment service	Minimum CCG Contribution	£1,400,000

6.17. Future intentions

- 6.18.** Local BCF arrangements have previously operated as aligned budgets across the council and the CCG. This includes the openness and transparency in terms of organisational spend in line with the jointly

developed BCF schemes, and each organisation is responsible for their own financial risks associated with those schemes.

- 6.19.** We anticipate that we will continue to evolve and build on the joint work that we have done to date, as we move into the place-based arrangements with our health partners. Working together to reduce the barriers associated with different funding streams will be part of that work, and it includes the development of pooled funding arrangements, exploring options for a single host organisation, underpinned by formal risk-share agreements. This may also include contributions from wider partners within the Section 75 pooling arrangements such as NHS Hospital Trusts. Any additional proposals will be brought back to councillors for approval in line with approved governance procedures.
- 6.20.** A pipeline of additional schemes will be considered for further integration for 2022/23 and 2023/24. The initial priority area of focus will be 'Home First' under the overarching 'Community' theme, and some of these schemes will therefore be reviewed alongside existing BCF home first schemes. Recommendations for the development of these additional schemes and associated formal pooling arrangements will come to the Adults and Health Committee for approval.

7. Consultation and Engagement

- 7.1.** Consultation and engagement with the CCG through the BCF Governance Group has taken place and will continue to take place.
- 7.2.** The Health and Wellbeing Board considered a report at its meeting on 23 November 2021 into the outcomes of the BCF for the year 2021/22 and its recommendations will be provided to this committee as a verbal update.

8. Implications

8.1. Legal

- 8.1.1.** Under Section 75 of the National Health Service Act 2006, NHS bodies may enter into arrangements with local authorities in relation to NHS functions and the health functions of local authorities.
- 8.1.2.** S141 of the Care Act 2014 provides for the BCF Pooled Funds to be held under and governed by an overarching Section 75 National Health Service Act 2006 Partnership Agreement.
- 8.1.3.** The council may therefore enter into an agreement with NHS Cheshire Clinical Commissioning under Section 75 of the NHS Act 2006 or renew an existing agreement.

- 8.1.4. The Health and Care Act 2021 (currently at the bill stage) sets out reforms with the intention of delivering a more integrated provision for health and social care. As part of those reforms, the CCG will be abolished and replaced with an Integrated Care Board. For the purposes of this report, the Section 75 Agreement with the CCG will continue until they are abolished. Their statutory duties, including all contracts and liabilities, will then transfer automatically to the new Integrated Care Board.

8.2. Finance

- 8.2.1. As the council works towards further integration with its health partners over coming years, any extension of pooled budget arrangements and in turn, the Section 75 Agreements needed to support these arrangements, will be subject to the usual council governance procedures prior to approval.

8.3. Policy

- 8.3.1. All partners within Cheshire East are committed to maximising the opportunities afforded via the BCF to further integrate health and social care, to promote health and wellbeing and improve the health outcomes of the local population.
- 8.3.2. The BCF and Improved BCF will be used to target those areas identified as requiring immediate improvement to enable more people to remain independent and effectively cared for in the community, care in the community as an appropriate alternative to hospital admission, and to support the timely discharge of anyone who is admitted to hospital with a focus on Home First.

8.4. Equality

- 8.4.1. As the leaders for our local health and social care economy, all BCF partners in Cheshire East are conversant and compliant with the Equality Act 2010.

8.5. Human Resources

- 8.5.1. There are no direct implications for any Cheshire East Council employees.

8.6. Risk Management

- 8.6.1. There is no guarantee that improved BCF will continue to be available in future years. This risk to funding has been noted and recorded in the corporate risk register.
- 8.6.2. Partners recognise that the broad range of schemes and initiatives funded through the Better Care Fund require flexibility to enable an effective approach to be taken on specific issues, rather than adopting universal approaches.

- 8.6.3. Where any element of an individual scheme (funded through the Better Care Fund) overspends the funding allocated to it in the agreed Scheme Specification, the lead commissioner responsible for that element of the scheme will be required to provide additional funding in order to off-set the amount by which that element of the scheme is overspent.

8.7. Rural Communities

- 8.7.1. There are no direct implications for rural communities.

8.8. Children and Young People/Cared for Children

- 8.8.1. There are no direct implications for children and young people.

8.9. Public Health

- 8.9.1. There are no direct implications for public health.

8.10. Climate Change

- 8.10.1. Cheshire East Council published its Environment Strategy for the period 2020-24. The strategy includes the following notions: sustainable purchasing, waste reduction and sustainable transport. The aim of the schemes included within the BCF aim to keep people as independent as possible. A number of schemes involve the efficient use of the commissioning and delivery of resources which includes care sourcing (Improved BCF), reablement services (BCF) and care at home services (older people joint commissioning). The aim of the BCF is to bring about greater integration of health and social care services, the outcome of this integration will contribute to waste reduction.

Access to Information	
Contact Officer:	Alex Jones, BCF Programme manager Alex.t.jones@cheshireeast.gov.uk
Appendices:	Services in Scope for Inclusion in the Better Care Fund Section 75 Agreement
Background Papers:	People at the Heart of Care: adult social care reform white paper Better Care Fund policy framework: 2021 to 2022 Better Care Fund planning requirements 2021-22

Appendix – Services in Scope for Inclusion in the Better Care Fund Section 75 Agreement

Priority - Home First	
MCHFT Elmhurst	Hospital at Home
Intermediate Care	Palliative Care
Integrated Community Teams	Intermediate Care
Community / Therapy Beds	Chronic Pain
Community Equipment	Continence
Community Stroke Rehabilitation	Community:
Cardiac Rehabilitation	Dietetics and nutrition, epilepsy, heart failure
Discharge Liaison	Long-term care team
Frailty	Macmillan and Marie Curie
Homecare Medicines Support	Matrons and Nurse Management
MSK	Community Rehabilitation
Night Provision	Complex Care
Escalation beds	Intermediate Respite
Tissue Viability	
Priority - Childrens and Young People	
Therapy Interventions	Abuse / assault
Looked After Children	Continuing Care packages
Safeguarding	End of Life
Priority - Mental Health, Wellbeing and Social Prescribing	
Emotional Health and Well Being, Mental Health and Dementia	Mentalh Health support plus Sexual Health / Domestic Abuse

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Working for a brighter future together

Adults and Health Committee

Date of Meeting:	28 March 2022
Report Title:	Care at Home Recommissioning
Report of:	Helen Charlesworth-May, Executive Director Adults, Health and Integration
Report Reference No:	AH/42/21-22
Ward(s) Affected:	All wards

1. Purpose of Report

- 1.1.** The council has a duty under the Care Act 2014 to meet the eligible care and support needs of people who are ordinarily resident in the local authority area and to ensure the effective and efficient operation of the care market in the local area.
- 1.2.** Care at home services (also known as domiciliary care) provide vital care and support for people with eligible needs within their own home. The service seeks to promote independence and reduce reliance, where possible, on commissioned services. The services are key to achieving a home first approach to hospital discharge and help service users to maintain their independence for as long as possible without the need for more intensive and costly interventions.
- 1.3.** The purpose of this report is to inform members of the Adults and Health Committee of the need to recommission the Care at Home Prime and Framework services within Cheshire East, and to seek approval to do so. It is proposed that the service is recommissioned in conjunction with health colleagues from the Cheshire East local place. This would be facilitated via a Memorandum of Understanding between parties which would set out funding and contract monitoring arrangements.

- 1.4. It is further proposed that the new care at home model incorporates a Rapid Response Care at Home Service.
- 1.5. The proposed recommissioning will contribute to the following objectives in Cheshire East Council's Corporate Plan 2021-2025:
- Vulnerable and older people live safely and maintain independence within community settings
 - To prioritise home first for patients discharged from hospital.

2. Executive Summary

- 2.1 Care at home is one of the largest contracted services that the council commissions in the external care market with approximately 1,200 adults and older people in Cheshire East supported to live at home at any one time. The council spends approximately £16 million on care at home services for adults per annum.
- 2.2 The service was last commissioned in 2018 when a new service model was introduced consisting of a small number of prime provider contracts (operating in up to three of six geographical areas) and a larger number of framework providers able to work in any area of the borough. Prior to 2018 care was spot purchased from up to 70 care providers at any one time.
- 2.3 Prime provider contracts were due to expire on 8 November 2021, however, the contracts allow for a maximum of two x 12 month extension periods. Due to the current challenges in the care market resulting from the COVID-19 pandemic, a decision was taken by the Director of Commissioning to extend the contracts to their maximum period (to September 2023). An initial 10 month extension has been enacted and will expire in September 2022. Commissioners are currently working with colleagues in procurement to enact a second period of extension lasting 12 months.
- 2.4 Framework contracts are due to expire in September 2022. However, due to the current pressures in the care market and in order to align the contract commencement dates for the new commission, commissioners are working with colleagues in procurement to undertake a one year direct award with framework providers via a waiver approval/ record of non-adherence (WARN).
- 2.5 Currently the council commissions a rapid response service separately from care at home. Both contracts deliver similar services, however, rapid response is designed to deliver care and support at short notice to facilitate timely hospital discharge and, therefore, attracts a higher hourly rate. It is proposed that the two services are combined in one contract to allow for a more flexible and responsive service when required which offers greater choice of providers for service users.
- 2.6 Market and service user engagement will form a key element of the recommissioning process and commissioners will seek to maximise the input

of care providers, service users and other stakeholders through a series of meetings, surveys and workshops. These will seek views on the current commissioning model and how it can be improved, and on proposals for the new service which is described in more detail in the background section of this report.

2.7 In recommissioning the care at home service, commissioners are seeking to:

- Ensure compliance with the council's Contract Procedure Rules and Public Contract Regulations
- Build upon the successes and lessons learned from the current commissioning model
- Adopt a more person-centred outcome-focused approach to service delivery and contract management with a move away from traditional 'time and task' models of commissioning
- Provide best value through maximising opportunities afforded by assistive technology, voluntary sector provision and local assets
- Develop the skillset of the local care workforce so that the service benefits the wider health and care system and prevents hospital admissions.

2.8 Commissioners are working with colleagues in Cheshire Clinical Commissioning Group (CCG) to explore a joint commission covering care at home and continuing healthcare (CHC). This would represent a further step towards health and social care integration (the council's Care Brokerage Team already source continuing healthcare on behalf of the CCG), and potentially offer greater choice and value for local residents through harmonisation of contract terms.

2.9 It is proposed that this is an adults only contract (aged 18 plus). Children's care at home was included as a separate lot when the service was last commissioned. However, this did not achieve the desired outcomes, and proposals for a separate children's care at home commission have been presented to the Children and Families Committee in November 2021 and March 2022.

2.10 The commissioning process will be informed by a comprehensive review of care fees which has recently been undertaken by an independent consultant.

2.11 The proposed timetable for the recommission is as follows:

Market and public engagement	April 2022 – August 2022
Procurement and contract documents finalised	December 2022
Contract notice issued on the Chest	January 2023
Closing date for tenders	February 2023
Evaluation of tenders	March 2023
Award sign off and intention to award letters issued	April 2023
Mobilisation	1 May – 30 August 2023
Contract start date	31 August 2023

3. Recommendations

- 3.1.** That the Adults and Health Committee:
- 3.2.** Approves Cheshire East undertaking the recommissioning of care at home services for adults which are potentially procured in partnership with Cheshire Clinical Commissioning Group (or its successor), with Cheshire East Council as the lead commissioner.
- 3.3.** Approves a contract period of up to a maximum of 10 years to provide greater stability to the market.
- 3.4.** Notes that commissioners intend to engage providers and stakeholders on the proposed new model and that independent consultants have been appointed to undertake a review of care fees which will help to inform the new commission.
- 3.5.** Delegates authority to the Executive Director of Adults, Health and Integration to enter into a joint agreement with Cheshire Clinical Commissioning Group in consultation with the Chair of the Adults and Health Committee should a joint commission with the CCG be progressed;
- 3.6.** Delegates authority to the Executive Director of Adults, Health and Integration in consultation with the Director of Governance and Compliance and the Chair of the Adults and Health Committee to enter into contracts with the successful suppliers following the prescribed procurement process.

4. Reasons for Recommendations

- 4.1.** Cheshire East Council has a duty under Section 5 of the Care Act to promote the efficient and effective operation and sustainability of a market in services for meeting the care and support needs of individuals. There are increasing financial pressures on the social care market, for example National Living Wage, and recruitment and retention issues, which are resulting in a rise in the cost of delivering care.
- 4.2.** A joint commission with health colleagues supports the health and social care integration agenda and will provide an opportunity for partners to champion a single and shared view of high quality care and support, streamline processes and harmonise contract terms and conditions. It will also simplify care sourcing processes for the council's Brokerage Team which has recently taken responsibility for sourcing continuing healthcare on behalf of Cheshire CCG.
- 4.3.** A review of children's care at home services found significant differences in service delivery with the adults service, and the previous commissioning process found there is little appetite from care providers working with adults to deliver a children's service. It is therefore recommended that the two services

are commissioned separately. The recommissioning of children's care at home is being considered by the Children and Families Committee.

- 4.4. Including a rapid response element to the care at home service will provide a greater level of flexibility to respond to changes in demand resulting from increases in hospital admissions and discharges due to winter pressures or fluctuations in COVID-19 infections. This model has been proven to be effective in other local authority areas.
- 4.5. It is proposed that the contract period is increased from a current five year maximum period to a maximum period of up to ten years to provide greater stability to the care market and maximise continuity of care for service users for whom a change of provider can feel like an unnecessary upheaval.

5. Other Options Considered

- 5.1. The council would be contravening its statutory duties under the Care Act 2014 if it were to do nothing. This would carry a very significant risk of legal challenge and reputational damage.
- 5.2. The council could allow the current contracting arrangements to expire without a replacement arrangement to succeed it. This option would present as a serious financial risk to the council as costs would be driven up when making spot purchases outside of an agreed maximum pricing structure.
- 5.3. Commissioners could recommission a service completely identical to the current one. Current care at home contracting arrangements are for an all age care at home service. One of the lessons that has been learned from the current contract is that the offer that Cheshire East's children, and their families, require for being supported in their own home differs from that which a traditional domiciliary care company is able to offer. As such, this is not recommended and separate commissioning arrangements are being made for children's care at home.
- 5.4. Recommissioning the service is to commence in September 2022 to enable a start date in line with the conclusion of the current framework contract. At the initial point that the recommissioning process commenced this was seen as a viable option. However, it is believed that providers will be less likely to engage with the process as they continue to manage ongoing recruitment challenges and there would be considerable risk that the desired outcomes would not be achieved.

Option	Impact	Risk
Do nothing and not commission care at home services	Non-compliance with statutory responsibilities under the Care Act 2014	Legal challenge Significant reputational damage

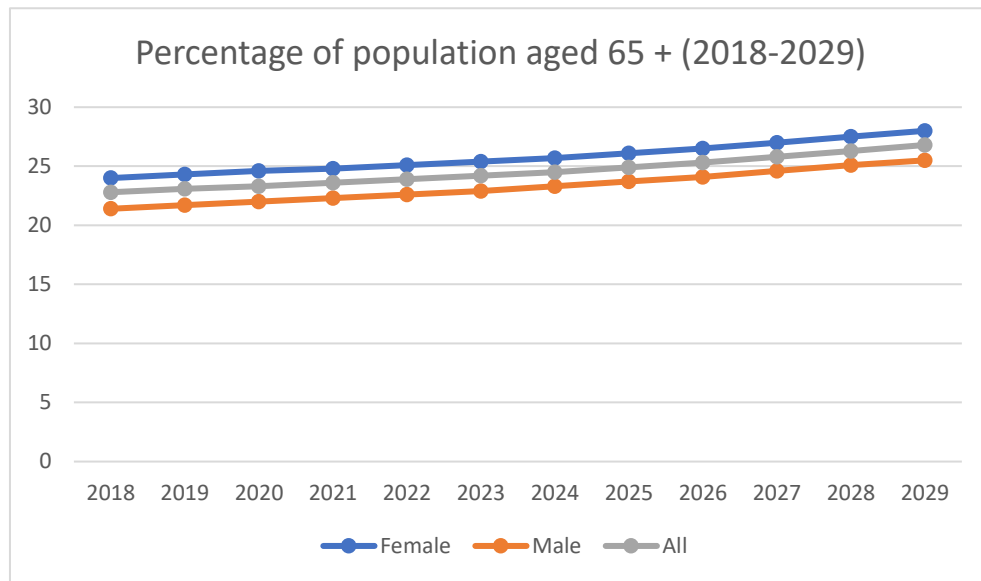
	<p>Service users with an assessed need not able to receive care in their own homes</p> <p>Loss of independence for service users as would need to be placed in residential care</p> <p>Significant delays in hospital discharge</p> <p>Does not support Council objective of 'home first'</p>	
Not commission and 'spot purchase' services	Loss of financial control for the council	<p>Budget overspends</p> <p>No assurance over value for money</p>
Commission identical service	Lost opportunity to improve flexibility of service (e.g. by including rapid response services)	Less effective and responsive care at home service
Recommission service to commence in September 2022	Care providers less likely to engage with process due to current recruitment challenges	Failed procurement process due to a lack of time to complete all of the necessary activities.

6. Background

6.1. Demography and Population Level Data

- 6.1.1** The population of Cheshire East in 2020, based on the Office for National Statistics (ONS) midyear population estimates, is 386,700. Between the mid-year 2019 population estimate and the 2020 mid-year estimate, Cheshire East saw an increase of 2,500 (0.7%) residents.
- 6.1.2** Although the service will be accessible to those over the age of 18 it is known that older people, by definition, those aged 65+, will be the age group that has the highest number of recipients. Using the ONS's 'Local authority ageing statistics, population projections for older people' tool we can model the what the likely increase in potential recipients of the service will look for

the suggested contract length as well as the level of growth that has been seen during the life of the current contract.



6.1.3 In summary, the population of Cheshire East is ageing and there is a need to increase the capacity and capability of care at home services to enable people to live at home for longer and prevent or delay the need to move into residential or nursing care.

6.1.2 It is expected that the demand for care at home services is likely to grow in the coming years. The COVID-19 pandemic has created increased levels of demand as those who would have previously opted for a placement within a residential setting are expressing a desire to remain within their own homes. It is possible that this shift in attitude will continue and as such it is important that there is a care at home service that is in place that is able to respond to the needs of the residents of Cheshire East.

6.2 Current Model

6.2.1 The current model was introduced in November 2018 when the service was last commissioned. It is premised on the majority of care being delivered by prime providers operating in six geographical lots supported by a framework of care providers who are able to work in any area of the borough. Prime providers are given the first opportunity to deliver care with care packages only offered to framework providers if prime providers are unable to deliver the care.

6.2.2 In theory, the model allocates guaranteed minimum hours (GMH) of care to each prime provider which, if delivered, attracts a guaranteed minimum payment. It was originally envisaged that total GMH value would represent 60% of weekly hours. During the life of the current contract this was revised and with present providers total GMH should equate to 39.4% of total delivery each week. However, based on current delivery, 71% of GMH total is being delivered which is equivalent to 28% of total hours being delivered.

- 6.2.3** There are a number of possible reasons for this stemming mainly from the mobilisation period of the current contracts. This includes an increase in service users opting to take a direct payment rather than transfer to a new care provider and an over reliance on staff transferring from outgoing providers. Prime providers, some of whom did not have a presence in Cheshire East prior to the recommissioning, have struggled to recruit staff particularly in more rural and affluent parts of the borough.
- 6.2.4** The previous commission allowed bidders to submit a tender of between £14 and £18 per hour. The average hourly rate paid is £17.33. A rural enhancement of up to an additional £2 on the tendered rate was added in August 2019.
- 6.2.5** The current recruitment and retention issues for care at home providers has severely restricted capacity in the market and, as a result, there have been occasions where neither prime or framework providers have the capacity to provide care. On these occasions and where there is an urgent need for care, the council's Care Brokerage Team have sourced care from care providers who are not on the framework, often at a higher cost to the council.
- 6.2.6** Care is taken to ensure that appropriate due diligence and quality assurance is undertaken with these 'non-commissioned' providers and that this step is only taken as a last resort where there is an urgent need to provide care. Where this is the case a WARN is completed for sign off by the s151 Officer and Monitoring Officer in accordance with the council's Constitution. Currently there are 23 'non-commissioned' providers delivering care at a cost of approximately £2 million per annum.
- 6.3 Proposed New Model**
- 6.3.1** It is proposed that the new model retains some of the features of the current delivery model but with some key changes, building on learning from the previous contracts, that will improve the flexibility of the service, maximise innovation and have a greater focus on outcomes for service users. These changes, described in the following paragraphs, will form the basis of wider engagement with care providers, service users and other stakeholders.
- 6.3.2** The recommissioned service would continue with the concept of a prime provider being the council's preferred suppliers (covering set geographical areas) with a supporting network of area specific 'call down' providers that can be accessed as and when required to meet any shortfall in demand. The main benefit to this approach rather than having a supporting framework is that this model would allow for aligned contract lengths. It would also ensure that this supporting network of providers will also be focused on specific geographical areas.
- 6.3.3** It is proposed that the contract length for prime and framework contracts is extended to a maximum of up to ten years to allow for a more settled marketplace. The current maximum contract length is five years (3 plus one plus one) for prime providers. Learning taken from the last recommissioning is

that it takes some time for providers who are new to Cheshire East to establish themselves within the geographical area they work in. Increasing the length of the contract ensures that unnecessary distress is not caused by the potential upheaval that regular changes to local authority contracting arrangements would create for service user and their families.

- 6.3.4** It is proposed that in the event that prime provider(s) in a specific area are unable to support a new package of care that the first line of support would be from prime providers in neighbouring lot areas before an area's call down providers are approached. Current arrangements mean that the framework is approached if prime providers are unable to provide support.
- 6.3.5** The rationale behind the recommended change is that targeting a limited number of providers who are geographically restricted in the first instance is more likely to lead to the creation of viable and stable rounds for carers. When packages of care are made available to a larger number of providers, who are not geographically restricted, there is a risk that harder to serve areas can become unstable and less feasible. As such a fair and non-discriminatory marketplace for commissioned providers needs to be tempered with the council's need to ensure that said marketplace remains stable.
- 6.3.6** Lot areas will be reviewed and there is a recommendation that some larger lots are reduced in size to improve the sustainability of an area for a prime provider/s. Previously the Care Communities were utilised as a guide for each of the current lot areas and this will be maintained. There is no intention to create areas that mix communities but consideration, where appropriate, would be given to the subdivision of an existing footprint. Lot 1, for example, currently covers an area that has High Leigh and Disley at each of its extremities and would benefit in being split into smaller more manageable areas.
- 6.3.7** It is proposed that the new care at home contract integrates the rapid response service. This would remove the need to go out to the market annually for this service which aims to facilitate more timely hospital discharge traditionally over the winter period but increasingly there is a need for this service throughout the year. This approach would alleviate internal capacity constraints, particularly within commissioning and procurement.
- 6.3.8** If adopted, this approach will lead to the creation of 'services within a service' - that all who submit a tender under the new care at home recommission will have the option to register as to whether they would deliver these services if required. In making certain elements accessible to a greater number of providers, this has the potential to improve upon the current offer available to the residents of Cheshire East. Embedding a service like rapid response within the new recommission creates the potential for significant improvements to be made in the facilitation of swifter discharge, for those medically optimal, from hospital and is in keeping with

the 'home first' ethos that has been adopted in Cheshire East. This would also support times of increased need that may be experienced, as this is no longer confined to the traditional winter pressure period.

6.3.9 The recommission of care at home services for the residents of Cheshire East will seek to achieve three things:

Transform – the current model of service delivery is based on the traditional 'time and task' approach to homecare delivery which is not always conducive to promoting independence for the service user. It is proposed that the new model seeks to move away from this to an outcomes-focused approach to commissioning services. In doing so it will drive greater collaboration between all appropriate parties in the care planning process. It will ensure that, where appropriate, the individual in receipt of services is able to have a package of support that is tailored to their need. This will create truly person-centred care delivery which provides greater flexibility for the service user on when and how care is delivered with an emphasis on meeting their individual needs and reducing dependence on paid carers wherever possible. This could include, for example, commissioning a set number of hours care per week sufficient to meet the service user's needs and decisions around when and how that care is delivered is agreed between the service user, their families or advocates and the care provider. This approach is being pioneered in other local authority areas and, it is proposed, will be further developed and explored as part of the stakeholder engagement process.

Innovate – Significant advances in technology within the care at home sector have taken place following the commencement of the current contract. The new incarnation of the service will seek to harness these progressions to ensure high quality of delivered services and that it is done so at best financial value. The upcoming commission will ensure that allowances are made for the council incorporating new technologies at any point in the life of the commission that will benefit those accessing services.

Create – An aspirational element of the recommission is the introduction of the concept of 'blended roles' which would involve carers delivering tasks normally carried out by district nurses. The additional training that would be required would lead to the creation of a workforce with transferable skills to benefit the wider system and could lead to improved individual provider retention levels. This is not something that would be introduced at the commencement of the recommission and would likely be introduced towards the conclusion of the second year of the contract. This is to ensure that other key concepts have time to be embedded as well as to allow additional time for a comprehensive 'blended roles' programme to be developed. This could also serve as a pathway for those who wish to train further for roles such as nursing, social work, physiotherapist, and other allied professional roles.

7. Consultation and Engagement

- 7.1** Engagement with local care providers, service users and other stakeholders will form a key element of the recommissioning.
- 7.2** The process will be overseen by the Care at Home Recommissioning Steering Group which comprises representatives from Cheshire East Council Procurement, Legal, Finance, Adult Social Care Operations and Communications teams as well as Cheshire CCG.
- 7.3** The steering group is supported by various task and finish groups focusing on different elements of the recommissioning including IT systems, Adult Social Care Operations, Communications and Legal, Financial and Procurement.
- 7.4** It is anticipated that market engagement and soft market testing will commence in April 2022 and will use a variety of methods including surveys, focus groups and meetings.
- 7.5** Service users will be informed of the recommissioning process at an early stage and invited to give their views via surveys and a telephone 'hotline'. The recommissioning will inevitably cause some anxiety for service users and it will be important to provide reassurance that any handover process to a new providers will involve the minimum of disruption to normal services.
- 7.6** Ward members will be kept informed of changes to service delivery resulting from the recommissioning and provided with copies of letters to service users for information.
- 7.7** Since the recommissioning does not involve changes to terms and conditions for Cheshire East Council employees, there is no need to consult staff or Trade Unions.

8 Implications

8.1 Legal

- 8.1.1** The Care Act 2014 contains a number of statutory duties pertinent to the provision of care at home services and the care provider market. These are outlined below.
- 8.1.2** Section 5(1) Care Act 2014 places a duty upon the council to promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that there is a variety of providers and high quality services to choose from.
- 8.1.3** Local authorities are under a general duty to implement preventative services that reduce the need in adults for care and support and the need for support of carers (Section 2 Care Act 2014). Whilst there is no statutory duty within the Care Act 'supporting people to live as independently as possible for as long as possible is a guiding principle of the Care Act' (paragraph 1.19, Revised Care and Support Statutory Guidance).

- 8.1.4** Statutory guidance accompanying the Care Act 2014 is clear that the way services are commissioned has a direct impact upon 'shaping the market' (Paragraph 4.4) and requires that local authorities must 'consider how to ensure that there is still a reasonable choice for people who need care and support' (Paragraph 4.39) and to ensure that their fee levels do not compromise the service providers' ability to employ people on at least minimum wage and provide effective training and development of staff (Paragraph 4.31).
- 8.1.5** Section 8 of the Care Act 2014 mostly focusses on the ways in which services can be delivered for eligible adults and confirms that these services may be delivered by itself, delegated, or by making direct payments.
- 8.1.6** Section 79 of the Care Act 2014 enables local authorities to delegate all of their functions under the Act with some exceptions notably charging and safeguarding. It is important to note however that the local authority retains ultimate responsibility for the acts or omissions of delegated bodies.
- 8.1.7** There will be a need for ongoing legal advice during this process and the above summary alone will not provide the necessary level of detail. There will be a need for ongoing legal and procurement advice during the recommissioning process, and the Adults, Health and Integration directorate will engage with the council's legal and procurement teams accordingly.
- 8.1.8** This recommission is due to go 'live' at a time where Cheshire East Council will be the lead integrated partner for services for older people. Any additional legal implications on this process due to this will need to be considered.

8.2 Finance

- 8.2.1** The current spend for care at home services is around £16 million per annum and the current spend for rapid response is around £500k, normally funded via by the integrated Better Care Fund but currently funded via the Hospital Discharge Fund.
- 8.2.2** An independent review of care fees was undertaken in late 2021 to ascertain the fair cost of care for all care services. The government has recently indicated that guidance on cost of care exercises to support the development of Market Sustainability Plans will be issued in March 2022. It is intended that the cost of care exercise will be reviewed in light of the impending guidance and updated if needed. Providers are under significant financial pressure due to increases in National Living Wage and National Insurance and rising costs of insurance and PPE resulting from the COVID-19 pandemic. In addition, many care providers are having to increase their rates of pay to compete with other sectors such as retail and hospitality.

8.2.3 Additional funding to support a move towards a more sustainable fee rate is planned to be made available under the government's Market Sustainability and Fair Cost of Care Fund subject to local authorities undertaking a cost of care exercise and developing a Market Sustainability Plan by September 2022. It is estimated that the council will be allocated approximately £3.6 million in 2023/24 and 2024/25 to move towards more sustainable fee rates for the whole care sector.

8.2.4 It is anticipated that the new contracts will include a requirement for care providers to pay staff the Foundation Living Wage. Further work will need to be undertaken to understand the financial implications of this.

8.2.5 It is clear that the financial envelope for the service will need to increase from current levels to ensure the commissioning process results in a financially sustainable service.

8.3 Policy

8.3.1 The recommendation to recommission the service ensures that the care at home service continues to fulfil the council's commitment to providing choice in service provision while also ensuring best value for service delivery.

8.3.2 The ethos of the planned recommission is aligned to that of the council's Corporate Plan 2021-2025 which seeks to empower and care for the residents of Cheshire East. In particular the care at home service meets the council's objectives to ensure vulnerable and older people live safely and maintain independence within community settings and to prioritise home first for patients discharged from hospital.

8.4 Equality

8.4.1 An Equality Impact Assessment has been completed and is appended to this report. The EIA will be reviewed and updated throughout the commissioning process.

8.5 Human Resources

8.5.1 There are no direct human resource implications for the council. However, it is possible that TUPE will apply for existing care providers.

8.6 Risk Management

8.6.1 In extending the current contracts for the maximum period possible, commissioners are seeking to mitigate the risk of a failed procurement due to lack of market engagement due to current pressures providers are experiencing.

8.6.2 A risk register has been developed for the recommission and will be reviewed and updated throughout the commissioning process. The major identified risks are low interest in the tender opportunity due to a low ceiling price for the hourly rate and ensuring that there is sufficient workforce to deliver the service. This will be mitigated through increasing the financial

envelope utilising the Market Sustainability Fund and ensuring that providers are aware of their legal responsibilities in respect of TUPE.

8.7 Rural Communities

8.7.1 People living in rural communities are at an increased risk of social isolation. The commissioning of any care at home service will seek to ensure that in the first instance that the residents of Cheshire East are not disadvantaged in accessing this service due to their postcode. It has been identified that there will be a need to make changes to the current care at home arrangements to improve provider coverage. A move away from a 'time and task' approach to service delivery could be particularly beneficial to those living in rural areas as it will allow for greater service user ownership of how care is to be delivered.

8.7.2 In determining the pricing model for the service, commissioners will consider whether an enhanced ceiling price is required for delivery in rural areas of the borough using evidence from the cost of care exercise. This will support the additional challenges of recruiting staff in rural and more affluent areas of the borough.

8.8 Children and Young People/Cared for Children

8.8.1 Although there is to be a separate recommission for children's care at home services, the adults service will be designed to facilitate a seamless pathway for young people transitioning into Adult Services.

8.9 Public Health

8.9.1 The World Health Organisation defines Public Health as 'the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society'. The care at home service would meet the 'prolonging life' element of this definition. Living within one's own home for as long as possible has been proven to be more beneficial than living within a residential care setting. Therefore, in providing a service that promotes independence and a reabling approach to care will allow residents to live within their own homes for longer. This recommission will also seek to ensure that providers adopt an approach that includes awareness of the resources within the community that those who they support could access.

8.10 Climate Change

8.10.1 The main challenge that presents itself in this domain is that care at home delivery often requires the use of petrol-powered transport. Providers do seek to offset this by developing 'walking' rounds where all calls are within relative proximity to one and other. However, the use of cars, scooters and motorcycles is often the most time efficient way to ensure that all those who require support receive it within a timely fashion.

- 8.10.2** Some providers are trialling the use of electrified transport namely bicycles with their staff teams. A potential green energy bonus or support to purchase more carbon efficient transport may have a slight positive impact. However, current public transport infrastructure and the cost to purchase electric vehicles present as barriers to becoming viable alternatives in situations where car travel is essential.

Access to Information	
Contact Officer:	Jane Stanley McCrave, Senior Commissioning Manager Jane.stanley-mccrave@cheshireeast.gov.uk
Appendices:	Appendix – Equality Impact Assessment
Background Papers:	Care Act 2014 Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023 policy paper

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EQUALITY IMPACT ASSESSMENT

TITLE: Care at Home

VERSION CONTROL

Date	Version	Author	Description of Changes
01-12-21	1	Joanne Cliffe	Development of Care at Home EIA
28-01-22	2	Joanne Cliffe	Updates to Care at Home EIA

EQUALITY IMPACT ASSESSMENT

CHESHIRE EAST COUNCIL - EQUALITY IMPACT ASSESSMENT

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

Department	Integrated Health and Social Care Commissioning		Lead officer responsible for assessment		Jane Stanley-McCrave – Senior Commissioning Manager	
Service	Integrated Commissioning		Other members of team undertaking assessment		Joanne Cliffe – Commissioning Manager	
Date	28-01-22		Version 2			
Type of document (mark as appropriate)	Strategy	Plan	Function	Policy	Procedure	Service x
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New x		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>Strategic aim within the corporate plan: “A council which empowers people”.</p> <p>Priority: Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services.</p> <p>Care at Home</p> <p>This involves exploration of the options for the future of all care at home for adults and older people with care and support needs residing in Cheshire East, and service users with elements of continuing healthcare needs.</p> <p>This proposal is to ensure that this strategic aim is met, commissioners are looking to build upon the lessons that have been learned from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product.</p>					

EQUALITY IMPACT ASSESSMENT

Purpose

A Memorandum of Understanding (MoU) is being developed to promote effective working relationships between Cheshire East Council (CEC) and Cheshire Clinical Commissioning Group (CCCG) to help ensure that there is effective, co-ordinated, and comprehensive regulation under section 5 of the Care Act to promote efficient and effective operation and sustainability of a market in services for meeting the care and support needs of individuals.

This MoU is intended to support the following ethos:

- Meeting responsibilities for the safety of service users
- Make clear to one another from the outset their particular statutory responsibilities
- To set out operational need
- To prompt early decisions about the actions and investigation(s) thought to be necessary and a dialogue about the implications of these
- To provide an efficient and effective approach to the management of the care at home market in developing and strengthening partnership working
- To prompt the identification of lead personnel to manage liaison between organisations
- To ensure that the requirements of current data protection legislation are met by all parties

As Cheshire and Merseyside Integrated Care Partnership, we will commission the Care at Home Service together. This will enable people with elements of continuing healthcare needs to be included within the contract, allowing for further continuity of care for service users should their health needs increase to a level where elements of continuing healthcare are required, as they would not need to change the provider who may be going in to support them for their social care needs.

The children's component of the current care at home service has been taken out and is being commissioned independently.

There will be an impact on some service users as some may need to have a different provider or care worker, as there may be a loss of some providers via the tender process.

EQUALITY IMPACT ASSESSMENT

	<p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product.</p> <p>Whilst the transition period takes place (May 2023 until September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p> <p>Cheshire East Council will also be fully engaging and consulting with service users.</p> <p>Cheshire East Council have undertaken a cost of care fee review of care at home, complex, and accommodation with care providers.</p> <p>It is worth noting that whilst it is proposed to publish this EIA on the council's web page as an 'EIA under development', there has not yet been any engagement with care at home users or the care providers, therefore, we currently, have no information or data on which to make judgements about any unforeseen adverse effects on people from protected characteristic groups. We will continue to update and review this EIA as the mobilisation of the new service draws closer.</p>
<p>Who are the main stakeholders, and have they been engaged with? (e.g., public, employees, Councillors, partners, specific audiences, residents)</p>	<ul style="list-style-type: none"> • Existing and potential care at home service users (including their families and carers) • All Councillors • Current independent sector care at home providers • Cheshire Clinical Commissioning Group (CCCG) • Cheshire East Council Contracts / Commissioners / Quality Assurance Team • Cheshire East Council Adult Social Care Operational Teams • Voluntary, Community and Faith Sector • Care Quality Commission
<p>What consultation method(s) did you use?</p>	<p>There has not yet been any external engagement on this project as we are currently awaiting permission to proceed with the recommission before we can commence this.</p> <p>It is envisioned that external providers and service users will be invited to attend task and finish groups to enable their feedback on the current service and identify areas of further good practice which may be required. They will also be involved in the development of the model, Lots etc. Internal stakeholders have also attended task and finish groups linking to the modelling and recommissioning of the service.</p>

EQUALITY IMPACT ASSESSMENT

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)	All stakeholders listed above potentially. We will analyse feedback from provider and service user task and finish groups (which will include what the proposed new model could look like etc.).
Who is intended to benefit and how?	<p>Service users – adults / older people and those requiring elements of continuing healthcare should have a more personalised service which offers more choice and that better serves their needs.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product.</p> <p>As Cheshire and Merseyside Integrated Care Partnership, we will commission the care at home service together. This will provide partners with an opportunity to promote and champion a single and shared view of high-quality care and support. With our partners we will ensure that health and social care services provide people with safe, effective, compassionate, high quality care and that as partners we encourage care services to improve.</p>
Could there be a different impact or outcome for some groups?	Yes – the service is aimed at vulnerable people who need extra support this includes adults, older people, and service users with elements of continuing healthcare needs.
Does it include making decisions based on individual characteristics, needs or circumstances?	All social care services are offered based on assessed eligible need. This work does not change the basis of those individual assessment decisions, these are in care plans.
Are relations between different groups or communities likely to be affected? (e.g., 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)?	No – all decision and solutions will be based on a fully personalised approach

EQUALITY IMPACT ASSESSMENT

Is there an actual or potential negative impact on these specific characteristics? (Please tick)																			
Age	Y		Marriage & civil partnership		Y	Religion & belief		Y											
Disability	Y		Pregnancy & maternity		Y	Sex		Y											
Gender reassignment	Y		Race		Y	Sexual orientation		Y											
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							Consultation/ involvement carried out												
							Yes	No											
Age	<p>The following data shows the percentage of age ranges for service users currently in receipt of a care at home service:</p> <table border="1"> <tr> <th>Age Band</th> <th>18-24</th> <th>25-64</th> <th>65-74</th> <th>75-84</th> <th>85+</th> </tr> <tr> <td>% Of Age Band</td> <td>1%</td> <td>22%</td> <td>15%</td> <td>27%</td> <td>35%</td> </tr> </table> <p>The key characteristics of the people who use services will be adults, older people, and those requiring elements of continuing healthcare needs. As such, the proposals could have a potential negative impact of this protected group. If some care at home providers are not successful on the recommitment of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>						Age Band	18-24	25-64	65-74	75-84	85+	% Of Age Band	1%	22%	15%	27%	35%	<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommitment – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommitment.</p>
Age Band	18-24	25-64	65-74	75-84	85+														
% Of Age Band	1%	22%	15%	27%	35%														

EQUALITY IMPACT ASSESSMENT

Disability	<p>The data below shows the percentage of service users currently in receipt of a care at home service who are deemed to be affected by the following primary support reason (PSR):</p> <table><tr><th>PSR</th><th>Learning Disability</th><th>Mental Health</th><th>Physical Support</th><th>Sensory Support</th><th>Support with memory and cognition</th><th>Social Support</th></tr><tr><td>% Of PSR</td><td>9%</td><td>8%</td><td>70%</td><td>1%</td><td>11%</td><td>1%</td></tr></table> <p>There may be people who use services who have a disability. As such, the proposals could have a potential negative impact of this protected group. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>	PSR	Learning Disability	Mental Health	Physical Support	Sensory Support	Support with memory and cognition	Social Support	% Of PSR	9%	8%	70%	1%	11%	1%		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
PSR	Learning Disability	Mental Health	Physical Support	Sensory Support	Support with memory and cognition	Social Support											
% Of PSR	9%	8%	70%	1%	11%	1%											
Gender reassignment	<p>There may be people who use services who have reassigned. As such, the proposals could have a potential negative impact of this protected group. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p>		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at</p>														

EQUALITY IMPACT ASSESSMENT

	Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.		home users can feedback regarding this recommission.
Marriage & civil partnership	<p>There may be people who use services who are married or in a civil partnership. As such, the proposals could have a potential negative impact of this protected group. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
Pregnancy & maternity	<p>There may be people who use services who are pregnant or on maternity leave. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
Race	There may be people who use services who are from ethnic minorities. As such, the proposals could have a potential negative impact of this protected group. If some care at home providers are not successful on		Not yet as awaiting Committee approval to

EQUALITY IMPACT ASSESSMENT

	<p>the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
Religion & belief	<p>There may be people who use services who have differing religions and beliefs. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
Sex	<p>There are males and females who use services. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we</p>		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p>

EQUALITY IMPACT ASSESSMENT

	<p>have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
Sexual orientation	<p>There may be people who use services who have differing sexual orientations. If some care at home providers are not successful on the recommission of the care at home service, the people who use services may have to move providers. Service users could also opt to take a direct payment and source their own care, but there could be instances where they would need to move provider.</p> <p>The impact from this would only be short-term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to carer.</p> <p>The benefits of this process will be that there would be an improved offer to care at home users, as we have learnt lessons from the existing care at home service. In addition, advances in the sector and changes to relevant legislation will be incorporated into the end product/service delivered.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
Carers	<p>It is possible that a carer for a care at home user, with a current provider who subsequently decides not to re-tender may be affected. For instance, the care at home users could also opt to take a direct payment and source their own care, if they did this the provider may not accept the direct payment rate, the carer / relative may need to pay a top up, if they are unable to afford a top up, then they could be disproportionately affected. This arrangement is always subject to fee reviews from providers, something that is outside the council's control. However, the council would always offer alternative provision if the service user and carer/relative decided they wished the council to source care on their behalf.</p> <p>Also it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>Not yet as awaiting Committee approval to proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
Socio Economic Status	<p>It is possible that a care at home user who has a lower socio-economic status, with a with a current provider who subsequently decides not to re tender may be affected. For instance, the care at home users</p>		<p>Not yet as awaiting Committee approval to</p>

EQUALITY IMPACT ASSESSMENT

	<p>could also opt to take a direct payment and source their own care, if they did this the provider may not accept the direct payment rate, and the care at home user may need to pay a top up. If they are unable to afford a top up, then they could be disproportionately affected. This arrangement is always subject to fee reviews from providers, something that is outside the council's control. However, the council would always offer alternative provision if the service user and carer/relative decided they wished the council to source care on their behalf.</p> <p>Also, it is possible that providers may employ some people with protected characteristics. If those providers do not tender and as a result reduce their provision, then the job security of those people could be affected. TUPE implications may apply; therefore, the staff may have a new employer.</p>		<p>proceed with this aspect of the recommission – there will be individual task and finish groups set up for care at home users and care providers.</p> <p>There will also be a survey which will be developed where care at home users can feedback regarding this recommission.</p>
Proceed to full impact assessment? (Please tick)	Yes ✓	No	Date
Lead officers sign off		Date	
Head of service sign off		Date	

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

EQUALITY IMPACT ASSESSMENT

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

Protected characteristics	Is the policy (function etc....) likely to have an adverse impact on any of the groups?	Are there any positive impacts of the policy (function etc....) on any of the groups?	Please rate the impact considering any measures already in place to reduce the impacts identified	Further action (Only an outline needs to be included here. A full action plan can be included at Section 4)
Age	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>For people affected by dementia, the transition process may bring about additional anxiety. This will be factored into the support process during the transition period.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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Disability	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Special consideration needs to be given to people with learning disabilities who may need support to understand the change. It is possible that people with mental ill health either as a primary or secondary disadvantaging condition, could face increased anxiety during the change which will need to be factored into the transition support.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>
Gender reassignment	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

EQUALITY IMPACT ASSESSMENT

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Marriage & civil partnership	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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<p>Pregnancy and maternity</p>	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>
<p>Race</p>	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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Religion & belief	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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Sex	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>
Sexual orientation	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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Carers	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>

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Socio Economic Status	<p>If some care at home providers are not successful with the recommission of the care at home service, the people who use services may have to move providers. They can take a direct payment and stay with their current provider, but there could be instances where they would need to move provider.</p> <p>Regarding the above, it is worth noting that staff changes take place as they occur within the provider organisation, (staff leave, change jobs etc) so this is something that happens naturally within any organisation.</p> <p>The benefits of this process will be that there would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with elements of continuing healthcare needs would not need to change providers.</p>	<p>There should be no change to the services people receive; there will be no gap in service provision.</p> <p>The impact from this would only be short term as the service users may need to have a new provider and / or carer. In some instances, should TUPE apply, there may not even be a change to the carer.</p> <p>The long-term benefits of this process would be greater stability in the care at home market, a reduction in provider failure, fewer providers handing back care packages, and continuity of care as service users with low level continuing healthcare needs would not need to change providers.</p>	<p>Medium – there will be a transition period in place as part of the recommission timeline.</p> <p>Whilst the transition period takes place (May 2023 to September 2023) all service users will be reviewed and supported by officers from Cheshire East Council.</p>	<p>There needs to be a clear transition plan which includes identifying those people who use services that may need to move providers, a review of these people and robust process in place to move them should the need be required.</p> <p>Cheshire East Council will also be fully engaging with service users.</p>
<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 (e.g., tendering, awards process, contract, monitoring, and performance measures)</p> <p>No, however, all equality measures will be configured into new procurement procedures and subsequent contracts and monitoring.</p>				

EQUALITY IMPACT ASSESSMENT

Stage 4 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 or provision for most people who use services. However, there does need to be a robust transition plan in place for those people who either want to change providers or who do not want to take a direct payment to enable them to stay with their current provider. 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. Cheshire East Council will also be fully engaging with service users.

Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
The council will organise a task and finish group for service users as part of the consultation and engagement process of this recommission	Commissioning and Contracts staff	Joanne Cliffe	May 2022
Identification of possible people who use services who may be affected to be completed as a priority, from award of contract etc.	Contracts Team / Operational Staff	Emma Eardley / Operational Team representatives	July 2023
Enough time must be planned into the mobilisation plan to ensure effective change over of providers and review of people can take place – thus ensuring no gap in service provision for those affected	Commissioning / Contracts Team	Joanne Cliffe / Lindsey MacAulay and Emma Eardley	March 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?	June 2023		
Are there any additional assessments that need to be undertaken in relation to this assessment?	It is proposed to publish this EIA on the council's web page as an EIA under development. here will be a note to invite feedback especially relating to people from protected characteristic groups. A dedicated email address will be set up and the inbox monitored for this purpose.		

EQUALITY IMPACT ASSESSMENT

Lead officers sign off	Joanne Cliffe	Date	14/03/2022
Head of service sign off	Jo Sutton	Date	14/03/2022

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

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Adults and Health Committee work programme 2022-23

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
TBC	30 May 2022	For decision: Transition to Integrated Care	To approve the governance arrangements and agree funding arrangements	Executive Director for Adults, Health and Integration			Y	A council which empowers and cares about people	N
TBC	30 May 2022	For decision: Alignment of 2022-23 Budgets	To receive the alignment of the 2022-23 budgets for Adults, Health and Integration and to note or approve virements and supplementary estimates as required	Director of Finance and Customer Services (s151 Officer)	NA	NA	Y	An open and enabling organisation	N
TBC	30 May 2022	To note: Implementation plan for the All-Age Carers Strategy	To receive the implementation plan for the All-Age Carers Strategy	Director of Commissioning	Y	Y	y	A council which empowers and cares about people	N
TBC	30 May 2022	To note: Delivery plan for day opportunities and learning from COVID	To receive the delivery plan for day opportunities and learning from COVID	Director of Commissioning	Y	Y	Y	A council which empowers and cares about people	N
TBC	18 July 2022	For decision: Live Well for Longer Strategy and implementation plan	To approve the Live Well for Longer Strategy and receive the implementation plan	Director of Commissioning	Y	Y	y	A council which empowers and cares about people	N
TBC	18 July 2022	For decision: Brocklehurst Centre	To receive the consultation findings and consider future dementia day opportunities provision in Macclesfield	Director of Commissioning	Y	Y	Y	A council which empowers and cares about people	N
TBC	18 July 2022	For decision: Universal Information and Advice Service Recommission	To approve the recommission of the universal information advice service	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
TBC	18 July 2022	For decision: Dementia Strategy and implementation plan	To approve the dementia strategy and receive the implementation plan.	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
TBC	18 July 2022	To note: Flu Report	To receive the annual flu report	Director of Public Health	NA	N	Y	A council which empowers and cares about people	N
TBC	18 July 2022	To note: Public Health Grant	To note the proposed spending on the public health grant.	Director of Public Health	NA	N	Y	A council which empowers and	N

								cares about people	
TBC	26 September 2022	For decision: Adult Social Care charging policy	To approve the adult social care charging policy	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
TBC	26 September 2022	For decision: First financial review of 2022/23 (update to include progress on policy proposals and material variances from MTFS)	To receive the first financial review for Adults, Health and Integration and to note or approve virements and supplementary estimates as required	Director of Finance and Customer Services (s151 Officer)	NA	NA	Y	An open and enabling organisation	N
TBC	26 September 2022	To note: Local Safeguarding Adults Board Annual Report 2021/22	To receive the annual report of the Local Safeguarding Adults Board.	Director of Adult Social Care	NA	N	Y	A council which empowers and cares about people	N
TBC	26 September 2022	To note: Scorecard Q1 (will also include Q4 data)	To consider key performance indicators/ measures.	Director of Adult Social Care	NA	N	Y	A council which empowers and cares about people	N
TBC	26 September 2022	To note: covid/closing down programme– summary report	To receive a summary report on covid closing down programme	Director of Public Health	N/A	N	Y	A council which empowers and cares about people	N
TBC	21 November 2022	For decision: VCFSE social enterprise model	To approve a social enterprise model for the VCFSE sector	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
TBC	21 November 2022	For decision: Second financial review of 2022/23	To receive the second financial review for Adults, Health and Integration and to note or approve virements and supplementary estimates as required	Director of Finance and Customer Services (s151 Officer)	NA	NA	Y	An open and enabling organisation	N
TBC	21 November 2022	To note: Director of Public Health Annual Report 2021/22	To receive the Director of Public Health Annual Report.	Director of Public Health	NA	N	Y	A council which empowers and cares about people	N
TBC	21 November 2022	To note: Local Account for Adult Social Care	To consider the annual required Local Account of Adult Social Care Services, outlining how the council has supported people over the previous year.	Director of Adult Social Care	NA	N	Y	A council which empowers and cares about people	N
TBC	21 November 2022	To note: Adult Social Care Winter Plan 2022-23	To receive an update on the schemes and actions being deployed to address winter pressures.	Director of Commissioning	NA	N	Y	A council which empowers and cares about people	N
AH/17/21-22	23 January 2023	For decision: Accommodation with Care Recommission	To approve the recommission of Accommodation with Care Services (Care Homes).	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
TBC	23 January 2023	For decision: Bed based carer respite	To approve the recommission of bed based carer respite	Director of Commissioning	Y	Required	Y	A council which empowers and	N

								cares about people	
TBC	23 January 2023	For decision: MTFS Budget Consultation	To respond to the budget consultation for Adults, Health and Integration.	Director of Finance and Customer Services (s151 Officer)	Y	Required	Y	An open and enabling organisation	N
TBC	23 January 2023	To note: Scorecard Q2	To consider key performance indicators/ measures.	Director of Adult Social Care	NA	N	Y	A council which empowers and cares about people	N
TBC	23 January 2023	For decision: Supported Employment Strategy and implementation plan	To approve the Supported Employment Strategy and implementation plan	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
TBC	27 March 2023	For decision: Review of the learning disability and mental health strategy	To review the learning disability and mental health strategy	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
TBC	27 March 2023	For decision: Third financial review of 2022/23	To receive the third financial review for Adults, Health and Integration and to note or approve virements and supplementary estimates as required	Director of Finance and Customer Services (s151 Officer)	NA	NA	Y	An open and enabling organisation	N
TBC	27 March 2023	To note: Scorecard Q3	To consider key performance indicators/ measures.	Director of Adult Social Care	NA	N	Y	A council which empowers and cares about people	N

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 25th January, 2022 in the The Ballroom, Sandbach Town
Hall, High Street, Sandbach, CW11 1AX

PRESENT

Voting Members

Councillor Carol Bulman, Cheshire East Council
Councillor Sam Corcoran (Chairman), Cheshire East Council
Councillor Jill Rhodes, Cheshire East Council
Helen Charlesworth-May, Cheshire East Council
Denise Frodsham, Cheshire East Integrated Care Partnership
Dr Matt Tyrer, Director of Public Health

Non-Voting Members

Deborah Woodcock, Cheshire East Council

Associate Non-Voting Members

Councillor Janet Clowes, Cheshire East Council

Cheshire East Officers and Others

Mark Bayley, Cheshire East 0-25 SEND Partnership
Mark Groves, Healthwatch Cheshire
Guy Kilminster, Corporate Manager Health Improvement
Karen Shuker, Democratic Services Officer

39 APOLOGIES FOR ABSENCE

Apologies were received from Louise Barry (Healthwatch Cheshire), Superintendent Peter Crowcroft (Cheshire Constabulary), Chris Hart (Cheshire East Social Action Partnership), Steven Michael (Cheshire East Health and Care Place Partnership), Dr Lorraine O'Donnell (Cheshire East Council), Jayne Traverse (Cheshire East Council), Clare Watson (Cheshire CCG), Caroline Whitney (CVS Cheshire East), Dr Andrew Wilson (Cheshire CCG).

Mark Groves (Healthwatch Cheshire) attended as a substitute.

40 DECLARATIONS OF INTEREST

Councillor S Corcoran declared a non-pecuniary interest by virtue of his wife being a GP.

41 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 23 November 2021 be confirmed as correct record.

42 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

43 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) UPDATE

The Board considered a report detailing progress with the work of the Cheshire East 0-25 SEND Partnership and the development of the SEND Strategy, 2021-24.

The Board welcomed the report and agreed that they would like an annual update and would like consideration given to aligning the report with the Children & Families Committee.

RESOLVED that:-

- (1) The update relating to the SEND Strategy, 2-21-24 and associated action plan be noted.
- (2) Progress made against the vision, values and actions contained in the strategy be provided in an annual report.

44 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020/21

The Board considered the Public Health Annual Report for 2020/21.

The report provided an overview of the challenges faced by the Public Health Team, and the milestones achieved during the pandemic. It also highlighted the inequalities in Cheshire East and the evidence supporting partnership working to create healthier lifestyles.

The Board welcomed the comprehensive report and provided comments and questions in respect of the following:

- How the Board could help promote health and wellbeing through green spaces;
- Could working in partnership with planning on the impact of new housing designs improve the quality of life;
- Whether there were specific reasons behind the high figures for deaths from circulatory diseases in Audlem and Middlewich.

It was agreed that more detailed information on circulatory diseases would be provided outside the meeting.

RESOLVED:

That the Director of Public Health Annual Report be noted.

45 TEST, TRACE, CONTAIN, ENABLE UPDATE

Dr Matt Tyrer gave an update on the Test, Trace, Contain and Enable system.

It was reported that following the recent National Policy updates there would be communications issued to support any changes. It was reported that since the last Health and Wellbeing Board there had been a mixed picture in respect of covid cases which had seen the highest rate in Cheshire East since the pandemic began due to the Omicron variant.

The rate of cases in the older age group had fallen, but there had been an increase in the primary and secondary age groups. It was reported that this was the overall picture nationally.

Testing was still being offered to communities, along with help to support local businesses, and the roll out of the vaccination programme continued.

RESOLVED: -

That the update be noted.

46 CHESHIRE EAST PLACE PARTNERSHIP UPDATE

This item and the Cheshire East Integrated Care Partnership update were considered together.

The Board noted that there had been a delay in the establishment of Integrated Care Systems (ICS) from 1 April 2022 to 1 July 2022, however this had provided additional time to work through plans, proposals and supporting structures.

The Executive Group continued to meet weekly to ensure that it covered all the required elements for the successful transition towards an Integrated Care System and enable open discussion and strategic thinking on the direction of travel for Cheshire East Place. The most important factors were to maintain the momentum supporting the strategic vision and associated work whilst identifying who would have the capability to deliver that moving forward.

The Board were informed that the Executive Group were supported by three dedicated workstreams focussed on Integrated Planning, Finance and Governance. These covered areas such as overarching system architecture, decision-making, delegations to scope of services and the interface between Cheshire East Place and the ICS and Integrated Care Board moving forward.

This would enable the development of appropriate governance arrangements that would support collaborative decision making and establish clear lines of reporting for the Cheshire East Place Partnership arrangements around performance, accountability, and assurance in readiness for the implementation of the Cheshire and Merseyside Integrated Care System after 1 July 2022.

RESOLVED

That the update be noted.

The meeting commenced at 2.00 pm and concluded at 2.52 pm

Councillor S Corcoran (Chair)