Detailed Commissioning Intelligence and Background

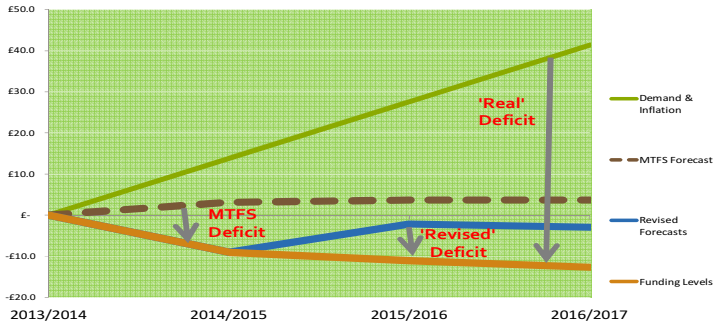
Key Evidence Sources

- Census 2011
- Joint Strategic Needs Analysis
- Red Quadrant Report
- Ageing Well in Cheshire East – A Plan for People Aged 50 and Over 2012 – 2017
- Wanless Review 2006
- Carers Strategy
- Dementia Strategy
- Vulnerable People Draft Housing Strategy
- Better Care Plan
- Joint Dementia Care Event – 14th November 2013
- Think Local Act Personal Survey
- Carers Survey
- Adult Social Care Survey

Challenges and Opportunities

The council is facing unprecedented challenges. Cheshire East Council receives lower levels of funding from central government than other comparable councils and the budget available to the council for social care is diminishing. At the same time we are forecasting growth of 49% in the number of people aged 65 and older in Cheshire East in the next 16 years. The demographic growth will not be matched by public funding meaning that the current pattern of services and investment is unsustainable.

This challenge is illustrated in the graph below.



Graph 1 – illustrates how demand from demographic growth will not be matched by public funding meaning that the current pattern of services and investment is unsustainable and must change

Current and Future Demand

Cheshire East has a population of 372,000 and an area of 116,638 hectares. In addition to Cheshire West and Chester on the west, Cheshire East is bounded by the Manchester conurbation to the north and east, and Stoke-on Trent to the south. It contains the major towns of Crewe, Macclesfield, Congleton and the commuter town of Wilmslow (population above 20,000). There are also a number of other significant centres of population (over 10,000) in Sandbach, Poynton, Nantwich, Middlewich, Knutsford and Alsager. With few large conurbations the borough otherwise comprises a mixture of smaller market towns and more isolated rural villages. This mixture of rural/urban presents particular challenges in delivering cost-effective services close to individuals and their neighbourhoods.

In 2010 there were 83,300 older people aged 65+ in Cheshire East (Office for National Statistics indicative population estimates 2010). Estimates suggest that in 2012 5,234 (6%) older people were living with dementia and 33,154 (40%) with a limiting long term illness. The population of Cheshire East is forecast to grow modestly over the next 30 years rising from 362,700 in 2009 to 384,000 in 2029, however, the age structure of the population is forecast to change significantly with a 8% reduction in young people (0-15), a 12% reduction in working age people (16-59 Female, 16-64 Male) and a 42% increase in people of retirement age (60/65+), with the number of older people (85+) increasing by around 92%. As the prevalence of dementia increases with age, the number of older people with dementia is anticipated to increase by 28% by 2020. The significant changes in demographic in Cheshire East will have direct implications for adult social care.

Age band	2012	2015	2020	2025	2030	% increase 2012 to 2030
65-69	23,100	24,800	22,100	23,600	27,800	20
70-74	17,000	19,200	23,400	21,000	22,500	32
75-79	14,000	15,100	17,500	21,500	19,400	39
80-84	10,400	11,000	12,700	15,000	18,600	79
85-89	6,500	7,100	8,200	9,800	11,800	82
90 and over	3,700	4,300	5,400	7,000	9,100	146
65 and over total	74,700	81,500	89,300	97,900	109,200	46
75 and over total	34,600	37,500	43,800	53,300	58,900	70

Source: Office for National Statistics (ONS) www.poppi.org.uk

Currently Cheshire East Council supports 5635 older people with social care needs. This is defined as people having difficulty with or requiring help with domestic or personal care tasks. There are estimated to be a further 3500 older people with care needs who are supported by family and friends, or who are privately funding their own care.

The financial circumstances of the older population will have an impact on the proportion of the social care market that is “council funded” and the proportion that people purchase themselves without council financial support. 11,130 of older people in Cheshire East were claiming pension credits (Department of Work and Pensions, May 2013). To be eligible for this additional benefit you must be a pensioner with an income of less than £145.40 for single people or £225.05 for couples. These residents are therefore more likely to be reliant on some form of council funding should they need social care services.

90.6% of retired residents in Cheshire East are estimated to be owner occupiers. There will be opportunities for local businesses to develop innovative, personalised, care services for this potential market as more people consider how they can utilise their assets to plan for their future care needs.

Social isolation is a key determinant in people requiring social care support and we estimate that 37% of those aged 65+ and 50% of those aged 75+ are living alone. Whilst living on your own does not necessarily equal social isolation it is an important factor alongside others. The community and voluntary sector has an important role in supporting people within their communities and tackling social isolation. The number of people living alone in large properties also presents opportunities to consider how these assets could be better utilised to support people who feel isolated – i.e. through moving to more communal living environments. Local research tells us that widowhood is often a factor in people entering registered care as people struggle to take on the tasks their spouses used to undertake whilst also coping with their loss. We believe that there is an opportunity for providers to develop services to support people through this difficult period of their life.

Our research also suggests that there is a general lack of knowledge about the services and support available to older people, particularly at the critical stages of their lives. Information and advice needs to be tailored and available at the right time for people throughout their life and be available for all including those funding their own care, and the Council is actively engaged in commissioning such services.

Local Supply and Commissioning

The Council spent £123 million (net) on social care services in 2012/13, of which 88% was spent on the direct provision of care services. This expenditure is similar to other comparable local authorities. £31 million (25%) was spent on residential and nursing care services for older people, £27 million (19%) on learning disability services,

£17.5 million (14%) on Care4CE (in house provider services), £14.3 million (12%) on cash payments, £8.2 million (7%) on domiciliary care, £7.5 million (6%) on housing support services and £2.5 million (2%) on transport to and from services. In addition to this Cheshire East spent £3.4 million (3%) on early intervention and prevention services, with community and voluntary organisations in 2012/13. We would like to continue to shift this balance so that a greater proportion of the budget is spent on preventative services and through cash payments, and a smaller proportion is spent on registered care. We are moving into a time where increasing numbers of people are taking cash payments, and joining the substantial amount of “self funders” in Cheshire East to purchase services directly from the market. As a result we need to redefine our relationship encouraging a competitive market that offers greater open choice and control for consumers.

The Council undertook 3838 new assessments for older people during the year 2012/13. The average age on which a service user enters the social care system is 73. The number of older people Cheshire East is supporting has remained consistent over the last three years; however the needs of the people we are supporting appears to have changed with the proportion of people requiring care packages of more than 15 hours per week increasing.

Telecare, equipment and adaptations

- Telecare, equipment and adaptations are critical in supporting people to remain independent for as long as possible and reducing the need for on going care and support.
- 1624 older people received adaptations in 2012/13, of which 431 were self funded, whilst a further 1260 received equipment.
- 1250 customers currently receive telecare in Cheshire East and it is projected that there will be a steady increase to 2,250 customers by March 2016.

Reablement

- Cheshire East has also increased the use of reablement services to help people learn or relearn the skills necessary for daily living which may have been lost through deterioration in health and/or social abilities of daily living which has led to increased support needs.
- Reablement is our first response offer to individuals who access adult social care and is delivered for up to 6 weeks within the persons own home to restore people's ability to perform usual activities and improve their perceived quality of life.
- Over 1,123 older people completed a period of reablement in 2012/13, of which 40% achieved a positive outcome of either needing no support, or having reduced care needs on completion.
- We believe the success of telecare and reablement has contributed to the reduced demand for lower level home care services.

Domiciliary Care

- Cheshire East Council is committed to helping people to stay in their own homes and remain as active and independent as possible.
- Domiciliary Care is one of the range of care and support services provided in peoples own home to enable them to remain independent. These services can range from a short call to assist with medication up to 24 hour live-in care.
- In 2011/12 995,000 hours of domiciliary care were delivered to 764 service users at a cost of £16.5 million. 97% of these hours were provided by the independent sector.
- In response to customer demand the Council are committed to developing this type of care provision as an alternative to residential based care services.
- As at December 2013 2,464 older people are being supported by 71 domiciliary care providers.
- Of these the council directly commission the care for 1,414 older people
- A further 1,050 people currently receive cash payments to organise their own support, the majority of which are spending their personal budgets on traditional social care services, particularly domiciliary care.

- Having already removed the domiciliary care block contract arrangements and increased the uptake of domiciliary care through the current financial year the Council wants to make it easier for existing and new providers to enter the market and work with us via framework agreements.
- We also expect the amount Cheshire East spends via cash payments to increase together with the demand for a more personalised service offer as the market expands and expectations of future generations change and they move away from traditional care services.

Residential and Nursing Care

- There are 102 care homes with 4032 registered care beds available for older people in Cheshire East.
- This is more than double the rate per head of the population (21 beds per 1,000 people aged 65+) compared to the national average (45.2 beds per 1,000).
- The Council is commissioning 40% the available beds in the market in Cheshire East, and 60% are being commissioned by self funders or other authorities.
- This poses a risk to the authority with self-funders risk falling back on council provision if they run out of money, or if they make poorly informed decisions.
- Historically Cheshire East has had a comparably higher spend on residential and nursing care than the average for similar authorities but our expenditure on registered care is beginning to fall.
- Currently at December 2013 Cheshire East support 1319 older people in residential or nursing care.
- Spend on permanent admissions into registered care for older people has reduced by 3% from £31,910,195 in 2011/12 to £30,963,381 in 2012/13 and there has been a corresponding increase on spend on community services.
- The average age on admission into a registered care setting is 83.

The table below shows the distribution of all registered residential care placements for older people by the locality of the registered care home.

Lap Area	Total number of homes	Total number of beds	Total number of nursing beds	Total number of residential beds
Congleton	27	888	495	393
Crewe	16	591	440	151
Knutsford	7	491	451	40
Macclesfield	24	812	475	337

Nantwich	11	445	297	148
Poynton	10	439	244	195
Wilmslow	7	366	308	58

Table 2 - Distribution of all registered residential care placements for older people by the locality of the registered care home.

Demand

Older People Demographic Pressure

England's population is rapidly ageing. The number of old people nationally will grow from 10 million to nearly 17 million by 2035, and 60% of all new household growth by 2033 will be those aged over 65, and 21% will be those aged over 85. Trends in household composition are compounding these pressures: across all ages groups there is a penchant for smaller households and therefore a greater risk of under-occupancy and inefficient stock usage. Indeed, households are now forming at twice the rate that houses are being built. Older people are chief contributors to this issue, with 60% possessing multiple bedrooms despite having no dependent children. Therefore, increased provision of specialist accommodation is recognised as a means to trigger positive market forces: older people have more accommodation designed for their needs, whilst general housing is freed up for young people and families.

Cheshire East is due to experience a disproportionately acute accommodation demand for older people. The extant proportion of older people in Cheshire East is already above the national average and is set to rise at a heightened rate compared with the rest of England. The projected increase in the population over 65 by 2030 is 43% for England and 46% for Cheshire East. Although many people aged 75 and over live relatively independently, this is the age group with the highest demand for accommodation, care, and health services; therefore this projected increase in the size of the population will have significant implications for the Council's housing stock and care budgets. An increase of 70% in the population aged 75 and over is forecast between 2012 and 2030.

Moreover, health standards and life expectancy in Cheshire East consistently exceed national averages, indicating that people in the Borough will live longer and require prolonged access to care and appropriate accommodation. The average life expectancy for males in Cheshire East is 80.1 compared to a national average of 78.9; similarly, females tend to live until 83.3 rather than 82.9 nationally.[1]

Public Health England, Health Profile 2013: Cheshire East, 24 September 2013, http://www.apho.org.uk/resource/item.aspx?RID=126943

Age band	2012	2015	2020	2025	2030	% increase 2012 to 2030
65-69	23,100	24,800	22,100	23,600	27,800	20
70-74	17,000	19,200	23,400	21,000	22,500	32
75-79	14,000	15,100	17,500	21,500	19,400	39
80-84	10,400	11,000	12,700	15,000	18,600	79
85-89	6,500	7,100	8,200	9,800	11,800	82
90 and over	3,700	4,300	5,400	7,000	9,100	146
65 and over total	74,700	81,500	89,300	97,900	109,200	46
75 and over total	34,600	37,500	43,800	53,300	58,900	70

Source: Office for National Statistics (ONS) www.poppi.org.uk

Nationally, the majority of older people live in owner occupied housing, and 20% of general needs social housing is occupied by an older person. In Cheshire East, there is more owner-occupation amongst the older populace. Based on the 2001 census, 78% of the population of Cheshire East and 75% of pensioners are owner occupiers. This is higher than the national average of 68%. A much lower percentage are in social rented accommodation with 11.5% of pensioners and 12.5% of the population as a whole in the social rented sector compared with 17% and 19% across England as a whole.

Learning Disability

Cheshire East Adult Social Care provided 768 people with a learning disability with care and support in the community throughout 2012-13, enabling them to live with friends, family or on their own (this figure includes those in supported accommodation as well as those in their own homes

900 of the 1159 adults (78%) with a learning disability known to the Council have learning disability assigned as their primary care type – meaning it is adjudged by social care to be their chief care requirement, potentially amongst a range of other needs. Accommodation status data (see table below) is available for those 900 adults with a learning disability assigned as their primary care type. This data records the accommodation status of these customers.

Client Living Status (LD as primary care type)	Total
Unknown	39
Acute/Health/Hospital	1
Adult Placement Scheme	9
Family/Friends Settled	281
Family/Friends Short-Term	3
Lives Alone	4
Living with Relative (Not Parent)	1
Other Temporary Accommodation	1

Owner Occupied/Shared	12
Registered Care Home	71
Registered Nursing Home	20
Sheltered/Extra Care Housing	4
Supported Accommodation	368
Tenant (Private Landlord)	41
Tenant (Local Authority)	45
Total	**900**

Source: Cheshire East PARIS Data (Oct 2013)

From

- It is important to note the people not captured by this data. It is anticipated that many more people with learning disabilities live in the community unknown to social care, supported by their families. This is problematic if care needs rise or carers age or die.

Supported Accommodation

As of July 2013, Cheshire East has the capacity to house 409 people with a varied range of learning disabilities in supported accommodation across the Borough. Care and support in these arrangements is provided through a range of providers.

LAP Area	Bungalow 33%		Flats 19%		House 48%		Total 100%	
	Capacity	Filled	Capacity	Filled	Capacity	Filled	**Capacity**	**Filled**
Congleton	45	43	3	3	35	32	**83**	**78**
Crewe	20	18	12	12	41	33	**73**	**63**
Knutsford	13	12	2	2	27	24	**42**	**38**
Macclesfield	27	25	56	55	56	51	**139**	**131**
Nantwich	11	10	3	3	21	19	**35**	**32**
Poynton	0	0	0	0	0	0	**0**	**0**
Wilmslow	18	16	1	1	11	9	**30**	**26**
Total	**134**	**124 (93%)**	**77**	**76 (99%)**	**191**	**168 (88%)**	**402**	**368 (92%)**

Source: Cheshire East Learning Disability Supported Accommodation Register (July 2013)

- A large proportion of accommodation in Cheshire East for people with learning disabilities is in shared houses (48%). Whilst an option that works for some people to work effectively resident composition must be carefully matched; this does not always sustain.

- There is a need to consider whether the mix of options needs to include more single occupancy accommodation in a supported setting. This increases privacy and independence and avoids potential mismatches of individuals.

- Currently accommodation is unevenly distributed, with Poynton, Wilmslow, Nantwich, and Knutsford possessing significantly less supported accommodation for people with learning disabilities than the major population centres of Macclesfield, Crewe, and Congleton.

89% of local authorities agree there has been an increase in the number of people with a learning disability requiring housing support in the last three years. While 82% of the local authorities surveyed agree there is a shortage of housing for adults with learning disabilities, more pressingly, 94% of local authorities surveyed agree that more needs to be done to meet the housing needs of adults with learning disabilities. Based on current accommodation trends and population growth, it is estimated that there will need to be 19,860 new registered care places and at least 14,222 extra supported accommodation places in England and Wales over the next 15 years.[2]

It is anticipated that the sustained growth of the population and better medical care will result in an annual increase of those with a learning disability that equates to between 3.2% and 7.94% of those currently requiring social care services.[3] This was evidenced between 2010 and 2011, with an increase of 3% in those with a learning disability known to social care services nationally. As with the general population, people with learning disabilities are also living longer: by 2030 the number of people with a learning disability aged between 65-74 years is projected to increase by 33.5%, those aged between 75-84 years are projected to increase by 53%, whilst those aged over 85 will increase by 103%. The need for support and care for people with learning disabilities will reciprocally increase, with Mencap predicting that there will be the need for an additional 1,324 care home places and 941 supported living placements per year nationally. This equates to around a 3% increase annually of people with learning disabilities who will require housing with care or support.[4]

Cheshire East is experiencing these national pressures distilled at local level to varying degrees. It is important to note that, whilst data has been compiled from a number of sources to establish the following profile of local demand, there is considerable difficulty in determining a single and universally-agreed figure for people with a learning disability. Cheshire East can draw conclusions from the data held by social care, but work is required to establish a figure for the wider group of people with learning disabilities, those who have no current support from social care.

By comparison nationally Cheshire East has a greater prevalence of people with learning disabilities know to the Council. However, there is a lower prevalence rate for both children with learning difficulties known to schools and adults with learning disabilities known to GPs.[5] 1159 adults with a learning disability are known to social care. The

[2] Mencap, September 2011

[3] Emerson and Hatton, 'Estimating Future Need for Adult Social Care Services for People with Learning Disabilities in England' (2008)

[4] Mencap, 'Housing for People with Learning Disabilities'.

[5] Public Health England, 'Learning Disabilities Profile 2013 – Cheshire East'

total estimated population of adults with a learning disability in Cheshire East was 1408 in 2012, giving an indication of a potential gap of 249 between social care customers and the total number of adults with a learning disability in the Borough.

As with older people, it is anticipated that the number of people with a learning disability who will require specialist accommodation will increase significantly: by around 10% between 2013 and 2030. Cheshire East currently has sufficient supported accommodation for people with a learning disability until 2030, if current uptake ratios are projected forward using population growth estimates. However, this does not reflect any unmet demand from people who would ideally like to move to supported accommodation from other settings, such as their family.

	2013	2015	2020	2025	2030
Projected 18 + Population with LD	1408	1431	1468	1508	1554
Projected 18 + Population with LD known to CEC	900	914	937	962	991
Projected 18 + Population with LD known to CEC in need of Supported Accommodation	368	374	383	393	405

Source: Office of National Statistics (ONS): POPPI; PANSI

Future planning needs to take account of a range of factors such as children with learning disabilities in preparation for adulthood (transition) i.e. 14-18 year olds. A portion of future housing demand will come from those with learning disabilities whose carers have either died or are no longer able to effectively care. 83% of parents nationally whose son or daughter has a learning disability report not having planned for a time when they are no longer able to provide care.[6] 56% of parents over 70 whose son or daughter has a learning disability have not established a plan for the future.

[6] Mencap, 'Housing for People with Learning Disabilities'

Mental Health Issues

Chapter Summary

Background

Everybody has an oscillating state of mental health that changes according to experiences and events. Cheshire East Council looks to help and support those whose mental health nadirs impact on their ability to live healthy and safe lives. As such, mental health occurs across a spectrum of severity and condition; it captures depression, anxiety, schizophrenia, psychosis, dementia, and many other conditions pertaining to mental state. Notably, there is a distinction between dementia and other mental health issues: the Council systematically looks to enable recovery and rehabilitation in the bulk of mental health ailments; however, dementia is by nature degenerative, shifting the emphasis slightly towards enabling maximal independence and quality of life at a given time.

Mental health issues are common across the population and, in many cases, can be managed through robust support networks and stable lifestyles, allowing the majority of those with a low frequency mental health disorder to live independently in the community in general needs housing. As such, Cheshire East primarily aims to provide preventative, rehabilitative or short-term care and support to people with mental health issues, in the hope of supporting them to overcome their condition and return to a fulfilling life within the community. Such a support network is largely delivered by the CWP (Cheshire and Warrington Partnership): a public health partnership involving Cheshire East that commissions mental health services and aspires to engender continual improvement within these.

For people with heightened or enduring mental health issues who are unable to be housed safely within the community (for example, acute depression, bipolar disorder, schizophrenia, and including dementia) the right mixture of specialist and supported accommodation is critical. These people have more specific and acute care needs, and can often fall victim of social isolation unless properly accommodated. This can entail sheltered accommodation or institutional schemes; however, Cheshire East, as with other client groups, aims to reduce reliance on residential care as a long-term solution, and aspires to instead maximise use of supported accommodation to enable individuals live independently.

Cheshire East strives fundamentally for a recovery and rehabilitation model of mental health care delivered through a phased programme; ultimately this chapter recommends that accommodation and support needs to be mapped to this process to ensure there is adequate housing to deliver the desired outcomes at each stage of a client's progress.

Key Findings

- Numbers of mental health clients tend to remain fairly constant; however, there is a large increase projected in dementia clients in coming years.
- Given the diverse spectrum of mental health issues, the majority of clients are able to live independently within the community with an appropriate package of care and support. Stable accommodation is beneficial for mental health clients, so there is added onus on adaptive support services being able to reach them in situ. This is more easily achieved in a sheltered or extra care scheme, but can be realised in the community with appropriate floating support.
- However, for those with more acute mental health needs (such as dementia clients) nursing and residential care remain the most commonly used provision, although consultation suggests that sheltered housing or extra care schemes can deliver superior outcomes for mental health client with complex needs.

- There is a greater degree of institutional provision for dementia clients within the Borough, whilst greater numbers of high-need, non-dementia clients are placed outside of the Borough.
- Current supported accommodation stock predominantly encompasses shared and sheltered units, with the former being the most prevalent – despite sheltered housing being deemed the better paradigm. To bolster the supply of supported accommodation, a combination of available units and flexible support services are required in equal importance, enabling individuals to receive the appropriate level of care without moving.

Strategic Priorities

- Where possible, use accommodation and support packages to reinforce the StAR treatment process in situating recovery at the heart of mental health treatment, creating an extended and supported pathway for clients from primary care, through recovery and review, and into aftercare.
- This will involve mapping accommodation and support service provision to different stages of clients' treatment journeys to ensure that accommodation can flex to each stage of the process and changing needs. This will inform a detailed needs analysis and the creation of an ideal accommodation specification for commissioning that will involve the exploration of assessment flats for heightened episodes.
- Establish a mental health strategic working group to forward these actions and ensure full integration of accommodation strategy into a bolstered strategic approach to mental health in the Borough, including raising awareness of mental health issues and early intervention.
- Continue to raise awareness about the importance of mental health, promoting preventative thought and early intervention and/or presentation.

Key Evidence Sources:

- Moving Forward – Cheshire East Housing Strategy 2011 - 2016
- Cheshire East Strategic Housing Market Assessment (SHMA)
- Cheshire East SHMA Extra Care Housing Report
- Red Quadrant Report
- Census 2011
- Joint Strategic Needs Assessment
- CWP Data
- No Health Without Mental Health
- Social Services Monitoring Data (PARIS)
- Cheshire East Monitoring Data for Specialist Mental Health Supported Accommodation
- Cheshire East Monitoring Data for Institutional Care Facilities
- Supporting People Needs Analysis

- Social Services Expenditure Return
- NOMIS (Office of Labour Market Statistics)
- PANSI and POPPI projections

Detailed Findings

National and Local Policy Context

The Government's strategy 'No Health without Mental Health' set the tone in emphasising the importance of prevention and recovery in mental health treatment, as opposed to previous trends of institutional management of mental health issues. The strategy heavily connects housing to these outcomes, stressing the importance of equality of access and highlighting the role of appropriate housing as a preventative and convalescent measure.

In terms of trends in treatment, medical advances are allowing for better means to chemically address mental imbalances and reduce side-effects. However, an increasing emphasis is placed on non-medical factors in mental health: diet, exercise, sociability, employment, family stability, etc. This creates a more nuanced picture of cause and treatment, connecting an individual's mental health to things such as fluctuations in the economy, society, and personal circumstance. This ultimately supports the recent impulse towards holistic and preventative support, where mental health is treated most effectively by early intervention, raising awareness, and supporting people to negotiate contingent hardship or alienation. These are distinctly non-medical factors that are captured in large part by the Council's wider objectives to improve prosperity and well-being in the Borough.

Many mental health issues are caused or exacerbated by contingent and transient circumstance; support during difficult periods is therefore vital and ultimately beneficial, as proportionate intervention can stymie the effects of difficult conditions and curtail the chance of a condition escalating. As such, support, care, and housing services must be flexible and scalable to meet the uniquely fluctuating nature of mental health: it is important that services do not fall into a 'one-size fits all' operating model and can adapt to (often rapidly) changing needs.

Cheshire East Council currently does not have a holistic commissioning strategy for people with mental health issues, though there is a Joint Commissioning Strategy for people with dementia. The Council aims to explore the construction of a wider strategic document as an outcome of this strategy, to unify the objectives of mental health services and better inform a detailed specification of accommodation requirements. This strategy will build upon the work of the Council's individual commissioning wing and calcify the issues raised in this strategy.

However, there is a strong history of joined-up partnership working – reified in the CWP – and joint commissioning for elements such as dementia. Throughout its partnerships and commissioning, Cheshire East recognises that people with mental health issues should be given every opportunity to live a fulfilling life within the community, with ready access to accommodation and services that facilitate this across a spectrum of needs. As such, the Council champions a concerted focus on recovery and rehabilitation – or, in the case of dementia, a phased management of the condition that seeks to mitigate degenerative effects and maximise quality of life. Cheshire East's individual commissioning follows a Stepped Approach to Recovery (StAR) Model, and has a throughput process taking those with mental health needs through a single-point of access for services, to a recovery team who look to stabilise a client's condition through intensive services, followed by a review procedure of transitional and lower-intensity services, to aftercare and move-on. It is important that accommodation provision is aligned to this process, with the appropriate supported accommodation available to realise the individuals care needs.

Consultation Response

- Consultation feedback attested that the majority of people with mental health needs were able to live in the community and benefit from being allowed to flourish in an independent setting.
- Stability is an important issue for mental health patients, and it is important that, where possible, individuals can remain in one setting with support and care that wraps around them. This requires a flexible stock of accommodation that can meet a range of client and service needs.
- It was recognised that this group are high users of institutional care, and this needs to be rebalanced where possible. Supported accommodation will always be needed and can help combat the isolation and loneliness that many people with mental health issues experience.
- The provision of assessment flats was thought to be a progressive concept, where clients experiencing a crisis or emergency could be housed temporarily. This negates compatibility and social issues that can emerge during times of crisis.
- The provision of accommodation is the key issue. Cheshire East can provide the appropriate support, provided that there is a property in which to house the mental health client.
- The specific requirements of high-needs and dementia clients were highlighted. It was felt that adaptations and assistive technologies can achieve great results for the complex end of the needs spectrum, and extra-care and sheltered housing schemes can be put to greater use as an effective alternative to institutional care.

Current Pathways to Care and Support

<u>Supporting People</u>

Supporting People provides a range of accommodation and floating services for people with mental health issues who have lower care requirements and are not eligible for social care. Floating support is designed primarily to assist individuals to integrate effectively into the community and manage long-term independent tenancies. Accommodation support takes the form of short-term hostel services that serve as a mid-point between intensive care and independent living, aiding the transition between the two. These services are therefore vital in stopping low-level mental health conditions escalating, supporting individuals to negotiate heightened episodes, and providing transitional support for those recovering from a more severe mental condition.

Data from Supporting People indicates that mental health services are currently under considerable demand and do not have the capacity to meet this. The anticipated demand figures are predicted to be relatively consistent, reflecting both the throughput demanded of providers and a negligible anticipated growth in the number of people with non-dementia mental health issues.

Mental Health Services	Need 2020	Supply 2013	Gap
Accommodation Support	143	87	-56
Floating Support	150	100	-50

Source: Supporting People Needs Analysis

Social Care

Cheshire East social care looks to enable people with a substantial or severe mental health issue to remain in their homes through a number of care types – be these floating home care services or prescribed adaptations. Where this is not possible, the Council endeavours to place people in specialist housing that enables them to remain independent or is short-term or intermediate. The following table surveys the number of care interventions (individual units of care) received by people with a range of mental health issues. These figures capture all kinds of intervention, both short and long-term, and chart the number of times a service is delivered – potentially multiple times to the same client.

They demonstrate:

- Amongst the clients of social services, care at home or in the community is still the most viable and desired option for those members of this client group – including those with dementia. This demonstrates the importance of flexible support services first and foremost in delivering supported accommodation that enables enduring independence.

- For those individuals who cannot be safely cared for within the community due to high or complex needs, residential and nursing care are the most common recourse, and occur at a significant frequency (31%) compared with other client groups. The majority of those are dementia sufferers, but 18% of non-dementia clients are still utilising institutional care. This reflects the historic proclivity to treat mental health with intensive institutional care, focusing on managing a condition rather than recovery. It is therefore important that nursing care is used appropriately as a stage in a wider rehabilitation process, and Cheshire East will continue to review its assessment processes and move-on protocols to reduce the relatively high usage of institutional care when compared to other client groups to ensure that there is not an overreliance on institutional care.

Care Type	Dementia	Non-Dementia	Total
Day care	43	21	**64**
Direct payments	33	165	**198**
Equipment and adaptations	17	6	**23**
Extra care housing	6	15	**21**
Family based care	8	33	**41**
Home care	92	297	**389**
Intermediate care	14	13	**27**
Mental health day care	1	3	**4**
Nursing	136	44	**180**
Other	81	42	**123**
PCMH	1	1	**2**

Professional support	0	3	**3**
Residential	106	76	**182**
Respite nursing	3	1	**4**
Respite residential	18	14	**32**
Grand Total	**559**	**734**	**1293**

Source: Social Services Monitoring Data (PARIS)

Reablement

In addition to the work of Supported People, Care4CE operates a mental health reablement service designed to impart the skills required effectively transition back into community living and maintain a general needs tenancy. This service is targeted for when clients are leaving the review stage of their care process, but performs work with clients earlier in their programme depending on their level of need. The service operates well, though Cheshire East needs to review the prospect of bolstering such provision, drawing on best practise in other authorities to operate an aftercare team that facilitates a phased recovery plan for 12 months after a client's care plan expires.

Supply

Accommodation provision for people with mental health issues currently takes a number of formats, ranging from institutional care to supported housing options. The picture is complicated by the fact that some residents of Cheshire East (especially those placed by adult social care) are housed outside of the Borough; this applies mainly to institutional care but there are a small number of external supported accommodation placements funded by Cheshire East.

Institutional Accommodation

The below table details the number of institutional placements that Cheshire East funds both inside and outside the Borough. The majority (66%) of these placements are for people with dementia, which frequently requires a residential or nursing setting given the degenerative nature of the ailment. The remaining 34% are for non-dementia sufferers with high care needs. As aforementioned, it is important that Cheshire East looks to reduce dependency on institutional care to encourage rehabilitative outcomes and lower social care costs, with the non-dementia cohort especially being targeted for community care or supported accommodation as a priority.

The preponderance of institutional care is within the Borough, with just 15% of institutional care for people with mental health issues located outside of Cheshire East, which is low in comparison to other client groups. However, a higher proportion of non-dementia clients receive institutional care outside of the Borough compared with dementia clients, indicating that Cheshire East is better equipped to accommodate dementia sufferers than other high-level mental health issues.

	Provision Type	Dementia	Non-Dementia	Total
Provision in CEC	Nursing	120	33	153
	Residential	94	60	154
	Respite Nursing	3	1	4
	Respite Residential	11	2	13
	Total	228	96	324
Provision Outside CEC	Nursing	13	11	24
	Residential	9	16	25
	Respite Nursing	1	0	1
	Respite Residential	0	7	7
	Total	23	34	57
CEC Provision (Care4CE)	Nursing	0	0	0
	Residential	0	0	0
	Respite Nursing	0	0	0
	Respite Residential	6	2	8
	Total	6	2	8
Grand Totals	**Nursing**	**133**	**44**	**177**
	Residential	**103**	**76**	**179**
	Respite Nursing	**4**	**1**	**5**
	Respite Residential	**17**	**11**	**28**
	Total	**257**	**132**	**389**

Source: Cheshire East Monitoring Data for Institutional Care Facilities

Supported Accommodation

The following table summarises the kinds of supported accommodation provision available within Cheshire East. Supported accommodation for people with mental health issues is a delicate business, given that this client group above all others requires careful monitoring of social developments, and are often the most combustible in a shared environment.

As such, whilst more primary research is required, consulted operational staff are wary of utilising shared housing as an a priori position for clients with higher needs – or those in the early, recovery phases of their StAR programme: without close monitoring from a warden or care workers, people with mental health issues can easily develop social dependencies or are an risk of incendiary relationships. Moreover, clients with mental health issues respond better to a stable tenancy which is wholly their own and is unlikely to change. As such, the preferred approach where possible is self-contained accommodation where each individual has their own front door, combined with routine monitoring and support that can adapt to care needs, rather than the individual having to relocate. This suggests that optimal results for people with mental health issues can be realised in sheltered housing or extra care schemes, thereby combining individual properties with regular and adaptive support. Alternatively, this could be realised in a dispersed manner if appropriate accommodation can be sourced and floating support services put in.

The current provision is well-divided between shared properties (arrangements where a small community of clients receives floating and on-demand support) and sheltered housing (where there is 24 hour support in place). The

latter paradigm is more intensive but, as per the above analysis, is often deemed the most preferable composition for clients with higher needs. A number of extra care schemes also admit individuals with mental health issues (including dementia) with good outcomes. It is therefore important that a range of accommodation and support services are appropriately designated and mapped to evolving care needs. Consultation has also suggested the creation of a number of assessment flats in conjunction with RPs for providing intensive treatment for mental health clients going through heightened episodes, so that such episodes are not exacerbated or allowed to jeopardise recovery.

Whilst the distribution of unit types is relatively even, the spread across localities is not. Congleton LAP area (comprising Congleton, Middlewich, and Sandbach) possesses the majority of supported accommodation for people with mental health. The bulk of specialist stock in Congleton is shared accommodation, whilst Crewe and Macclesfield have a monopoly on sheltered accommodation. This distribution is an issue that needs to be considered with providers as part of the on-going commissioning cycle.

Location	Units
Congleton	30
Middlewich	23
Sandbach	7
Macclesfield	55
Crewe	29
Alsager	4
Total	**148**

Source: Cheshire East Monitoring Data for Specialist Mental Health Supported Accommodation

It is evident that Cheshire East's accommodation provision and approach for people with mental health issues has been inherited from the legacy authorities and has evolved organically over time with minimal strategic direction: there is not currently a mental health strategy within Cheshire East, for instance. The emphasis on recovery and the StAR methodology provides a strong girding in terms of outcomes for people with mental health issues, but there are strategic developments to be bolstered around this.

Crucially, it is important that accommodation provision is mapped to the StAR process, reflecting its stages and facilitating them with appropriate combinations of accommodation and support at each rubric. This will require the designation and distribution of supported accommodation placements to specifically address each stage of the process. This entails a formal distinction between, say, intensive and transitional packages of accommodation and support for people at the recovery and review stages of the StAR process respectively. The creation of such a specification follows sector best practise, following on from the vaunted pathways approach of Camden and Oxford, which create a holistic process for a range of care needs supported by stratified routes through different accommodation types.

Demand

Prevalence of Dementia:

There is a direct correlation between those suffering from dementia and increasing levels of old age. The occurrence of dementia starts to increase over the age of 65. Dementia is most common in people in their eighties (10-20% affected) and nineties (30% affected). Women are about 30% more likely than men to develop dementia.[7] Dementia

[7] Cheshire East Joint Strategic Needs Assessment, Dementia and its Impacts, September 2012

costs the UK economy £17bn a year and this will increase to £50bn in the next 30 years.[8] There is a predicted 78% increase in dementia sufferers in Cheshire East by 2030, which will place considerable strain on current accommodation, care capacity, and funding. The Joint Commissioning Plan for Dementia sets out a range of actions to be taken locally in meeting the needs of people with dementia; chiefly, as explained throughout this chapter, there is a need to utilise a transitional accommodation when treating dementia where possible, using a range of accommodation options to deliver superior quality of life and lower care bills rather than turning to institutional care at an early stage.[9]

Age Band	2012	2015	2020	2025	2030	% increase
People aged 65-69	289	308	274	293	346	20
People aged 70-74	465	528	640	575	617	33
People aged 75-79	820	884	1,023	1,251	1,127	37
People aged 80-84	1,250	1,304	1,516	1,784	2,213	77
People aged 85-89	1,311	1,428	1,633	1,967	2,339	78
People aged 90 and over	1,105	1,281	1,605	2,046	2,693	144
Total population aged 65 and over	**5,240**	**5,732**	**6,690**	**7,915**	**9,335**	**78**

Source: Office for National Statistics (ONS) www.poppi.org.uk

Social Care

Cheshire East social services currently provide for the following number of people with mental health issues. These figures capture only those who have presented to social care and are FACs eligible, meaning that these figures do not capture all the people with a low or moderate mental health needs; these people are better visible through the CWP and Supporting People data.

As above, the number of people with dementia is expected to rise significantly in coming years and will pose a major challenge to the Council. Dementia clients are higher users of institutional care (see previous section on 'Supply'), which poses a cost risk should the expanding demand continue to be met through this kind of provision. As identified in the Joint Commissioning Plan for Dementia, it is therefore increasingly important to adopt an early-intervention and staged approach to care with dementia clients, to ensure that, where appropriate and safe, institutional care is relied on less frequently or only at the latter stages of an individual's care programme, with escalating demand managed through better preventative measures and phased, transitional housing.

Non-dementia clients within this group are anticipated to remain relatively steady given the fluctuating nature of mental health issues and the ability to recover from low frequency ailments. However, mental health issues are tied to wider societal factors, and have experienced an upturn during the recent recession. The vagaries of the economy will therefore largely determine non-dementia mental health issues, making prediction an inexact science – though at the time of writing economic forecasts state low-level recovery, which is a positive augur.

Total Mental Health Clients (Oct 2013)	Dementia	Non-Dementia
1035	431	604

[8] Audit Commission, 'Under Pressure: Tackling the Financial Challenges for Councils of an Ageing Population' (2010)

[9] http://www.cheshireeast.gov.uk/social_care_and_health/health_advice/memory_issues/dementia_strategy.aspx

Source: Social Services Monitoring Data (PARIS)

The below table shows the location in which social care clients with mental health issues reside within Cheshire East. Living patterns are congruent between dementia and non-dementia clients, and are roughly mapped to the greatest population centres – which also contain the majority of institutional care places.

Locality	Total
Congleton	229
Crewe	286
Knutsford	35
Macclesfield	227
Nantwich	98
Northwich and Rural North	4
Unknown	55
Poynton	40
Rural West	2
Wilmslow	48
Winsford and Rural East	11
Grand Total	1035

Source: Social Services Monitoring Data (PARIS)

The accommodation status of this client group is a relatively incomplete dataset given that there is no statutory obligation to record it as part of a client's records. However, it can give us a snapshot of the accommodation requirements and preferences of this client group. The sample of 134 social care clients whose accommodation status is recorded demonstrates the preponderance (74%) live in the community, with the single largest group living alone.

The below table suggests that people with mental health issues prefer to live in the community within their own homes, and that community care and support can effectively enable this. A significant proportion resides in institutional care, and Cheshire East aims to ensure that any institutional placement is part of a structured care plan that aspires to rehabilitate rather than simply manage an ailment.

Accommodation status	Total
Family/friends settled	19
Lives alone	41
Living with relative not parent	9
Unknown	901
Owner occupied/shared	17
Registered care home	15
Registered nursing home	18
Sheltered/extra care housing	2
Supported accommodation	4
Temp la accommodation	1
Tenant (la)	6
Tenant (private landlord)	2
Grand total	**1035**

Source: Social Services Monitoring Data (PARIS)

Physical and Sensory Disabilities

Chapter Summary

Background

Disabled people are twice as likely as non-disabled people to be social housing tenants and 25% of disabled people needing adapted housing are living in unsuitable accommodation. These figures demonstrate that people with a physical disability occupy a unique middle ground on the accommodation spectrum: their care needs are frequently not substantial enough to require long-term placement by social services, yet general or supported housing is often ill-suited to their needs or in short supply: a pattern that emerges in Cheshire East.

As such, this vulnerable group benefit most acutely from ambient support rather than dramatic intervention, with the majority capable of independent living if the right enabling mechanisms are in place. Cheshire East therefore aims to deliver more accessible design specifications for general access housing, a sophisticated offering of adaptations and assistive technologies to enable independent living in as many cases as possible, a robust menu of support services that facilitate a shift to independence or aging in place, whilst limiting the length of stay needed in residential or nursing care to rehabilitative and transitional.

Key Findings

- This client group can be enabled to live independently with access to the right services and support. Chiefly, the majority of this group can benefit from home adaptations, largely provided by the Council through Disabled Facilities Grants and the Care & Repair team. Such adaptations allow individuals to live safely and independently at home, negating the need for costly care and accommodation options later in life.

- Medical and care advances are ensuring that many disabled children are living healthily and for longer. It is anticipated that this will create an upsurge in demand from disabled children, with younger people increasingly requiring home adaptations and specialist accommodation offerings.

- There are many disabled people whose disability is the result of frailty borne of old age. It is therefore a challenge to unpick those individuals or young people with a long-term disability who have a need for specialist accommodation.

- Those individuals who cannot be enabled to live independently through adaptations chiefly receive care packages at home, or go to live in institutional care, extra care, or sheltered housing schemes. There is a relative lack of supported housing for those with physical disabilities; moreover, access to supported accommodation is limited for younger or long-term disabled people.

Strategic Priorities

- Continue to promote DFGs, Care & Repair, and the Handypersons service as widely as possible, targeting more young people and proactive, private adaptations. This will allow adaptations to be increasingly used as a preventative measure, lowering the potential

dependence on care downstream, and will enable more people to 'future proof' their homes to enable independence in situ.

- Conduct reviews of the Care & Repair and Handypersons Services to ensure they take the optimal model to meet the changing needs of clients.

- Continue to promote general accessibility standards through planning processes, to ensure that as many new build homes as possible are fit for disabled habitation.

- Continue to promote, review, and support Telecare services.

- Create a service pathway for clients with physical and sensory disabilities including the above adaptive and preventative services and supported accommodation.

- This will prioritise improving access to supported housing for younger people with physical disabilities. This will help counter the anticipated rise in demand, and will entail exploring the possibility of lowering entry ages into the likes of extra care schemes, which are well-suited to cope with physical disabilities.

Key Evidence Sources

- Moving Forward – Cheshire East Housing Strategy 2011 - 2016
- Cheshire East Strategic Housing Market Assessment (SHMA)
- Cheshire East SHMA Extra Care Housing Report
- Improving the Life chances of Disabled People (2005)
- Putting People First: A shared vision and commitment to the transformation of adult social care (2007)
- Red Quadrant Report
- Census 2011
- Joint Strategic Needs Assessment
- Valuing People
- Social Services Monitoring Data (PARIS)
- Cheshire East Monitoring Data for Institutional Care Facilities
- Supporting People Needs Analysis
- Social Services Expenditure Return
- NOMIS (Office of Labour Market Statistics)
- PANSI and POPPI projections

Detailed Findings

National and Local Policy Context

In 2005 the Government published 'Improving the Life chances of Disabled People'. This created a vision that disabled people should have the same opportunities and choices as non-disabled people to improve their quality of life and be respected and included as equal members of society. This involves giving disabled people access to support services and accommodation that enabled them to live independently and make informed choices about their care.

In 2007 'Putting People First: A shared vision and commitment to the transformation of adult social care' was published. At its heart was a pledge to ensure that all public bodies work together towards a society that enables individuals to have maximum choice and control over their lives, unlocking their ability to contribute and be fulfilled.

These strategies encourage choice and empowerment in accommodation options, and Cheshire East aims to allow disabled people to have access to a wide range of housing provision suitable to their needs and a robust menu of support services that allow care and adaptations *in situ*; these impulses will guide us to become a Borough where disabled people are facilitated to grasp independent living arrangements, remaining safe and comfortable in their homes and as central agents in the community. These goals are ratified in our commissioning intentions.

Consultation Response

- Feedback reflected the need to ensure that, as prevalently as possible, general needs housing is increasingly able to accommodate disabled people in its accessibility and design. This will largely be enforced in new build developments through planning policy and the Local Plan, with an appropriate proportion of Lifetime Homes and higher accessibility standards prescribed in accordance with local needs.

- Regarding existing stock, groups asserted the importance of refreshing and upgrading stock to make it safer, more accessible, and ultimately more liveable in the long term for disabled people. The chief means of realising this are adaptations through home improvement agencies and the Disability Funding Grants. These mechanisms allow individuals to invest in physical alterations as well as assistive technologies. The latter allow community homes to better tolerate care and support without the need for intensive care packages of relocation of clients, and their expanded usage was advocated by attendees.

- Workshop feedback also noted that other kinds of supported housing can offer benefits for those with physical disabilities, despite a lack of specialist accommodation available for this client type currently. Extra care schemes are by nature built with disability in mind and can accommodate those people with higher-level physical disabilities without the need for institutional care. Indeed, the admittance of the physically disabled into extra care schemes was deemed a positive thing by focus groups, as the diverse nature of this group can inject a greater range of ages and needs, helping forge a more varied and aspirational community. Moreover, shared living and sheltered housing can create an amenable environment for a number of disabled people; such properties are more expensive to construct but offer a cheaper alternative to institutional care in the long term.

- Much comment was made on the need to prevent and predict some of the demand by addressing physical and sensory disability from a young age. Attendees suggested that DFGs could be increasingly used to invest to save, installing adaptations and equipment that will enable a child to learn to negotiate their disability independently in their home. Furthermore, it was thought that extra care schemes, which usually impose a minimum age of 55 could be expanded to include younger people: allowing the physically disabled access to better, more independent facilities, whilst improving the age and need mixture in each scheme.

Current Pathways to Care and Support

More so than other client groups, adaptations and accessibility make a huge difference in the lives of people with a physical or sensory disability. This client group can generally be catered for effectively through adaptations or support services, rather than requiring intensive (and expensive) social care, negating the need for complex home care packages and stays in institutional care. Such services are delivered through a variety of means, whose character and performance are discussed in this section. This is reflected in the high number of disabled people who utilise adaptations, assistive technologies, and floating support; moreover, of those who do require social care, the majority can be treated at home rather than requiring residential or nursing care packages.

<u>Disabled Facilities Grants (DFGs)</u>

As such, adaptations and handyperson services are a cornerstone of Cheshire East's strategy for this client group. The Council has an annual budget of around £1 million for Disabled Facilities Grants (DFGs) to ensure that disabled people are able to maintain independent living and receive the care and support that they need in the home of their choice.

Disabled Facilities Grants (DFGs) are the Council's statutory funding provision for major adaptations. These means-tested grants of up to £30,000 fund around 160 adaptations each year, including ramps to enable safe access into and out of the property, stair lifts and vertical lifts to enable people to access their bedroom or bathroom, conversion of bathrooms to enable people to shower safely, and extensions to provide ground floor sleeping accommodation. The average value of a DFG is £5,600 – when compared to the potential annual cost of a residential care placement of £19,500, or a home care package of £4,153, the value for money of DFGs is demonstrably high.

The following table breakdowns the comparative DFG expenditure on different age groups. Expenditure on adaptations for children with physical disabilities is proportionately higher than other age groups. Children and young people represent 11% of DFG beneficiaries, but have received 23% of the funding. Conversely, older people represent 48% of DFG beneficiaries but only 37% of the funding. Whilst adaptations for young people are more expensive per case, they are critical in preventing care issues and funding pressures downstream, acting as a preventative influence that will enable individuals to remain at home with lower care needs. This is especially important given the greater number of children living with disabilities as a result in advances in medical care, meaning that accommodation and care services will struggle to cope with the increases (covered under 'Demand').

Age Group	Spending 2010-2013	Cases	Average spend per case
Children and Young People	£ 591,300	56	£ 10,559
Adults	£ 1,067,300	205	£ 5,206
Older People	£ 972,400	241	£ 4,035

Source: Private Sector Housing Reporting Data

Care and Repair

An integral part of delivering DFGs is the Care & Repair service, which provides support to people living in their own home to ensure that their property is fit for purpose and they can continue living independently in their community for as long as possible. The service provides support to deliver major adaptations to users of social care services (whereby adaptations can form a part of their rehabilitation or care package) as well as to private customers who have identified the need and the funding for adaptations themselves. Care & Repair provides information, advice and support to repair and adapt the built environment, whilst engaging a holistic approach to considering the client groups' needs by signposting and making referrals to other support services. The service is targeted to homeowners, but through partnership working with Registered Providers the service is extended to delivering adaptations in a wider range of properties. Given the central importance of accessibility to people with a physical or sensory disability, this client group accounts for the bulk of Care & Repair's work. Cheshire East recognises the importance of Care & Repair as an enabler of independent living and peace of mind for those with disabilities.

Moreover, the Council's vision is for these services to be used in an increasingly preventative capacity across all client groups: continuing to branch out beyond those with social care requirements to deliver more proactive repairs and adaptations for those whose care needs are lower but are at risk of increasing with time, or as a result of inhabiting an unsafe property. Around 400 minor adaptations are provided each year to private clients, and the Council aims to grow this number to ensure as many properties are accessible for disabled people across the Borough.

Many individuals (largely families containing disabled children) are choosing to manage the DFG process themselves to broker adaptations that best suit their needs. For these fluctuating reasons there is a need to continually review and improve the Care & Repair services to ensure its delivery best meets the changing needs of DFG clients.

Handyperson Service

Handyperson services provide low-level practical support that is highly valued by older people and people with physical disabilities, delivering 'that little bit of help' that that disabled individuals may not be able to perform themselves. Handyperson services support initiatives to reduce unnecessary hospital and care admissions, facilitate the timely transfer of care from hospital to home, prevent more costly future repairs, reduce opportunities for cold callers and rogue traders, and improve physical and mental health and well-being. Such services deliver a range of minor adaptations for this client group, such as grab rails and hand rails on the stairs to facilitate safe movement around the home, 'key safes' to enable the provision of care at home, and alterations to steps to facilitate safe access into and out of the home. Cheshire East's handyperson services are augmented by similar programmes that are run locally by housing providers on their own properties.

Community Equipment Service

Similar facilitative and preventative outcomes are driven by the Community Equipment Service, which provides specific pieces of small equipment that can make all the difference to a disabled person's livelihood – such as an adapted toilet seat. The service vastly improves the accessibility and comfort of homes whilst lowering the risk involved in day-to-day activities, thereby enhancing the associated viability of independent living in situ.

Supporting People

Supporting People provide a range of short-term accommodation and floating support services to people with a physical disability with lower care needs, who can be supported to realise community living or self-sufficiency. Capacity is comparatively low compared with larger groups with greater care needs (such as older people), but the figures indicate that existing supply for support services is overstretched, and that there is a need (albeit a slim need) for both short and long-term supported accommodation places tailored specifically to the needs of people with a physical or sensory disability.

Physical and Sensory Disability Services	Need 2020	Supply 2013	Gap
Accommodation Support	16	0	-16
Floating Support	34	20	-14

Source: Supporting People Needs Analysis

Demand

Current Demand

Demand is difficult to gauge for people with a disability given that it overlaps heavily with other client groups – particularly older people, which captures many of the frail elderly who develop a physical or sensory impairment by virtue of their age. As such, throughout this section, comparisons have been made between the number of people with a physical disability over 65 and the number of people under 65, in order to give an indication of how many people have a long-term disability, and how many have developed physical or sensory conditions in the latter stages of their lives.

The number of people possessive of a physical or sensory disability and an active social care plan is detailed in the table below. The figures demonstrate that, as suspected, the majority of people with a physical or sensory disability are over 65 – and, moreover, fall within the 'frail/temporary illness' category. This implies that the number of people with a long-term physical or sensory disability (and thus a specialist housing need prior to old age) is relatively low: estimated to be around 414.

Client Type	Total	Under 65	65 and Over
Dual Sensory Loss	9	1	8
Frail/Temporary Illness	2256	87	2169
Hearing Impairment	34	1	33
Other Phy/Sen Impairment	908	321	587
Visual Impairment	76	4	72
Grand Total	3283	414	2869

Source: Social Services Monitoring Data (PARIS)

The next table attempts to fathom the accommodation requirements and preferences of this client group. This is difficult, given that there is no obligation for the living status of people with physical or sensory disabilities to be captured by social care workers in case records.

Accommodation Status	Grand Total	Under 65	Under 65 %	65 and Over	65 and Over %
Adult Placement Scheme	**2**	2	0.5	0	0.0
Family/Friends - Settled	**42**	21	5.1	21	0.7
Family/Friends – Short Term	**2**	0	0.0	2	0.1
Lives Alone	**378**	31	7.5	347	12.1
Living With Relative (Not Parent)	**20**	2	0.5	18	0.6
Not Known	**2587**	327	79.0	2260	78.8
Other Temporary Accommodation	**3**	1	0.2	2	0.1
Owner Occupied/Shared	**62**	6	1.4	56	2.0
Registered Care Home	**47**	2	0.5	45	1.6
Registered Nursing Home	**43**	6	1.4	37	1.3
Sheltered/Extra Care Housing	**48**	3	0.7	45	1.6
Supported Accommodation	**11**	4	1.0	7	0.2
Temporary Accommodation	**1**	0	0.0	1	0.0
Tenant (Local Authority)	**29**	5	1.2	24	0.8
Tenant (Private Landlord)	**8**	4	1.0	4	0.1
Grand Total	**3283**	**414**	**100.0**	**2869**	**100.0**

Source: Social Services Monitoring Data (PARIS)

As such, the residence of those who receive care is not an expansive dataset. However, it can still shed some illuminating conclusions:

- Although around 80% of living statuses have not been recorded, of the sample that remains (696) the majority (87%) reside within the community rather than in residential or nursing care. Within this group, the preponderance (54%) live alone, implying that community care services can be effective in enabling someone from this client group to live independently – even without the support of friends or family.

- There are some interesting differences between the under and over 65s. Proportionately, more people over 65 live alone, whereas more people under 65 live with friends or family; this probably reflects the fact that the support network of those over 65 may have dwindled as carers die or move into care themselves.

- Those over 65 are more likely to reside within institutions or care schemes - be that residential, nursing, sheltered, or extra care – whilst those under 65 tend to reside within the community. However, the percentage of people under 65 with a physical or sensory disability who reside in nursing homes is comparable to those over 65, implying nursing care is the likeliest destination for those under 65 with a severe long-term physical disability.

- It is important to note, however, that the vast proportion of people with a physical or sensory disability (regardless of age) are not known to social care, given that the majority of

this client group do not have substantial care needs and can be adequately supported in the community.

- In sum, there are relatively low number of people with a physical or sensory disability that is not a result of advanced years. Of those whose impairment is not captured under provision for older people – those with long term disabilities acquired earlier in life - the majority are best served by support services, adaptations, and community care, and are preponderantly able to function effectively in an independent environment if properly enabled. However, there are a small number of these people with severe needs that can only be catered for in institutional or scheme placement (residential, nursing, sheltered, or extra care). Evidence suggests that nursing care is, in this small number of cases, the most used, and the Council must ensure this is accessible and suitable. The Council needs to examine the number of long-term placements it is supporting for those with severe needs and, where possible, ensure provision is weighted towards sheltered or Extra Care models rather than institutional care, given the superior well-being and reablement outcomes such provision can realise.

Future Demand (Adults):

Projections from the Office of National Statistics (utilising prevalence rates from the Health Survey for England 2001) indicate that a small rise is anticipated in the number of adults with a moderate and serious disability in Cheshire East by 2030. However, this figure is not an exponential increase, and is predicted to ebb and flow on a yearly basis whilst equating to an aggregated increase by 2030.

Moderate disability	**2012**	**2015**	**2020**	**2025**	**2030**
People aged 18-24	1,091	1,058	963	959	1,054
People aged 25-34	1,655	1,798	1,907	1,835	1,739
People aged 35-44	2,761	2,554	2,531	2,873	3,024
People aged 45-54	5,529	5,665	5,286	4,627	4,637
People aged 55-64	7,167	7,122	7,986	8,567	8,016
Total population aged 18-64 predicted to have a moderate physical disability	18,202	18,196	18,674	18,862	18,469

Serious disability	**2012**	**2015**	**2020**	**2025**	**2030**
People aged 18-24	213	206	188	187	206
People aged 25-34	158	171	182	175	166
People aged 35-44	838	775	768	872	918
People aged 45-54	1,539	1,577	1,472	1,288	1,291
People aged 55-64	2,790	2,772	3,109	3,335	3,120
Total population aged 18-64 predicted to have a serious physical disability	5,537	5,502	5,718	5,857	5,700

Source: Office for National Statistics (ONS) www.pansi.org.uk

Future Demand (Children):

To accurately gauge and map the appropriate type and quantity of accommodation required for this client group, it is necessary to anticipate the number of children with physical disabilities who may present an accommodation need as they age.

Year	Cheshire East Disability Living Allowance Claimants By Age				
	Under 5	5-11	11-16	16-17	Total
2007/Q1	190	540	610	190	**1530**
2008/Q1	200	580	620	220	**1620**
2009/Q1	220	610	670	220	**1720**
2010/Q1	220	640	720	240	**1820**
2011/Q1	220	630	740	250	**1840**
2012/Q1	240	670	760	270	**1940**
2013/Q1	230	700	770	250	**1950**

Source: NOMIS (Office of Labour Market Statistics), Benefits: Disability Living Allowance

These figures demonstrate that the numbers of children claiming Disability Living Allowance in the Borough is rising – and rising more steeply than the projections for disabled adults would suggest. The numbers of children transitioning into adulthood is comparable across the two datasets; however, whilst the adult projections predict a smaller year on year rise in the number of disabled people (amounting to a 2% increase between 2012 – 2030), the children's figures show a total increase in the number of disabled children by 22% in the six year period between 2007 and 2013 alone. This rise can perhaps be explained by rising population levels and advancements in medical care ensuring that more disabled children survive at birth and live for longer.

In practical terms this amounts to an additional 10-30 people with a physical disability each year who are transitioning from childhood to adulthood, and this extra demand must be met with suitable housing provision. This is a slight rather than an exponential increase, but implies that, contrary to adult projections, there is a growing housing need from people with physical disabilities coming through future generations that must be addressed.

As with other client groups, work is required to engage more proactively and earlier with members of this client – especially in their childhood to encourage adequate future planning and build a better primary dataset for anticipating housing need. Moreover, there is a need to work across strategic housing, Adults Services, and Children's Services to review the current model of provision in the Borough and ensure that it is optimally tailored to achieve best outcomes. For instance, members of this client group consulted indicated that an Extra Care scheme seemed like a desirable and progressive option, and the Council needs to develop this concept as part of a formal specification for people with a physical disability.

Supply

The following table surveys the number of care interventions (individual units of care) received by adults with a range of physical or sensory disabilities. These figures capture all kinds of intervention, both short and long-term, and chart the number of times a service is delivered – potentially multiple times to the same client.

Care Type	Count of Provision Interventions				
	Grand Total	Under 65	Under 65 %	65 and Over	65 and Over %
Day care	**185**	34	6	151	4
Direct payments	**609**	203	33	406	10
Equipment and adaptations	**65**	6	1	59	1
Extra care housing	**311**	20	3	291	7
Family based care	**86**	24	4	62	1
Home care	**1161**	148	24	1013	24
Home care block contract	**1**	0	0	1	0
Intermediate care	**509**	34	6	475	11
Mental health day care	**2**	2	0	0	0
Network care	**3**	3	0	1	0
Nursing	**432**	24	4	408	10
Other	**873**	97	16	776	18
PCMH	**1**	0	0	1	0
Professional support	**19**	3	0	16	0
Residential	**414**	8	1	406	10
Respite nursing	**66**	3	1	62	1
Respite residential	**112**	8	1	104	2
Grand Total	**4849**	617	100	4232	100

Source: Social Service Monitoring Data (PARIS)

There are a number of conclusions that we can glean from this data:

- Care at home remains the most preponderant accommodation provision for this client group, emphasising their ability to live within the community with the correct care packages. However, home care still outweighs adaptations. If a higher frequency of adaptations were made earlier, this will negate the need for intensive care services to be provided at home. This compounds the aim of the Care & Repair service to encourage greater proactive engagement with adaptations from an earlier age – especially seeing as the majority of adaptations prescribed through social care are only being delivered for those over 65.

- Under 65s are substantially more likely to engage with direct payments and take greater control of their own care, whereas the older category prefer to have the Council broker their care plan.

- More over 65s received long-term residential and nursing care placements, made greater use of adaptations (corroborated in the DFG data), and were more likely to receive care in a sheltered or extra care scheme. This highlights that younger people with a physical or

sensory disability (those that are likely to have a lifelong disability or one brought on by an accident) are better able to live in the community than older people with a disability (for whom their condition is a by-product of their frailty and wider mobility issues). This could also indicate that there are fewer options for younger people with physical disabilities.

- There is a comparable percentage of over 65 clients living in extra care schemes as institutional schemes. This reflects the purpose-built physical amenity of these schemes as a suitable living arrangement for the physically disabled, giving them an intermediate and independent housing option between the community and institutional homes. However, very few individuals aged under 65 with a physical disability are found within extra care schemes, largely reflecting the lower age limit of 55 imposed in most of these schemes. This frequently curtails the options of those individuals under 65 with higher needs, resulting in a higher uptake of nursing home placements or expensive home packages. Extra care has the potential to yield benefits for younger people with physical disabilities, and this should be explored in the development of any future schemes. The presence of younger people in such schemes could also serve to enliven and diversify the communities there.

- This analysis is corroborated in the following section on institutional care provision, which demonstrates primarily that the majority of under 65s with higher care needs are utilising nursing care, with a large proportion having to leave the Borough to access this type of provision. This implies that a wider range of options (of which extra care is one) need to be more readily accessible for younger people with physical disabilities.

- The need to provide a wider range of options for younger people with physical disabilities is particularly acute given the high number of children with disabilities projected downstream. Currently, a much lower percentage of people under 65 are receiving adaptations than those over 65, and accommodation provision for those under 65 is polarised into home or institutional care.

Institutional Care

The below table indicates that the bulk of institutional care caters for those over 65, supporting the assessment that the majority of people with a physical or sensory disability have acquired this impairment with age. The majority of people under 65 with a severe physical or sensory disability utilise nursing care provision; those over 65 equally use residential and nursing provision – but in much greater quantities. The table demonstrates that, for those under 65, 36% of their total provision (and 42% of their nursing care – their most used type) is found out of Borough; this represents a huge disparity with the over 65s, for whom 88% is located within the Borough. This suggests that Cheshire East is better provisioned to deal with older people with frailties and impairments than it is to deal with the long-term severely disabled, for whom appropriate care is found outside of the Borough – at greater cost to social services.

	Provision Type	Under 65	65 and Over	Total
Providers In CEC	Residential	3	363	366
	Nursing	14	342	356
	Respite Residential	2	59	61
	Respite Nursing	3	52	55
	Total	22	816	838
Providers Outside CEC	Residential	5	31	36
	Nursing	10	52	62
	Respite Residential	1	3	4
	Respite Nursing	0	8	8
	Total	16	94	110
CEC Provision (Care4CE)	Residential	0	0	0
	Nursing	0	0	0
	Respite Residential	6	40	46
	Respite Nursing	0	0	0
	Total	6	40	46
Grand Totals	**Residential**	**8**	**394**	**402**
	Nursing	**24**	**394**	**418**
	Respite Residential	**3**	**62**	**65**
	Respite Nursing	**3**	**60**	**63**
	Total	**38**	**910**	**948**

Source: Cheshire East Institutional Care Monitoring Data