Cheshire East Council

People live well, for longer

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

Commissioning Plan

2017-2020

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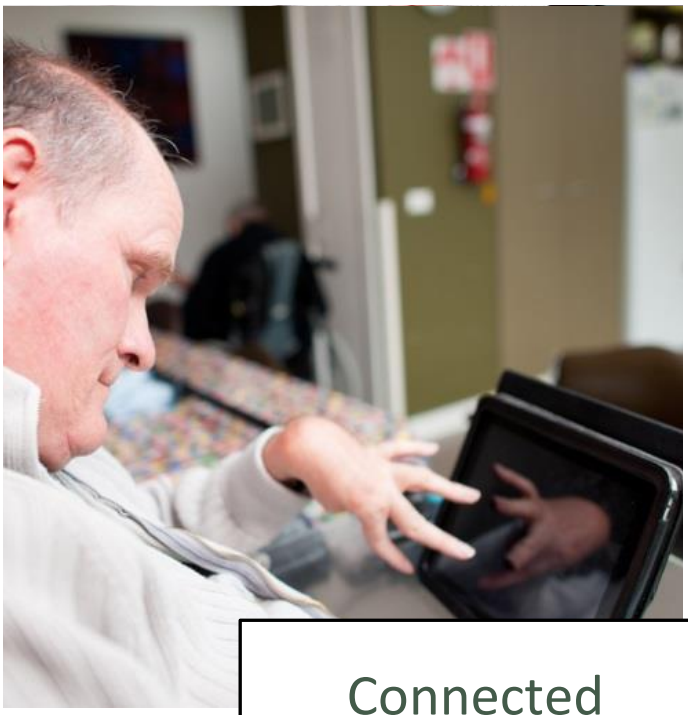

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Terms Explained

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

People

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

Residents

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

Commissioning

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

Adult Social Care

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

Safeguarding People

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

Public Health

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

Clinical Commissioning Group

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

Market Position Statement

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

Forward

Portfolio Holder

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

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

It sets out how we will:

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

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

Councillor Janet Clowes

Portfolio Holder: Adult Social Care and Integration

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

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

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

Introduction

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

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

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

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

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

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

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

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

Mark Palethorpe

Strategic Director

Adult Social Care and Health

Purpose

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

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

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

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

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

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

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

- Our Local Population
  An overview of the population of Cheshire East and the current and future forecast of need.
- Our Partnership Arrangements
  The local partners that we work with to commission and deliver local services in meeting people's assessed needs.
- Our Financial Context
  Information on our financial position and how this will change by 2020.
- National Policy
  A summary of relevant legislation that influences how we commission services now and in the future.

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

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

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

Our Vision and Priorities

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

The Outcomes relevant to this plan are detailed below.

Our Outcomes

Outcome 1 – Our local communities are strong and supportive.

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

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

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

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

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

Outcome 5 – People Live Well for Longer.

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

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

Our 2020 Ambition

Information & Advice Hub

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

Local Area Co-ordinators

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

Dementia Reablement

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

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

Care Services Directory

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

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

Dementia

Dementia describes a group of symptoms associated with a progressive decline of brain functions, such as memory, understanding, judgement, language and thinking. The most common form of dementia is Alzheimer's disease. People with dementia are at an increased risk of physical health problems and become increasingly dependent on health and social care services and on other people.

Cheshire Care Record

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

Care Record

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

Equipping people for life

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

Our 2020 Ambition

Adult Social Care Online

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

Advocacy Hub

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

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

Ref - Mind

Joint Quality Assurance Team

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

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

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

Recovery based accommodation

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

Working in Positive Partnership

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

Our 2020 Ambition

Public Health and Communities - You decide

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

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

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

Our 2020 Ambition

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

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

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

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

livewell Cheshire East

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

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

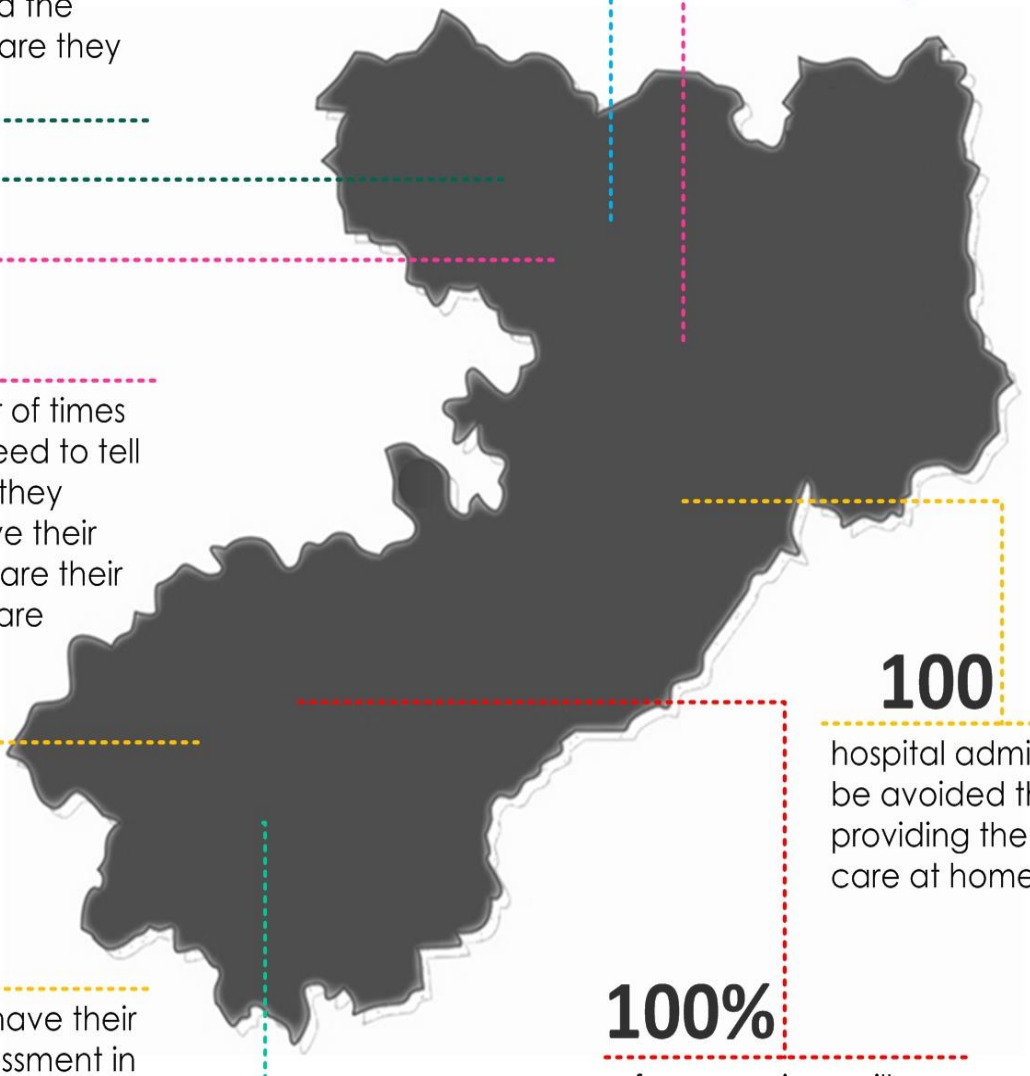
Live Well is a platform the Council will build on further providing self assessment of care needs, and people portals linking services to people.

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

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

Our 2020 Ambition

Our 2020 Ambition



2 Shopping centres will be dementia friendly

85% Of adults with a learning disability will be living in their own home or with their family

500 People will find the advice and care they need online

One is the number of times people will need to tell their stories if they choose to give their consent to share their health and care information

100 hospital admissions will be avoided through providing the right care at home

1500 carers will have their own assessment in their own right

100% of new services will involve people who need care and support at the design stage

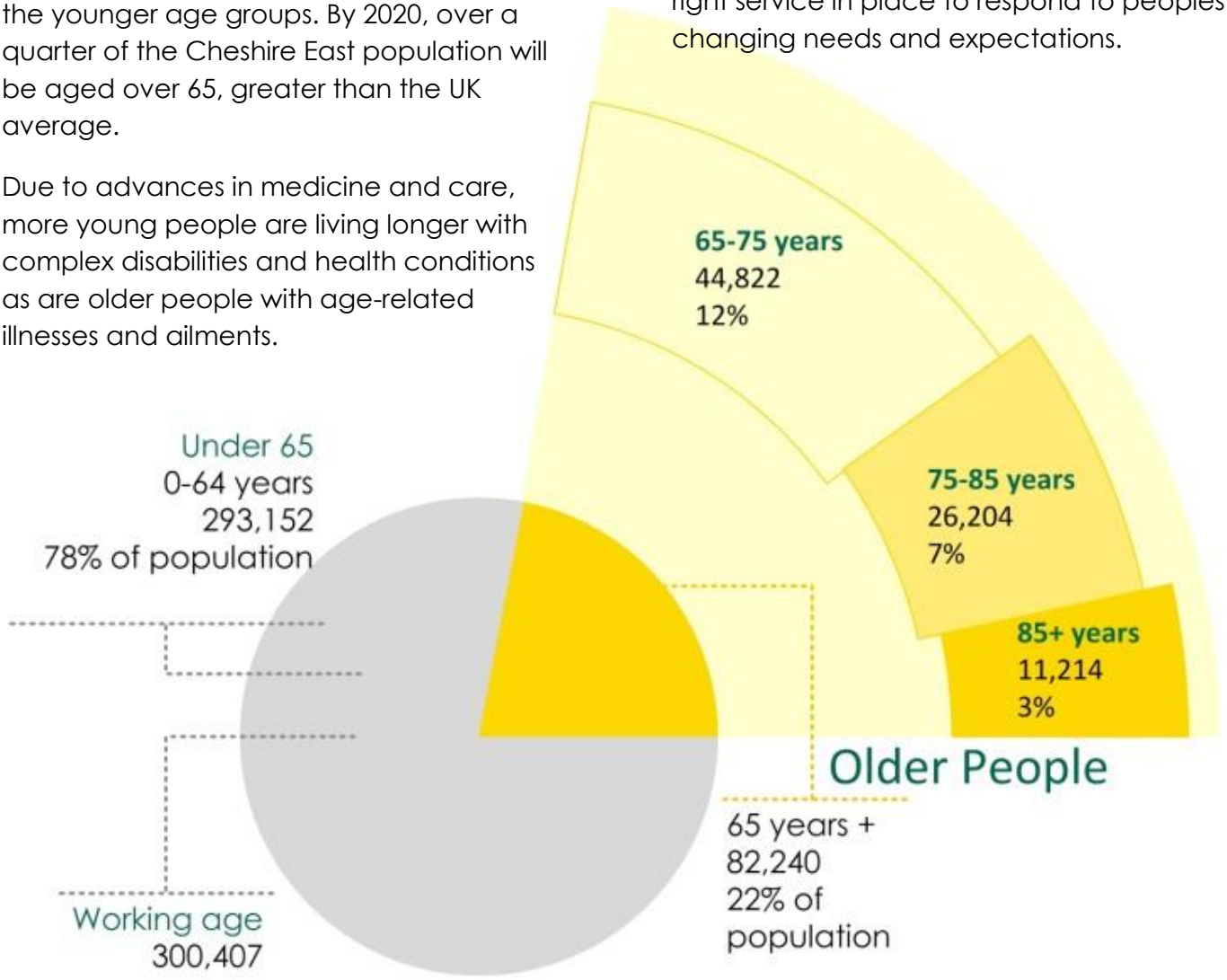
2500 homes will be equipped with smart care and assistive technologies so that people can stay home for longer

Our Local Population

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

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

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



People are living for longer

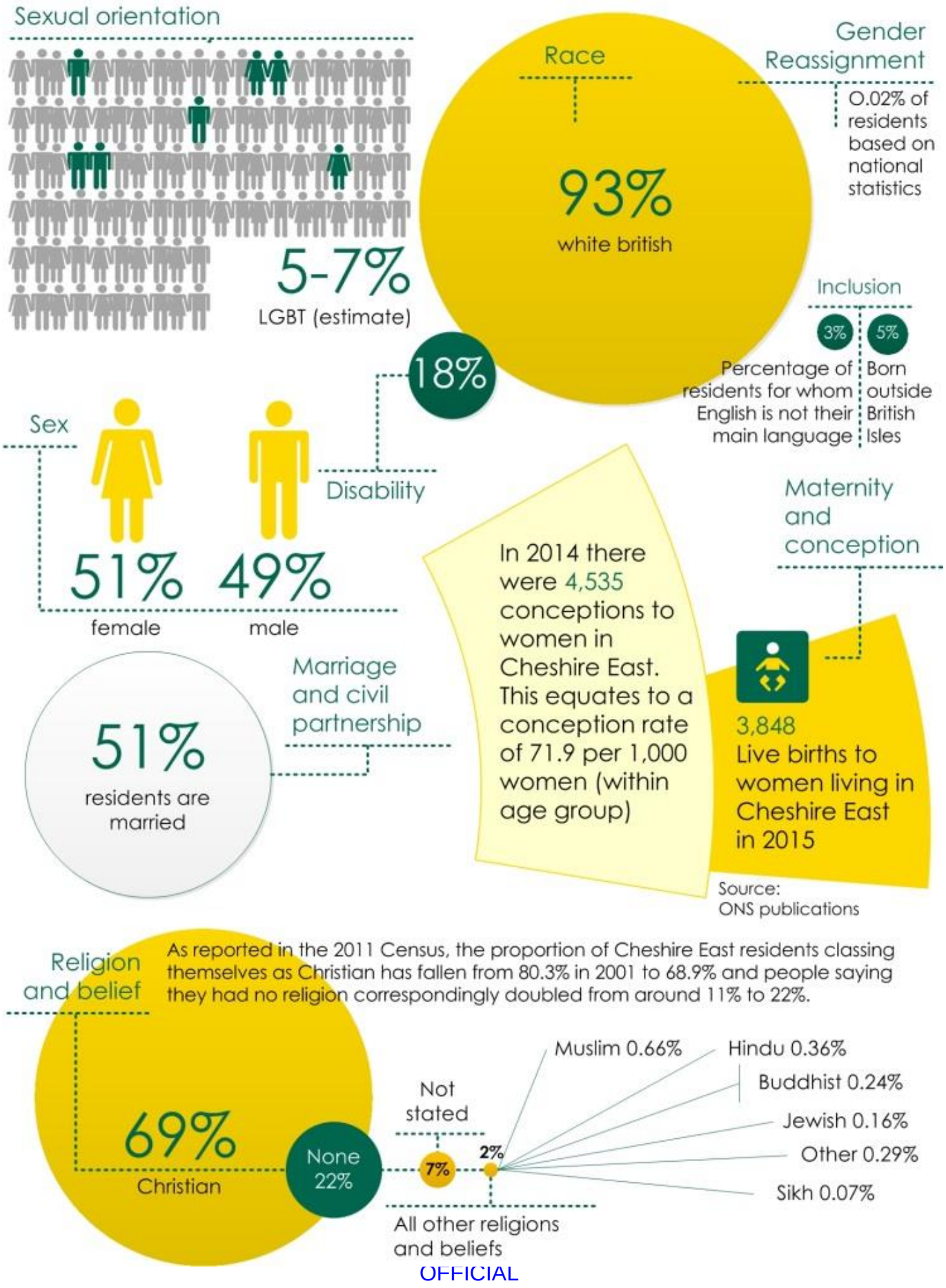
Almost one in five people who live in Cheshire East is over the age of 65

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

Average female life expectancy of **83.8** years

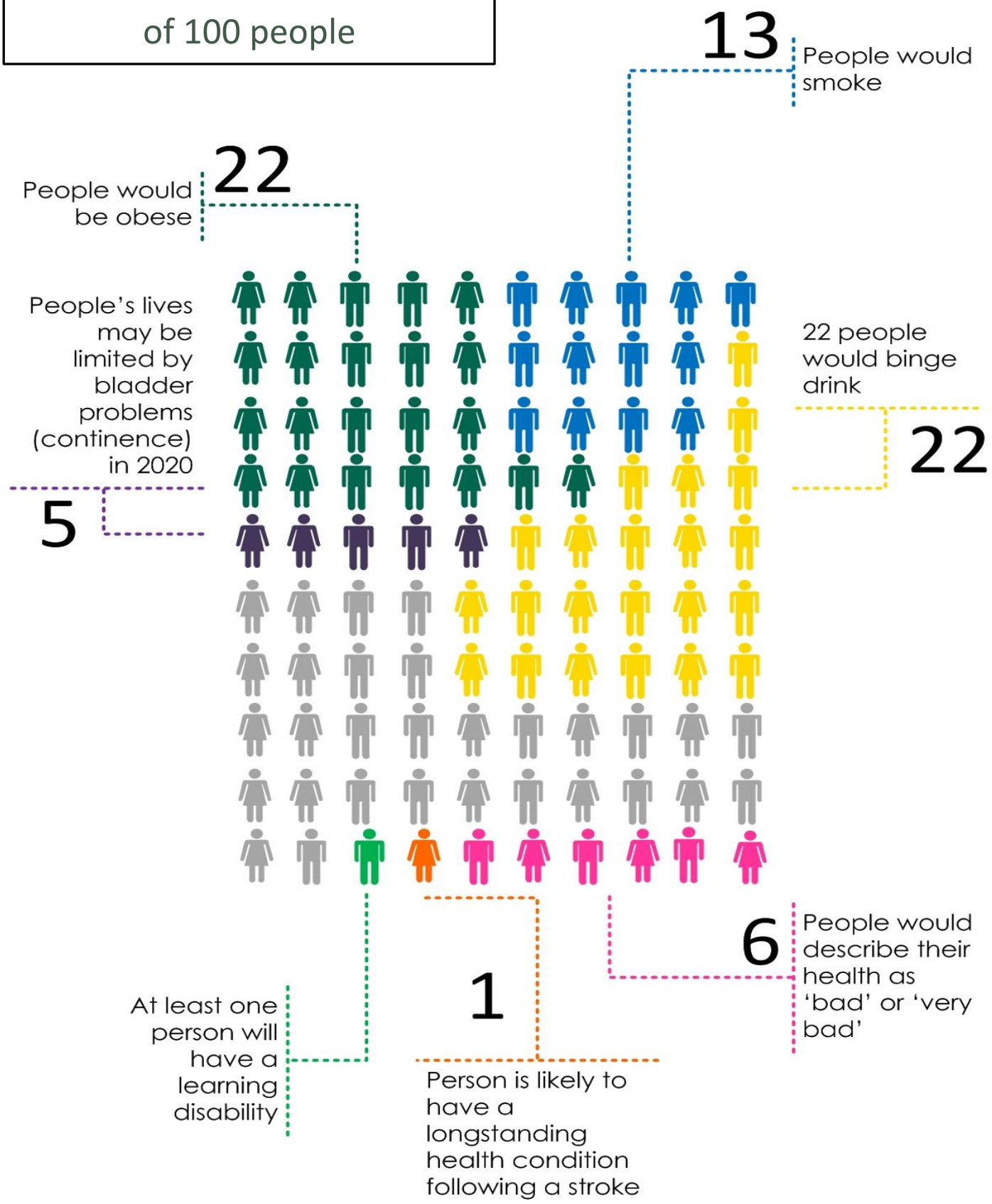
Average male life expectancy of **80.3** years

Our Local Population



Our Local Population

If Cheshire East was a village of 100 people



Our Local Population

Public Health

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

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

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

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

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

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

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

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

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

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

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

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

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

Our Local Population

90

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

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

£25K £150K

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

£2.25M £13.5M

The population of Cheshire East is about:

375,392

83,900

Older people living in Cheshire East (65+)

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

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

Our Local Population

reduction in working age people (16-59 Female, 16-64 Male) and a 42% increase in people of retirement age (60/65+), with the number of older people (85+) increasing by around 92%.

Emerging Trends

What people say

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

Reducing social isolation

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

Increasing the number of people enabled to live at home independently

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

Less people going to hospital

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

Specialist housing, extra care housing and supported living

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

Nursing home care

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

People with Autism

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

People with multiple complex healthcare needs

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

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

Partnerships

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

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

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

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

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

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

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

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

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

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

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

Partnership Local Plans

Sustainability and Transformation Plan

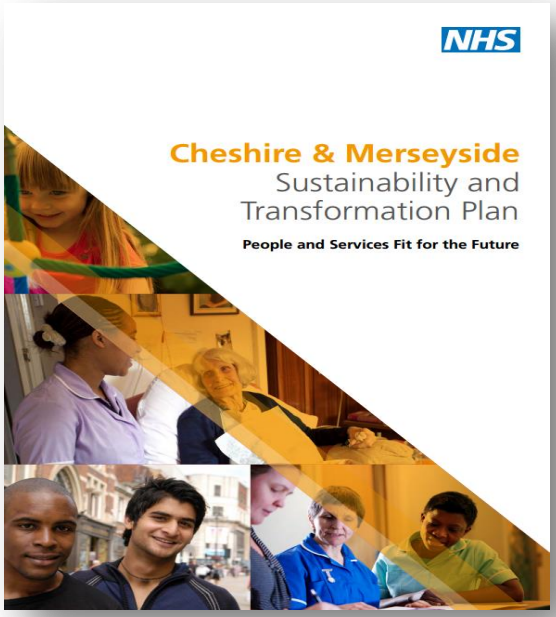
As a key partner in delivering the Sustainable Transformation Plan for Cheshire and Merseyside we will represent Cheshire East residents and people who access adult social care services.

Connecting Care | Caring Together

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

South and Vale Royal Clinical Commissioning Groups' programme is called Connecting Care.

Eastern Clinical Commissioning Group's programme is called Caring Together.



Making Safeguarding Personal Plan

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

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

need.

Cheshire East Safeguarding Adults Board

We All Value, A Sense of Community and Wellbeing

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

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

Finance

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

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

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

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

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

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

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

Finance Outcomes

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

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

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

The challenges we face:

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

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

National Context

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

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

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

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

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

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

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

Health and Social Care Act 2012

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

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

Safe: you are protected from abuse and avoidable harm.

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

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

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

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

The Care Act 2014

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

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

In summary, the Care Act:

- ✓ Clarifies entitlements to care and support to give people a better understanding of what is on offer, help them plan for the future and ensure they know where to go for help when they need it.
- ✓ Provides for the development of national eligibility criteria, bringing people greater transparency and consistency across the country.
- ✓ Treats carers as equal to the person they care for including entitlement to assessment and support.
- ✓ Reforms how care and support is funded, to create a cap on care costs which people will pay, and give everyone peace of mind in protecting them from unprecedented costs.
- ✓ Supports our aim to rebalance the focus of care and support on promoting wellbeing and preventing or delaying needs in order to reduce dependency, rather than only intervening at crisis point
- ✓ Provides new guarantees and reassurance to people needing care, to support them to move between areas or to manage if their provider fails, without the fear that they will go without the care they need
- ✓ Simplifies the care and support system and processes to provide the freedom and flexibility needed by local authorities and care professionals to integrate with other local services, innovate and achieve better results for people.

Better Care Fund

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

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

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

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

Localism Act

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

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

National Carers Strategy

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

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

NHS | A Call to Action

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

Living Well with Dementia

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

Mental Health Act 2012

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

Our Local Response

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

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

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

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

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

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

We will secure success by:

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

Commissioning Prevention

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

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

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

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

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

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

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

Commissioning Principles

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

- ✓ Working in Partnership
  We will work alongside other public, private and voluntary sectors to deliver integrated services wherever possible.
- ✓ Quality Assurance
  We will promote quality services and promise to monitor and manage services we buy to ensure that they are effective and delivering what is needed.
- ✓ Value for Money
  We will use our commissioning processes to maximise value for money and the benefits for our local residents making the best use of resources.
- ✓ Local Residents
  We will listen to the views of local residents. We will consult and engage throughout the commissioning process to make sure that services are what residents want.
- ✓ Outcomes that Matter
  We will commission services focussed on outcomes for communities and individuals with an emphasis on prevention and early intervention.
- ✓ Social Values
  In all our commissioning, we will be aware of social value ensuring maximum benefit is derived from resources.
- ✓ Making Safeguarding Personal
  'Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action." Care Act (2014).

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

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

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

STOP ADULT ABUSE
Cheshire East Safeguarding Adults Board

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

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

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

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

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

The aims of adult safeguarding are:

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

There are six key principles that underpin adult safeguarding:

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

- ***Prevention*** – It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

- ***Proportionality*** – Proportionate and least intrusive response appropriate to the risk presented. "I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."

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

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

- ***Accountability*** – Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life."

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

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

Enabling people who do need high level, residential or nursing

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

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

Priorities for early help / prevention

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

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

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

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

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

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

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

Equality, being Inclusive

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

Inclusion

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

International Disability and Human Rights Network

We've been listening to our communities.

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

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

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

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

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

Equality Objectives

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

Priorities for Outcome 1

Connected Voluntary, Community and Faith Sector Framework

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

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

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

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

The new framework will set out three community prevention tears:

Tier One – Community Wellbeing

Tier Two – Early Help/Prevention

Tier Three – Active Recovery Enablement (Specialist)

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

Priorities for Outcome 2

Social Value

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

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

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

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

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

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

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

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

Priorities for Outcome 3

Employment Support Policy Framework

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

The intention is to create Welfare to Work partnership. One focus of this partnership will be to help connect up these agencies and develop an Employment Support Policy Framework enabling more people with disabilities and health conditions to be supported into employment. A joined up approach to employer engagement will also be a key focus of this partnership.
Cheshire East Council will monitor avenues re all relevant external funding opportunities. Working locally and sub-regionally the Council will also contribute and influence resource identification, resource alignment and market-shaping around complex worklessness.

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

People with learning disabilities and people in touch with secondary mental health services will be a particular focus. There are around 1,000 people with learning disabilities known to the Council (2017).

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

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

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

Priorities for Outcome 5

Adult Social Care Single Pathway

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

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

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

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

- ✓ Belief that recovery is a possibility
- ✓ Respect
- ✓ Encouragement
- ✓ Optimism
- ✓ Empathy
- ✓ Anti-oppressive practice
- ✓ Self-awareness and reflective practice
- ✓ Understanding the principles of recovery and safe care in risk taking
- ✓ Clear boundaries
- ✓ Accepting the person's definition of the problem.
- ✓ Objectifying not personalising the persons behaviour.

Outcomes Based Assessment and Plan

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

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

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

Care4CE

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

Our intention is to develop a viable and sustainable business model that will offer

people with more specialised need a valuable service.

Assistive Technology

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

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

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

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

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

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

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

Mental Health Policy Framework

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

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

Pilot a 12 Month Brokerage Support Service

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

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

- ✓ People will access the right services on the same day.
- ✓ People will receive safe care with a focus in making safeguarding personal at every step.
- ✓ People will be in control, saying what they expect from the services they want to purchase.
- ✓ People will employ their own support staff or have their own personal assistants.
- ✓ People will be supported to be a good employer.
- ✓ People where appropriate will be supported to manage their budgets
- ✓ People will have access to service information and will be able to have improved choice.
- ✓ People will have improved support from local area staff, which can connect people to their local communities.
- ✓ People will be satisfied they are in control.

Young people transitioning to adults services

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

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

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

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

Review of Cheshire East Sexual Health

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

self-esteem, misuse of drugs and alcohol, coercion and abuse.

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

In terms of improving sexual health outcomes, we have made good progress working with a wide range of partners at a local level and wider across the North West and we intend to develop a Sexual Health Pan Cheshire Preventative Framework.

Review and redesign of substance misuse

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

- ✓ Physical Activity, Healthy Eating, Weight Management services.
- ✓ Falls Service.
- ✓ Alcohol services. Aim to include smoking interventions alongside service.
- ✓ Smoking services and ensure good uptake and robust pathways.

Developing a Cheshire East Day Opportunities Framework

Working with providers of day services, wider agencies and providers – we want to develop a Cheshire East Day Opportunities Framework. 'Day opportunities' are different to our traditional idea of 'Day Services' as building based centres. Day Opportunities covers all opportunities for people whether it be the day, evening or at the weekend.

Adults with a wide range of care needs need activity, social contact and developing interests in the community and at home, so to tackle social isolation. A new Day Opportunities Framework would:

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

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

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

Domiciliary Care Outcome Based Framework

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

Domiciliary care delivers personal care in a person own home and is registered with the Care Quality Commission. It's a vitally important service to thousands of people

across Cheshire East who rely on personal care in enabling them to remain in their own home, making safeguarding personal.

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

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

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

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

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

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

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

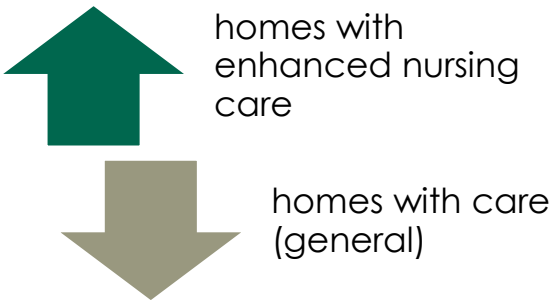
We will focus on people being better supported when they need a short period of time in hospital for up to fourteen days. This means that the Council and clinical commissioners will fund up to 7 days of care whilst a person is in hospital in order that the domiciliary care provider can retain the care staff, ready for when the person comes home.

Care Homes Outcome Based Framework

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

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

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



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

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

People are assured they are at the centre of decision making and that they feel informed of what services they can decide to buy, if about.

People who access care services include:

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

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

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

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

We expect providers to be more flexible and responsive 365 days of the year and to release resource to meet demand, particularly in October, November, December and January. This may mean increasing staffing backed by robust business continuity plans to minimise the risk of disrupting care and support for vulnerable people.

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

Care Homes "Step Down" to Community / Supportive Living Enablement.

We fully recognise the importance for people currently living in a care home, who are of

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

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

"multiple healthcare assessed needs requiring multiple healthcare services in meeting a level of community support need " e.g. they have a community need that presents as 1) challenging behaviours to self, staff and wider public and/ or 2) a complex care need with unmanageable epilepsy".

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

Review of Respite and Short Breaks

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

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

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

Intermediate Care

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

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

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

Integrated Social Care Workforce

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

Our community teams work in positive partnership with a wide range of health,

housing and social care professionals. They respond to the ever changing needs of people, ensuring that people receive services that can promote improved health, wellbeing and independence.

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

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

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

Housing with Support for Adults

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

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

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

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

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

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

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

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

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

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

Overview of Changes

Public Health

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

Younger People to Adult Services

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

Physical and Sensory Disabilities/Disorders

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

Mental Health

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

Learning Disabilities and Autism

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

Older People

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

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

Carers

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

Advocacy Support

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

What Success Looks Like

Market Position Statement

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

Our Adults Market Position Statement aims to:

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

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

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

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

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

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

Robust Commissioning Cycle

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

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

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

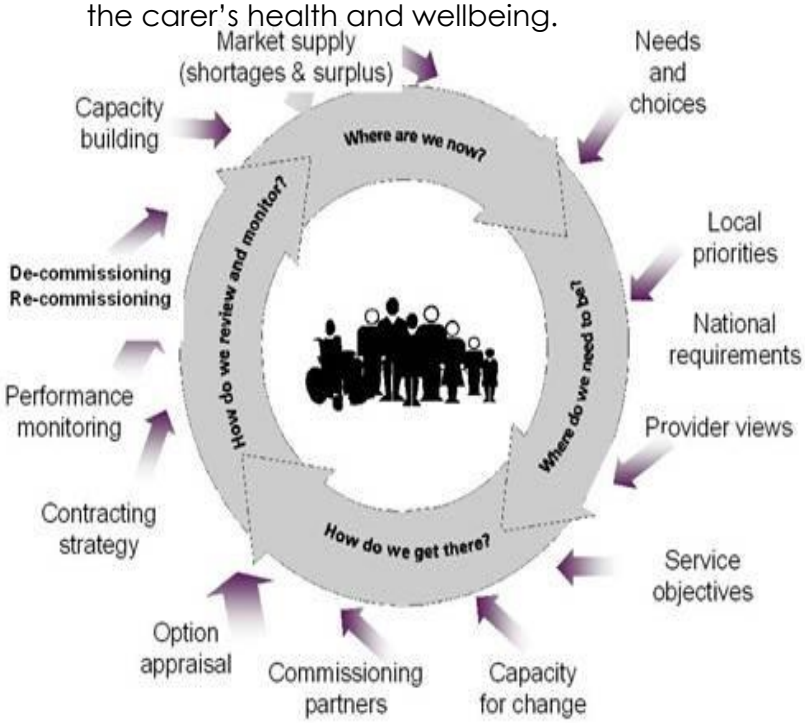
In commissioning all services we aim to move away from traditional care services to achieve a range of provision that maintains people in their own home for as long as possible by:

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

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

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

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



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

At every stage we will work in positive partnership with relevant partners across health and social care relevant to the commissioning plan which can include wider

partners such as housing, education for example.

Better Care Fund

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

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

Staff Development

- ✓ We believe that we will only be able to achieve real success by developing our staff and so we are setting the foundations to support a learning culture.
- ✓ We continue to invest in staff training that identifies known gaps in development based on our collective work programmes.
- ✓ We are investing time and attention into the development of staffing structures that will enable us to deliver an escalation of prevention services across health and social care.
- ✓ We invest in mentoring and peer support programmes to enable our staff to feel supported in time of challenge and change.
- ✓ We consult and engage with our staff regarding relevant change and provide leadership opportunities to influence how we work now and in the near future.
- ✓ We operate within robust support system that enables staff to feel supported and to retain a work life balance.
- ✓ We facilitate regular leadership and culture events that enable lead officers to drive connected leadership principles that are based on ensuring people at all levels of Cheshire East have the opportunity to influence change.
- ✓ We set out a yearly training plan based on known gaps in learning and development.
- ✓ We endorse diversity champions across key departments and the undertaking of equality impact assessments.
- ✓ We continue to look for new ways in working that best utilise our staff at all levels of the organisation.
- ✓ We continue to welcome engagement with relevant trade unions regarding consulting with staff and supporting how they can influence change.
- ✓ We continue to ensure staff yearly reviews support our corporate ambitions and priorities and that will proactively review our corporate team plans.
- ✓ We continue to ensure staff have their say through our staff survey approach that influences how we work and how we behaviour.

Enablers to Change

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

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

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

Enablers to Change are:

- ✓ Making Safeguarding personal: Enabling people / partners to take risks in supporting peoples life choices that improve wellbeing, control and choice.

- ✓ Better Care Fund: We will continue to refine and develop our Better Care Fund, a joint budget that is currently worth £25million and spent on a range of health and social care services. By pooling our resources in this way, it is hoped that we can take a more integrated approach towards the services that we commission.

- ✓ Discharge to Assess: We are working with health partners to implement a new assessment process for professionals to ensure that residents receive the appropriate support to leave hospital. This approach is designed to support independence following discharge, and to minimise admissions into long-term care.

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

- ✓ Commissioning Staff Integration: We believe that many services we purchase could be combined with health partners. This would create an opportunity for shared roles and jobs across organisations.

- ✓ Promotion of Direct Payments: We will continue to promote the use of direct payments and look to increase the number of people who have more direct control over their services. We will also continue to develop the markets, supporting social enterprises and smaller providers to deliver services. These smaller organisations play a vital role in ensuring that there is genuine choice for residents.

- ✓ Brokerage: One of the most important services we provide is our Brokerage Function. This service supports residents in using their Direct Payments and setting up appropriate arrangements to support their needs.

- ✓ The NICE Guidance supporting the Review of Care Homes and Domiciliary Care, ensures that best practice is truly reflected in our standards of care.

- ✓ Drawing on the support of the experts of care such as dementia and end of life care under the national frameworks.

- ✓ Integrated Quality Monitoring – continue to work in positive partner with our local health partners and the Care Quality Commission, and wider statutory agencies regarding the

monitoring of safe care and the prevention of harm.

Let's Make a Step Change Together

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

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

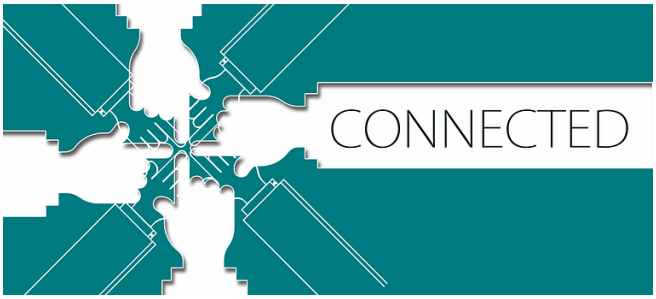
We need to ensure providers support all people with the means to promote their health and wellbeing.

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

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

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

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



We need organisations to focus resources on early interventions:

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

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

- ✓ This is aimed at identifying people at risk of losing their independence. This could be due to becoming socially

isolated through a significant event in their life e.g. loss of a loved one or an unmanaged health condition e.g. diabetes.

- ✓ Preventing unplanned hospital admission by taking a preventative approach.

This will mean:

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

This will require:

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

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

Outcomes and Priorities

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

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

One You Cheshire East

https://www.oneyoucheshireeast.org/

Care Quality Commission

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

Useful Information

The Care Act Fact Sheets

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

Co-production

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

Local Healthwtach

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

End of Life Care

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

Live Well with Dementia

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

Cheshire East Budget

http://www.cheshireeast.gov.uk/council_and_democracy/your_council/council_finance_and_governance/cheshire_east_budget/cheshire_east_budget.aspx

Eastern CCG Caring Together
http://www.caringtogether.info/

Making Safeguarding Personal

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

Health and Wellbeing Board

http://www.cheshireeast.gov.uk/council_and_democracy/your_council/health_and_wellbeing_board/health_and_wellbeing_board.aspx

Cheshire East Joint Strategic Needs Assessment.

http://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx

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

CE.Contracts@cheshireeast.gov.uk