

OPEN

Adults and Health Committee

20th January 2025

Adult Social Care Transformation Programme

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

Report Reference No: AH/28/2024-25

Wards Affected: All Wards

For Decision or Scrutiny: Scrutiny

Purpose of Report

- 1 To provide members with greater detail on how the Adult Social Care Transformation Programme will contribute to the savings proposed in the MTFS 2025/29.
- 2 This is aligned to the following Corporate Plan objectives:
 - Increase the opportunities for children, young adults and adults with additional needs
 - A council which empowers and cares about people
- 3 The content of this report is also aligned to the endorsed policies presented to Corporate Policy Committee on 21 March 2024: “Cheshire East Approach to Transformation” and the 21 August 2024 “Cheshire East Council Transformation Plan”. These policies will support the Council to address the 4-year funding gap of £100m as outlined in the MTFS 2025/29
- 4 This report sets out an approach to delivering better outcomes for adults whilst delivering significant cost savings by 2029.

Executive Summary

- 5 We have too many older people receiving long term support in care homes and our average costs for supporting people with a learning disability and autism are high (although paradoxically our hourly rates are low compared to our neighbours). To address these significant priorities, we have implemented an ambitious Adult Social Care Transformation Programme.

Prevent, Reduce and Enable (PRE)

- 6 We need to ensure that we have the right support for people to remain at home and avoid permanent care home placements. There are many services available, but there is a need to increase capacity, fill gaps and ensure consistent decision making.
- 7 We will need to ensure that short term interventions are managed correctly, to allow time for recovery whilst lowering contributory factors that mean people get admitted into Care Homes, considering ongoing care costs and negotiating best price. The Prevent, Reduce and Enable Project will ensure that we continue to promote wellbeing, prevention, independence, and self-care for people across Cheshire East.

Learning Disabilities and Autism (LDA) Services

- 8 We need to transform the way that we provide accommodation with care and support for people with a learning disability. A detailed analysis will underpin both short and longer-term opportunities.
- 9 In the short term we will reduce voids, review night cover and shared hour arrangements. In the longer term we will develop modern accommodation with efficient staffing ratios, increase shared lives, developed trusted strategic partner arrangements that can deliver independent living with choice and control whilst balancing cost and efficiency.

Recommendations

RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Note the content of the report and that further papers will be brought to Adults and Health Committee when there are significant decisions to be made.

Background

- 10 On the 21 August 2024 the Corporate Policy Committee approved the Council's Transformation Plan. The Plan contains high-level information about how the Council will approach, resource and deliver the changes needed to become a radically different organisation that delivers better outcomes for residents whilst spending £100million less by 2028.
- 11 The Council has now established six transformation programmes on:
 - Workforce
 - Social care
 - Place
 - Early intervention, prevention and customer

- Digital
 - Special projects
- 12 Under each programme there are a number of projects that need to be delivered to improve outcomes and make the savings required. Adult Social Care has 2 major projects within the Social Care Transformation Programme:
- Prevent Reduce and Enable
 - Learning Disability and Autism Services

Prevent Reduce & Enable

- 13 Local Authorities have a duty under section 2 of the Care Act (2014) to prevent, reduce, and delay the need for long term care and support. The Care Act highlights prevention as one of seven key responsibilities for local authorities, with a link to the fundamental principle of promoting wellbeing. It is also an expectation under the Care Quality Commission (CQC) Single Assessment Framework Theme 1 – Working with People, that local authorities have a prevention offer in line with the Care Act duties.
- 14 This means that local authorities have a statutory obligation to provide a clear prevention offer to support people. Best practice shows that where preventative approaches are asset-based, strength based, community based, and focussed on building personal and community networks, they can reduce or delay the need for care and support in adult social care. Examples can include community interventions that are person-centred and give people more choice and control.
- 15 The current spend on adult commissioned care home placements and care at home is circa £87m. The expenditure currently funds 1458 permanent care home placements and 21,974 hours per week of domiciliary care, which equates to 1494 people per week being supported at home. The focus for this project will be to target how we significantly transform and redesign a range of interventions that support people to stay in their own homes for longer, aligned to a person-centred approach.
- 16 As part of the assessment process for Prevent Reduce Enable we need to understand current and best practice, informing a renewed focus on how we prevent and reduce the contributory factors that mean people get admitted into care homes. We also need to ensure that our adult social care teams have the right suite of interventions to support people to remain at home and avoid permanent care home placements where possible. This will be achieved by:
- Establishing the effectiveness of existing interventions and understand whether interventions require additional capacity to provide greatest benefit.
 - Identifying gaps in resources, and services within the community.
 - Care at home service provision, refine procurement specifications and re-procure a diverse set of community-based service options such as technology-based care.

- Seeking out opportunities to standardise decision-making to ensure an equitable, efficient, approach, enabling people to get the right level of support at the right time.
- Better understanding of demand and considering where resource is best allocated.
- Promoting wellbeing, independence, and self-care for people across Cheshire East.
- Continue to maximise the role of the Local Area Co-Ordinator's (LACs) to get the greatest possible increase in well-being and independence for those adults, families, carers and communities who need support.

Progress To Date

17 The Prevent Reduce Enable project has:

- Reviewed and analysed available council data which provides insight into how decisions are made relating to people's care and support, the menu of available services; and the contributory factors leading to a service.
- Conducted a series of engagement sessions to gain a deep understanding of the current approach to commissioned care decisions, the range of services the council offers to prevent, reduce, and enable, and to identify opportunities for better ways of working.
- Documented and analysed all the insights gathered through the above exercises, producing an extensive list of service opportunities.
- Developed and agreed high-level opportunities that will prevent, reduce, and delay commissioned care referrals and enable people to live more independently for longer.
- Begun drafting the case for these opportunities in a PRE Outline Business Case, which is due to be discussed at Transformation Board in the new year.

18 Through our assessment, we have identified five key areas where adult social care can effectively apply prevention, reduction, and enablement ways of working to reduce expenditure on commissioned care. They revolve around five key areas – Reablement, Occupational Therapy, Community Connectors / Local Area Coordinators, Technology Enabled Care (TEC) & Community Equipment, and Self-Funders.

Reablement Capacity

19 To help residents live more independently for longer and reduce reliance on commissioned care, we propose expanding reablement capacity in line with the recommendations from the demand and capacity analysis. Additionally, we suggest reallocating some of this capacity to front-line teams to enable earlier reablement interventions, promoting greater independence from the outset.

Occupational Therapy Capacity

20 The Proportionate Care pilot has demonstrated the significant value of involving OTs in care decisions. By positioning OTs' expertise, a number of

'double-handed' care packages have been successfully reduced through training and the provision of better equipment. Building on this success, we propose expanding OT capacity to enable earlier involvement in care package decisions, ultimately helping to reduce reliance on domiciliary care hours.

Community Connector & Local Area Coordinator Alignment

- 21 Community connectors play a crucial role in hospitals by signposting patients to voluntary, community and faith services. To enhance this support, we propose aligning two community connectors and two local area coordinators with the front-door teams. This will enable signposting at the initial point of contact where appropriate, helping to delay entry into adult social care services and reduce dependence on traditional commissioned care options.

TEC & Community Equipment Review

- 22 The deployment of TEC and community equipment can significantly enhance an individual's independence, reducing reliance on traditional commissioned care options. To explore this further, we propose establishing a dedicated task and finish group of subject matter specialists to assess the availability and practical application of TEC and community equipment, ensuring these solutions are effectively integrated into care strategies.

Self-Funder Guidance

- 23 There is currently an issue where self-funders and their families may not have the sufficient knowledge of the types of technology, equipment and care available to meet their needs when they require more support to live independently. This can lead to people having significant packages of care at home or moving into accommodation with care earlier than necessary. The impact of this can be to deplete their personal funds for care earlier, thus leading to the responsibility being transferred to the Council. The Social Care Assessor / Financial Officer (SCA FO) pilot aims to address this by offering better guidance to self-funders to prevent this situation. We propose a thorough evaluation of the pilot's effectiveness by assessing how well it prevents self-funders from relying on adult social care support and determining the feasibility of scaling it up to reduce the financial burden on the Council.
- 24 The next steps for the Prevent Reduce Enable project is to continue to gather additional data and produced an evidenced base business case which outlines a proposed set of opportunities for consideration.

Learning Disability and Autism Services

- 25 The Learning Disability Transformation Project comprises of three main areas:
- LD Accommodation Review
 - Shared Lives
 - Community and Technology Enabled Care

LD Accommodation Review

Context

- 26 The Council spends £45.7m externally on care home placements and supported living for 534 people with a Learning Disability (£12.1m on 97 care home placements with 52 out of area and £33.6m on care for 437 people within supported living with 25 out of area). The Council only funds the care element of supported living provision, housing related costs are claimed separately via housing benefit.
- 27 For residential and nursing care, CEC has the seventh highest weekly average spend, £2,400, in the North West for Learning Disability placements and the third highest total weekly spend.
- 28 When transforming services for people with a learning disability there are 2 major issues to be addressed:
- The Learning Disability cost paradox - high spend with a low hourly rate. Regional and local data shows that the CEC average weekly cost for Learning Disability supported living is £1,478 which is the 4th highest in the Northwest. National data also shows that the standard hourly rate of £18.52 is one of the lowest nationally.
 - The condition of many properties and the need to create homes fit for the future. Supported living is still delivered within a significant amount of historic shared properties in the borough. These are 2/3/4 bed properties with shared facilities and some of these properties are of poor quality, in need of modernisation and are carrying significant levels of voids.
- 29 There are 44 supported living care providers. **Table 1** lists 9 providers who are responsible for delivering 75.8% of the support within Cheshire East. Care providers work with a number of registered housing providers such as Guinness, Hilldale, Lets for Life, Onward, Plus Dane, Sanctuary and Your Housing.

Table 1

Provider	No. LD tenants	No. of settings
Alternative Futures	56	19
Rossendale Hall	53	7
Choice Support	36	21
1st Enable Ltd	29	6
Accomplish Group	29	11
Next Step	21	6
Lifeways	15	6
Honnete Support Services	12	4
Valleywood Care	11	11
Total	262	91

- 1 CARE4CE provide supported living in 61 properties with 140 rooms (82% of this is within shared properties consisting of 2,3 and 4 bedrooms, with the rest consisting of single properties. These are located across 5 local networks. As of December 2024, there were 126 people supported in the networks with 14 voids. The CARE4CE supported living network has an annual budget of £12.4m per annum.

Reviewing the current support arrangements

- 2 We need to consider how best to provide support to people living in the same building or within close proximity to each other – whilst recognising the independence of each individual and respecting their choice and control over their daily lives.
- 3 To address the paradox of high spend and low hourly rate we need transparency between what is currently commissioned and delivered. Once we understand this, we need to work with providers and residents to agree how care and support might be delivered differently.
- 4 A sustainable service will only be possible if we create a win: win situation for the Council and providers whereby hourly rates are increased but overall hours delivered (and therefore cost) comes down.
- 5 The following sources of information will be considered:
 - Case management system data on placements and voids

- Benchmarking of placement costs using a widely used cost of care tool (Carecubed)
 - Service-level knowledge and operational feedback
 - Fee strategy
- 6 By analysing the various sources of information, a proposal will be produced to discuss with each provider.
- 7 Working through the approach has identified common themes:
- Delivered hours can be less than commissioned
 - Enhanced housing benefit may need to be claimed in some settings
 - Process for filling voids more quickly could be improved
 - Shared hours might be deployed more efficiently
 - Technology could be used to reduce care hours
 - Some people over 65 might be better supported in an alternative setting

Creating homes for the future

- 8 The negotiations with providers will seek to agree immediate actions to deliver a more efficient service over the next 2 years. However, a sustainable future will only be achieved if we plan now for the next 10 years.
- 9 The Council will need to consider a range of options for how it facilitates the development of supported living schemes. An LDA Accommodation Strategy will need to engage with landlords to review options for refurbishing / reconfiguring existing sites as well as identifying potential sites for new developments.
- 10 The LDA Accommodation Strategy will be produced working with Housing, NHS, providers and developers to include the following:
- Appraisal of existing accommodation in terms of future suitability
 - Design standards to inform potential developers of the Council's requirements.
 - New styles of provision offering hub and spoke so that core staffing can be effectively deployed.
 - Clear messages to the residential care market on what is required in terms of specialist care
 - Development of new service provision to meet the needs of young people transitioning from Children's Services (including developing the offer of information, advice and guidance to those not eligible for adult social care)
 - Development of accommodation options for older people with LD
 - Alignment to supported living options for people with mental ill health to ensure any opportunities are maximised and competing priorities considered.
- 11 The council currently has a pipeline of 40 supported living units for individuals with learning disabilities, which are due to go live in 2025 and 2026 (**Table 2**). This provision is funded by private social finance (in the absence of capital

funding) working with Registered Housing Providers (apart from 3 units in Macclesfield which are funded by NHS England Capital Funding).

Table 2

Learning Disability and Autism - Supported Living (SL) Schemes and Residential Care Homes (RCH) due to go live in 2025/2026			
Location	SL Units	RCH Beds	Client Group(s)
Congleton	6	0	Transition
Crewe	10	6	Complex Needs
Crewe	4	0	Complex Needs
Nantwich	5	0	Complex Needs
Crewe	12	0	Learning Disabilities/Autism
Macclesfield	3	0	Transforming Care
Total	40	6	N/A

- 12 As part of our future commissioning approach, we will continue to work with delivery partners who access private social finance working in partnership with registered housing providers. We will also work more closely with developing registered housing providers to access capital funding through the Affordable Homes Programme (AHP) administered by Homes England. This will allow us to better meet locally identified needs; in terms of location and design suitability and ensure sustainability by reducing the costs associated with higher exempt rents.

Shared Lives

- 13 Shared Lives is a form of support and accommodation for adults. In this arrangement an adult is matched with a carefully approved Shared Lives carer. It can be an alternative to living in a care home or housing with care.
- 14 There are currently 16 long-term shared lives placements in Cheshire. This number is lower than national best practice examples, e.g. Lancashire where 11% of their Learning Disability cohort are supported through shared lives and Reading who are targeting an increase in long term placements from 43 to 73 by 2027. These examples, along with other national good practice examples highlight that shared lives placements can support local authorities to deliver positive person-centred care while also delivering cost benefits when compared to alternative housing and support options.
- 15 The Shared Lives Project Business Case is recommending the following three elements:

- Targeting an increase in the number of long-term placements,
- Increasing carer pay for long-term placements to support recruitment and retention, and
- Recruiting a dedicated Marketing and Placements Officer to meet placement targets.

Community and Technology Enabled Care

16 Technology Enabled Care (TEC) in Cheshire East is being reviewed to understand how the current offer is being used by teams and where there are further opportunities to support people with TEC. This exercise has involved working with front-line social work teams and commissioners to map needs and outcomes and explore whether the current offer is able to meet these needs, or where alternative solutions can be identified. Insights from this activity have highlighted that there is an opportunity to relaunch the current offer with support to embed TEC into social care practice.

Consultation and Engagement

17 The approach outlined in this report will be shared with staff, service user groups and provider forums. Feedback will be used to shape the required business cases.

Reasons for Recommendations

18 Members will need to consider further papers as and when there are substantive decisions to be made.

Other Options Considered

19 None. This report is to ensure Members of the Committee are sighted on the detailed approach to Adult Social Care Transformation as outlined in the MTFS 2025/29 report.

Implications and Comments

Monitoring Officer/Legal

20 Agreed proposals must be implemented in accordance with the Council's responsibilities under the Care Act 2014 and any other relevant legislation and the Council's Constitution and Contract Procedure Rules. The Service has confirmed that Legal Services will be engaged appropriately in the drafting of any business cases so that legal advice and support informs the process. Where any of the review outcomes and proposed changes are deemed significant (by reference to the definition of Significant in the Constitution) then a report will need to be brought to Committee for decisions on those specific matters.

Section 151 Officer/Finance

21 The MTFS 2025/29 report shows that the combined savings from Learning Disability and the PRE projects totals £15m. As such, these represent a major part of the Council's wider transformation programme and it will be important

that planned savings are maximised given overall financial pressures currently being faced by the Council.

Savings Project	25/26	26/27	27/28	28/29
Prevent, Reduce, Enable	£ 1,500,000	£ 2,833,000	£ 2,833,000	£ 2,833,000
Learning Disability and Autism Provision	£ 2,500,000	£ 2,500,000		
Total	£ 4,000,000.00	£ 5,333,000.00	£ 2,833,000.00	£ 2,833,000.00

22 The figures in the MTFS are based upon benchmarking and national best practice and are subject to refinement as business cases are developed.

Policy

23 The approach set out within this report is in line with and part of the Council's Transformation Plan. The approach also will also contribute to the Corporate Plan aim "A council which empowers and cares about people". It also fully aligns with the objectives of the Cheshire East Learning Disability Plan 2024/29.

Equality, Diversity and Inclusion

24 A draft EIA will be completed as business cases are developed. However, it is anticipated that the recommendations will have a positive impact on people from protected characteristic groups.

Human Resources

25 Workforce considerations will be fully considered, both internally and externally as business cases are developed.

Risk Management

26 As part of the MTFS and Transformation processes risks are assessed and reported on a regular basis, and remedial action taken if required.

Rural Communities

27 The report provides details of service transformation across the borough.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

28 The transformation projects align to the priority within the Cheshire East Corporate Plan 2021-2025 to increase opportunities for all children and young adults with additional needs.

Public Health

29 These proposals will have a positive overall impact on the health and wellbeing of Cheshire East residents.

Climate Change

30 There are no direct implications for climate change.

Access to Information	
Contact Officer:	Mark Lobban mark.lobban@cheshireeast.gov.uk
Appendices:	None
Background Papers:	MTFS 2025/29 report (Adult & Health Committee 20/01/25) Cheshire East Approach to Transformation (Corporate Policy Committee 21/03/24) Cheshire East Council Transformation Plan (Corporate Policy Committee 21/08/24)