



# **Adult Social Care Commissioning Strategy**

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Commissioning to meet social care needs

2014 - 2017

## **Executive Summary**

### ***Introduction***

This is Cheshire East Council's Adult Social Care Commissioning Strategy. It is a working document that will be updated annually to reflect progress and provide for continuous improvement of all our support to adults. Adults in the context of this strategy mean adults in need of social care support. The priorities identified are based on our current understanding of customer needs and gaps but this understanding is work in progress; hence annual updates will refine this. This document was submitted to Health and Adult Social Care Scrutiny Committee on 11<sup>th</sup> September 2014 and their comments have been taken on board as part of the update to this strategy.

Its principal aims are to:

- Map the current picture of needs, available support and gaps in support
- Consider customer insights and feedback and ensure they are driving improvement in support
- Enable the identification of priority areas of joint commissioning with health, public health, children's services, housing and others
- Use this analysis to clarify and prioritise the adult social care commissioning annual delivery plan to improve support and address gaps

The objectives to be achieved in 2014/15 are outlined in a delivery plan that will be updated annually.

### ***Scope***

Adult social care services are the primary focus of this commissioning strategy. These services are targeted services that provide support to adults with social care needs who meet the eligibility criteria of the Council i.e. substantial and critical needs. In addition the service also seeks to provide advice and information and early help to those who are at risk of becoming more dependent so that they can maintain their independence for longer. Where there are key links or joint commissioning with health, public health, children's services or others these have been identified.

The strategy has many aspirations that relate to all adults but some particular groups require additional specialist focus; these groups include the following:

- Frail Older People

- Older People with Dementia
- Adults with Learning Disabilities
- People with Mental Health Problems
- People with Physical and Sensory Disabilities
- Carers of people with health and social care needs including Young Carers

This strategy is for all people with eligible social care needs, this includes those who fully fund their own care as well as those the Council support financially. The strategy recognises the new requirements of the Care Act 2014, which includes a new duty to provide personalised support to carers as well as carer assessments.

### ***Key Strategic Outcomes***

- Enable people to live well and for longer – (Council Outcome 5)
- *Enable people to live at home and as independently as possible – this is what people say they want*
- *Enable people to fully contribute to and be supported in strong and supportive communities – (Council Outcome 1)*
- *Enable people to access information, advice, early help and prevention so that they can help themselves and take responsibility for their well-being*
- *Enable carers of people to live well and be supported to fulfil their caring roles*

### ***Specific Commissioning Intentions***

*Whilst all current support seeks to achieve the strategic outcomes above the analysis in this strategy indicates where commissioning plans are needed to improve on achieving these. Those areas are in summary:*

#### ***For all adults:***

- Provide support that informs, advises and encourages self-help and self-management to maintain healthy independence.

*For example: information and advice. Having a range of information easily available helps people to stay independent, customers tell us this needs to improve. (Think Local Act Personal (TLAP) report)*

- Stimulate and enable a range of early help and prevention activity and informal support that prevents the need for more specialist social care support and improves outcomes.

*For example: Community group support to provide stimulating recreational activities and low level counselling for older people, using volunteers.*

- Greatly increase the choices of support available for social care need so that it can be tailored to particular needs and individual's preferences – personalising support.

For example: By developing a wide and diverse range of choices in support across geographical locations individuals can choose their preferences. This is particularly important for the rural communities in Cheshire East to ensure that people can continue to live well where they prefer.

- Adults should access the same opportunities to enjoy social/recreational activities in the community as others; strong and supportive communities enable this. Social isolation and loneliness blights lives and must be addressed urgently.

For example: a wide range of community activities that people can enjoy as individuals, for daytime and social activity. This improves outcomes by helping people to choose how they prefer to meet their needs, not fit to a service that may exclude them from the community. This area requires joint working with the Council's communities, housing and leisure functions and with the voluntary, community and business sectors. Customers tell us that some day activities offered now are not appropriate for them and that more opportunities in the community need to be available. (TLAP)

- Further develop support that helps people to gain or regain the capacity to live well independently.

For example: specialist reablement support for older people and older people living with dementia. People who have had a fall and need help to recover their confidence and physical strength and avoid future falls.

- Enable access to support which affords adults protection from harm and safeguards them appropriately

- Redesign assessment and care management processes and systems to ensure customers receive a timely, effective, outcome- focused service.

For example: the Care Bill requires and it is established good practice for assessment of young people with learning disabilities to commence from age 14 in order to ensure plans to prepare for adulthood begin as early as possible. Assessment and care management resources need to be designed to achieve this.

### ***Frail Older People***

- Develop rapid response 7 day support in the community to avoid health deterioration and the risk of an emergency admission to hospital.

For example: domiciliary care support that can be put in place very quickly the same day, any day of the week. This needs to be joint work with health as urgent health care in the community is a critical gap currently. (Better Care Plan). Too often frail older people have to be taken to A&E as an urgent response when a community health response is not available quickly enough. Frail older people can deteriorate very rapidly and become seriously ill if treatment is delayed. Social care support to complement rapid health treatment in the community can allow the person to stay at home and recover from the illness. Hospital in-patient stays for this group can result in permanent loss of independence and capacity.

- Develop further the range and scale of community based wrap-around support to keep people living well at home and avoid the risk of needing long-term residential or nursing home care.

For example: Community based services of social care and health need to be jointly commissioned to ensure that a suitable range of skilled support is co-ordinated around a frail older person. This could include for example: GP, district nurse, podiatry, mental health, occupational therapy, physiotherapy, domiciliary care (home care), reablement, intermediate health services (intermediate care), community equipment, assistive technology, and housing adaptations.

- Ensure support is flexible and skilled to respond to people with complex and multiple needs.

### ***Older People Living with Dementia***

- Develop the range and focus of the health, social care and community support for people with dementia and their carers.

For example: Better information for carers about what to expect at diagnosis so that both the carer and the person living with Dementia can accept their diagnosis and plan for their future (Event November 2013). When good information is not provided early this leads to greater anxiety and opportunities to mitigate the consequences for both the person and carer are lost.

- Support the need for early diagnosis and specialist interventions/treatment.

For example: Dementia reablement and the use of assistive technology.

### ***Learning Disabilities***

- Develop a more effective joint health and social care approach to support adults with complex needs, including challenging behaviour. The complexity of needs is growing in the group of young adults who from children's services to adult social care and health support (often referred to as transition).

For example: specialist health input tailored to an individual in the community. At present some people with challenging behaviour are in residential provision rather than in community settings or their community accommodation is not stable. The aim would be to develop pro-active specialist community support that enables them to live sustainably in the community. This will require joint commissioning with health.

- Community inclusion to be developed further to ensure that day time and social opportunities encourage and enable access for adults with learning disabilities, including voluntary work and employment.

For example: befriending schemes that help people with learning disability to find friends with similar interests. The particular needs of people with learning disability require a renewed focus. Encouraging more informal support from friends and communities needs to be a priority in commissioning strategy; it is key to community inclusion and often what individuals say they want.

Clarify and plan for a suitable range of housing options for the future, under the Council's vulnerable people housing strategy, including the needs of older people with learning disabilities.

### ***Mental Health***

- Develop the preventative support to people at risk of and experiencing poor mental health by working with Public Health and Health partners.

For example: Lower level counselling support. Social care specialist support has to be targeted at those with serious mental illnesses yet there are opportunities to avoid the increase in this group by preventative commissioning by Public health and Health. Informal social support can be joined with those resources using stronger and supportive communities to mitigate against poor mental health; improving mental health and well-being is a priority in the Health and Well-being Strategy.

- Ensure that informal support is developed and encouraged to provide better community and social inclusion for those recovering from serious mental illness. Including, where appropriate, remote services (such as support via webcams) in rural and more isolated areas.

For example: befriending from the wider community can offer a key support to help someone on the path back to a successful and independent life. Often users of specialist mental health services are isolated from the community and their social contacts are those with similar difficulties.

- Focus on prevention by influencing in areas linked to wider determinants of health.

For example: homelessness as a contributor to increased risk of poor mental health.

### ***Physical and Sensory Disabilities***

- Improve the outcomes of the rehabilitation/reablement of those affected by specific conditions to ensure individuals live well for longer.

For example: a new specialist stroke rehabilitation approach in the community. Some people who experience a stroke have not been achieving the maximum rehabilitation possible. Some individuals may be remaining physically and emotionally disabled when they could regain a much greater level of capacity and independence. The approach combines a different health response with community based social care support.

- Expand awareness of and access to assistive technology to ensure those with disabilities can maximise their personal independence.

For example: the advent of the 'Apps' world is starting to provide innovative solutions that can enable independence. There is an app on the market that turns an android phone into a speech board to 'speak' for a person who has speech difficulties (e.g. motor neurone disease or

stroke). Another provides fall detection via an android phone, there are many others developing. Many other solutions are available or being developed.

- Work with Housing through the Vulnerable People Housing Strategy to ensure housing supply and use enables those with physical disabilities to live as independently as possible.

For example: the housing strategy seeks to promote general accessibility standards through planning processes, to ensure that as many new build homes as possible are suitable for people with physical disabilities.

### **Carers**

- Increase the range of respite care choices available to ensure that carers can have periodic respite from their caring roles that meets their particular needs and preferences. Explore the options of respite models for young carers.

For example: choices for respite for carers that are non-residential. The pre-dominant type of respite currently is residential and is focused on a small number of locations. A much wider choice can be provided by developing this market so that carers can select their preference. Other choices are needed to include non-residential options so that the cared for person does not need to be moved from their home environment.

- Increase the range of early advice, information and support to people new to the caring role.

For example: carers knowing what help is available to them and the person they care for.

- Enable carers to develop skills and expertise to assist them in their caring role.

For example: ensure health and social care services provide training and education for carers in relation to disease and condition specific interventions to help them care with confidence and know when to call in specialist help.



# Commissioning Strategy

## Introduction

### ***Background and Aims***

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## Appendix 1

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### ***Principles of Commissioning Approach***

Listening to customers

Co-production/Co-design

Empowering people

Equity

Quality

Value for money

Longer-term cost-benefit

Targeting need/locality focus

Prioritisation

Affordability

## ***Direction of Travel – How Social Care Support Needs to Be Different in Future***

Cheshire East Council has set a new clear direction of travel to change how social care needs are supported; this underpins and directs this commissioning strategy. To be sustainable and meet the challenge of demographic change and complexity of need and still achieve good outcomes for the citizens of Cheshire East the way we support people needs to change. Hence this first iteration of a commissioning strategy that will achieve planned change, through effective commissioning, over the next 3-5 years.

The number of people aged 65 and older in Cheshire East Growth is forecast to increase by 49% in the next 16 years. The demographic growth will not be matched by public funding. To respond to these challenges the council recognises that we need to change the way we commission services and work with specialist social care providers. There are changes needed in the social care market to respond to the changing demographic and economic environment.

The direction of travel demonstrates how by 'doing things differently' we will:

- do more with less to meet the forecast growth in demand. We will encourage innovation and find new ways of delivering services so that people receive quality services which meet their care needs and deliver outcomes for individuals and for the council.
- enable individuals to control their own care and support and make open choices about how and when they are supported to live their lives.
- increase opportunities for local businesses to compete in the market and ensure that people have a varied care and support market to purchase from.

To complement our work with specialist regulated social care we need to shift the focus in commissioning to maximise the opportunities for self-reliance, independence and healthy lives. This will be done in conjunction with our commissioning colleagues, health, public health and communities.

The vision for the future is for the Council and partners to enable adults to be self-reliant and healthy for as much of their lives as possible. The goal is to make Cheshire East a place where strong empowered communities, including businesses, create that self-reliance.

## Appendix 1

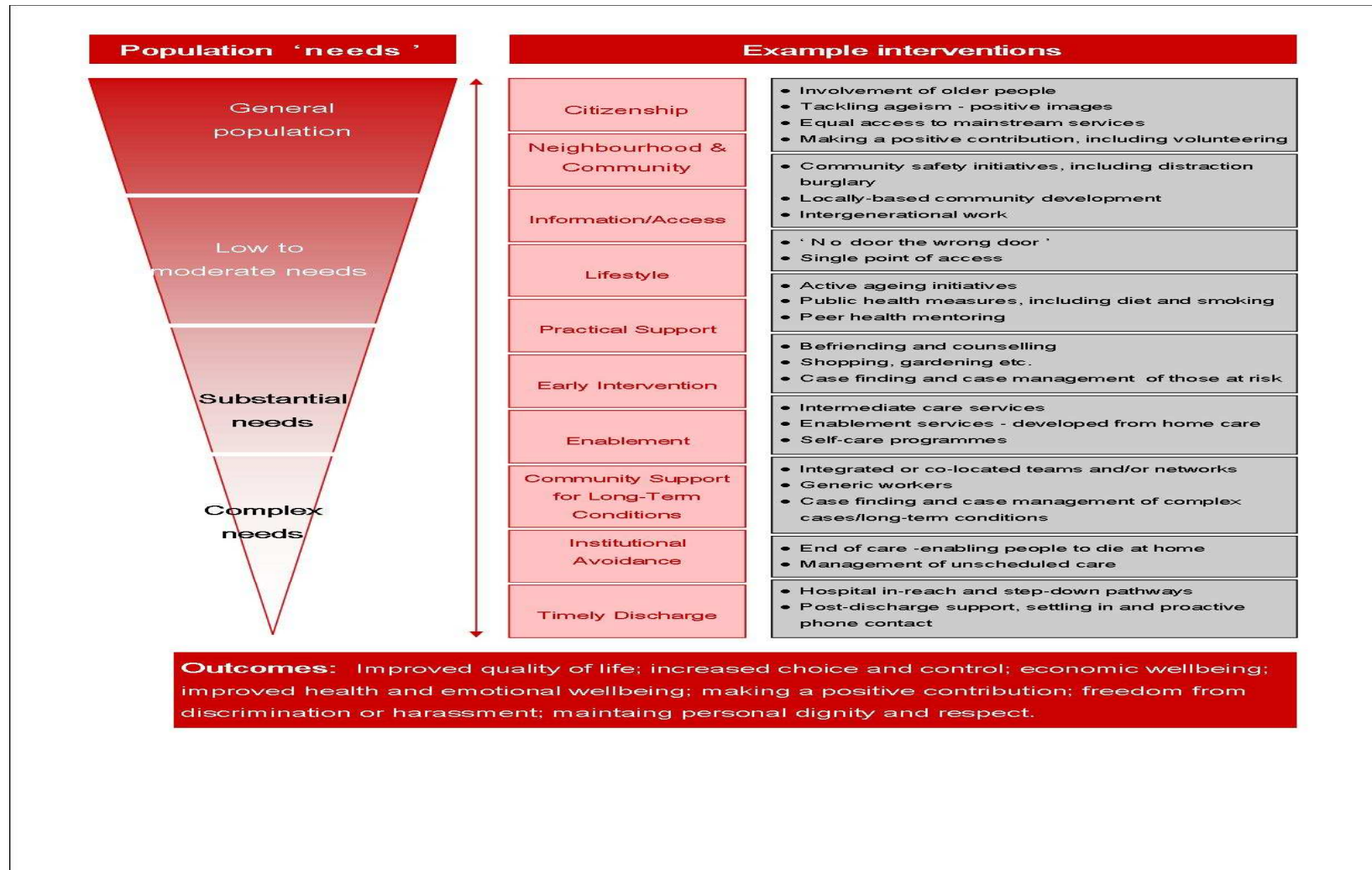
In this context the informal support for adults and their carers needs to change to maximise the opportunities for self-reliance, independence, and healthy lives. The strategic direction of travel for informal support is to increase prevention and early intervention for people with social care eligible needs.

Quality informal support is needed that meets the objectives of:

- encouraging the prevention of ill-health or dependency
- accessing early help and advice to maintain or regain health and independence
- promoting self-reliance and community inclusion to increase well-being
- personalisation and promoting open choice

***How the Social Care and Health Economy Needs to Change – Working with Partners***

Over time the resources in the local health and social care economy, including public health, need to be realigned to increase investment in prevention and early intervention. The current pattern of resource use is a high proportion invested at the bottom of the triangle below on the substantial and complex needs. This investment needs to decrease to allow more to be invested in the middle of the triangle where prevention can be maximised. The key and major shift required is in health investment, which social care can then support; without the health changes the goal of early help and prevention will be unachievable.



(Reference: 'Improving care and saving money: learning the lessons on prevention and early intervention for older people' DH, January 2010)

## ***Council Duties and Policy Framework***

This commissioning strategy is guided by the requirements of legislation and national policy drivers. (See Appendix 7 Policy Digest for details). The key legislation and policy includes:

- The Care Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Autism Act 2009
- Valuing People (2001) and Valuing People Now: A New Strategy for People with Learning Disabilities 2007
- Aging Well 2010 – 2012
- National Dementia Strategy 2010
- National Autism Strategy
- Mental Health Act 1983
- Mental Capacity Act 2005

## ***Cheshire East – Characteristics and Demographics***

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 side, 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.

## ***Current Market Analysis and What Is Needed in Future***

This section of the strategy provides a summary of the current market analysis, what work has been carried out to date and future requirements, with a focus on key priorities for 2014/15. Further detail providing the intelligence and background that underpins this summary is in Appendix 3 ('Detailed Commissioning Intelligence and Background')

### ***Information and Advice/Self-Help***

#### ***Service Mapping and Need***

There are many sources of information but no simple route for customers and carers to get the information they need quickly and easily. Information is offered by many different organisations but the quality is variable; customers say that some of the best sources are from the voluntary sector. The Council's website is not easy to navigate and does not provide a comprehensive set of information on community support available.

The commissioning intentions driving developments in this area are:

Improving self reported wellbeing –it should be no surprise that our first priority, in line with our corporate objective, is that people live well and for longer. We want to support people to remain independent for as long as possible, delaying and in some cases avoiding the need for ongoing social care services. The Council actively wants to engage with and listen to communities as equal partners to make a difference. By actively participating in finding solutions for how we make stronger communities now and in the future and by building on local working and existing networks and good practice we will help people to understand the role that they have to play in staying fit and healthy and reduce dependency on services. One way in which we will measure our success is through improved self reported wellbeing – satisfied with life (PHOI 2.23i)



### ***Commissioned Provision***

Adult Social Care has commissioned a number of specialist services from the independent sector that provide information and advice to a variety of areas within the community e.g. support and advice for people with a loss of hearing/sight; support for older people in rural communities to help them become engaged in the community; these are in place with the majority of services receiving 3 year contracts to enable secure business planning, which is particularly important for the Voluntary, Community and Faith sector. These services are currently being monitored to ensure that outcomes are being met and feedback can be used to further develop services going forward.

Services are not yet as streamlined as they could be and the Care Bill requires the development of effective advice and information as a key to helping people to help themselves to be independent and healthy.

***What we will do in 2014/15***

1. develop joint community, health, public health and social care advice and information services including the development of a Resource Directory, both on-line and other easily accessible ways
2. develop easy access routes to this advice and information, including but not exclusively the internet.
3. work with CECAP (Cheshire East Co-ordinated Advice Project) as an associated partner to bring together the advice services of the following organisations:-
  - Cheshire East Citizens Advice Bureau North
  - Cheshire East Citizens Advice Bureau Ltd
  - Cheshire, Halton & Warrington Race & Equality Centre (CHAWREC)
  - Disability Information Bureau (DIB)
  - Just Drop In
  - Visyon

These organisations are also working closely on this project with Age UK Cheshire East and other associated partners are Plus Dane Housing Group, Peaks & Plains Housing Trust and Wulvern Housing.

## ***Prevention and Early Intervention***

### ***Service Mapping and Need***

Prevention and early intervention in Cheshire East has been developing over the last 18 months with a move to contracting these services based on priority outcomes rather than the grants that had previously been in place. These services are contracted for a 3 year period, with an innovation fund available for new initiatives. This is providing for a better market fit with the direction of travel and increased focus of support.

Through the Health and Well-being Strategy and with public health and health there is recognition that universal health promotion activities must develop greater impact on the ability of people to avoid ill-health and retain independence. Adult social care will need to play a part in that development. (Health and Well-being Strategy).

There is also a need to ensure that informal community facilities and groups play a part in helping people to access them. This is a substantial resource in Cheshire East which is not yet fully understood or maximised strategically to achieve the outcome of living well and for longer. Over the next 3-5 years this area of investment needs to be enhanced through all possible routes, including local businesses. Adult social care will work with Resilient Communities to help facilitate this.

The commissioning intentions driving developments in this area are:

- stimulate and enable a range of early help and prevention activity and informal support that prevents the need for more specialist social care support and improves outcomes.
- people should access the same opportunities to enjoy social/recreational activities in the community as others; strong and supportive communities enable this.

### ***Commissioned Services***

Adult Social Care has recently commissioned a number of services from the independent sector that provide prevention and early intervention; these are now in place and are being monitored to inform future commissioning. Services include:-Carers support services

- Peer support for older people to remain independent

- Early help for those starting to develop deafness to avoid deterioration and dependence
- Community agents in isolated/rural communities to target social isolation and other needs
- Advocacy support to help people access universal services
- Specialist support and advice to people with visual impairment

This market development needs to be embedded and closely monitored to ensure it is meeting desired outcomes. There is also a need to seek innovative ways to encourage and help customers, carers to self-help earlier to avoid future dependency. There is also a role for local businesses to develop support and services that people can buy themselves.

***What we will do in 2014/15***

4. closely monitor the impact of the adult social care newly commissioned services ensuring that expected outcomes are being met
5. launch a second year opportunity for the third sector and community groups to gain seed-funding to establish sustainable prevention and early help work (through the 'Innovation Fund')
6. pilot an innovative approach to promoting universal access to assistive technology and aids to living (equipment).
7. commission jointly with the Head of Communities and the Director Public Health to ensure all potential resources are contributing effectively to prevention and early intervention
8. commission jointly with health to ensure all potential resources for prevention and early help are identified, maximised and increased over time.

## ***Community Based Services***

Community based services are designed to support or reable people to live independently at home and avoid the need for admission into long-term residential or nursing care. These areas of service will need to be continuously reviewed to ensure they can meet the future direction of travel. There are priority changes needed and these will be the focus of this year's commissioning work.

These services include:

### **Domiciliary Care (Home Care)**

#### ***Service Mapping and Need***

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. 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. The Council has already removed the domiciliary care block contract arrangements to widen the available supply

The uptake of domiciliary care increased through the last financial year. To continue this trend 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.

The commissioning intentions driving developments in this area of support are:

Increasing the proportion of community-based service users able to stay in their own home - in addition to providing reablement for people leaving hospital we will continue to provide community reablement for all appropriate new people requiring social care support. Over 1,123 older people completed a reablement package in 2012/13 and we are actively exploring how predicted increases in future demand for this service can be met. We have been successfully promoting assistive technology and are beginning to see that this is having an impact in improving independence and reducing the need for on-going services. We believe that providers should be incorporating assistive technology as part of their offering to service users and will seek provider views on how we can incentivise this approach. We will also continue to increase the proportion of council expenditure

that is used to purchase Domiciliary Care, the range of care and support services provided in peoples own home to enable them to remain independent.

### ***Commissioned Services***

In response to customer demand the Council are committed to developing this type of care provision as an alternative to residential based care services.

### ***What we will do in 2014/15***

9. create a new quality assurance service to monitor all domiciliary care.
10. review the use of this market to identify any further developments needed.
11. prepare for the procurement of a new framework for providers of this care to widen the choice of supply and provide for developments of the range of support.
12. promote personalised care including flexibility, choice and control for customers.
13. develop a rapid response 7 day support in the community to avoid health deterioration and the risk of an emergency admission to hospital.

### **Daytime Activities (including Day Care)**

#### ***Service Mapping and Need***

There is a range of services that provide for daytime activity, this includes some specialist day care commissioned by adult social care, but also a wider range of community activities that can also be accessed. The specialist day care is in a limited number of locations and it can have the

unintended consequence of excluding people from the community. Because this specialist day care is whole group based it is difficult to tailor activity to individual needs and preferences. Customers tell us that some activities offered now are not appropriate for them and that more opportunities in the community need to be available. (TLAP).

The commissioning intentions driving developments in this area of support are:

- People should access the same opportunities to enjoy social/recreational activities in the community as others; strong and supportive communities enable this.
- Greatly increase the choices of support available for social care needs so that it can be tailored to particular needs and individual's preferences – personalising support.

### ***Commissioned Services***

In house services are currently available and several day care options in the community are available for people to access e.g. gardening for adults with learning disabilities.

### ***What we will do in 2014/15***

14. Map and review the current opportunities in the community for daytime activities
15. Publish a Resource Directory of opportunities to increase choice
16. Stimulate informal support, working with the Council's Head of Communities and other partners

## **Community Based Reablement**

### ***Service Mapping and Need***

Cheshire East has 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. Over 1,123 older people completed a period of reablement in 2012/13, of which 40% achieved a positive outcome of either needing no on-going support, or having reduced care needs on completion. Currently the reablement services respond well to a range of needs. However there are potential specialist skills that could be enhanced so that the particular needs of those with dementia or stroke patients have even better outcomes.

The commissioning intentions driving future developments are:

- Further develop support that helps people to gain or regain the capacity to live well independently
- Develop the range and focus of the health, social care and community support for people with dementia and their carers.
- Improve the outcomes of the rehabilitation/reablement of those affected by specific conditions to ensure individuals live well for longer.

### ***Commissioned Services***

Reablement is offered to individuals who can benefit 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. We believe the success of telecare and reablement has contributed to the reduced demand for lower level home care services.

There is a specialist reablement team for those recovering from serious mental illness. The customers of the service have good outcomes and the approach is viewed as best practice and there is an opportunity to consider how to enhance this approach.



***What we will do in 2014/15***

17. A pilot dementia reablement approach will be trialled
18. Potential new stroke rehabilitation approach will be considered with health partners.
19. Existing support will be targeted and managed to ensure those who can most benefit receive the service they need
20. An interim review of reablement will commence and begin to consider the future models including Intermediate care (health)

**Supported Accommodation**

***Service Mapping and Need***

Under the development of the Vulnerable People Housing Strategy a range of services have been mapped (see details in Appendix 3 - Detailed Intelligence and Background). There is currently sufficient to meet current demand but future demand both in scale and type means plans need to predict further. As 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. There is a need to consider whether the mix of options needs to include more single occupancy accommodation in a supported setting.

The commissioning intentions driving this area are:

Delivering home adaptations for older and/or disabled residents - 1624 older people received adaptations in 2012/13, of which 431 were self funded. We will continue to deliver home adaptations for older and/or disabled residents to enable them to live independent, healthier and more fulfilled lives.

- Work with CEC housing through the vulnerable people strategy to ensure housing supply and use enables those with disabilities to live as independently as possible.

### ***Commissioned Services***

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. Support is provided through a range of providers. Cheshire East has worked with providers to move towards more single occupancy units.

### ***What we will do in 2014/15***

21. with CEC housing colleagues consider the feedback of customers and carers to the strategy to inform future planning
22. ensure through the Learning Disability Lifecourse commissioning review that innovative ideas for the future are developed to offer a range of choices for living in the community, including Shared Lives adult placements with families.
23. ensure sustainability of accommodation for vulnerable groups as a key preventative measure.

### **Assistive Technology**

The Council have increased the use of assistive technology each year for the last three years as a means to increase independence, provide safety for customers and reassurance for carers. The range of opportunities presented by assistive technologies is expanding.

### ***Commissioned Services***

The use of assistive technology is a growth area and as well as traditional telecare such as alarms, fall sensors etc. a service has been commissioned where people with mental health issues can receive support via their laptops if they are located in rural areas or find meeting with professionals face to face difficult.

The commissioning intentions driving this area are:

Increasing the percentage of people enabled to remain living independently in the community - we will commission with health partners to prevent unnecessary admissions into hospital. The majority of older people who require intensive social care support have come to us via a hospital

admission and we plan now to commission services to avoid this. As a result we will be commissioning many of these services jointly to prevent avoidable hospital admission and services that successfully maintain people in their own homes. We will also commission with health partners services and support that promote an earlier safe discharge from hospital including intermediate care and reablement services.

Increasing the proportion of community-based service users able to stay in their own **home** - in addition to providing reablement for people leaving hospital we will continue to provide community reablement for all appropriate new people requiring social care support. Over 1,123 older people completed a reablement package in 2012/13 and we are actively exploring how predicted increases in future demand for this service can be met. We have been successfully promoting assistive technology and are beginning to see that this is having an impact in improving independence and reducing the need for on-going services. We believe that providers should be incorporating assistive technology as part of their offering to service users and will seek provider views on how we can incentivise this approach. We will also continue to increase the proportion of council expenditure that is used to purchase Domiciliary Care, the range of care and support services provided in peoples own home to enable them to remain independent.

Delivering home adaptations for older and/or disabled residents - 1624 older people received adaptations in 2012/13, of which 431 were self funded. We will continue to deliver home adaptations for older and/or disabled residents to enable them to live independent, healthier and more fulfilled lives.

- Expand awareness of and access to assistive technology to ensure those with disabilities can maximise their personal independence
- Stimulate and enable a range of early help and prevention activity and informal support that prevents the need for more specialist social care support and improves outcomes.
- Consider option of increasing choice and control as a safe means to access to support whilst promoting privacy and independence

***What we will do in 2014/15***

24. pilot an innovative approach to raising awareness and access to assistive technology and equipment in the wider population to enable self-help and self management for prevention and early help

25. pilot the use of assistive technologies for people with learning disabilities to increase independence

26. focus on increasing use of assistive technology as part of new and future contractual arrangements

## ***Long-term Residential and Nursing Care***

### ***Service Mapping and Need***

Cheshire East has a large market supply of residential and nursing care for older people; overall there is sufficient current capacity which enables choice for customers. The direction of travel seeks to increase the proportion of older people who can stay living at home rather than enter long-term residential care. However there will always be a need for good quality residential and nursing care.

The demographic trends and their associated increase in the prevalence of dementia will mean that the future need for this type of care needs careful planning. It is clear that the complexity of need will grow, including the need for specialist dementia care, and this is likely to require some growth in the nursing home market to meet the needs in 2020. There are 102 care homes with 4032 registered care beds available for older people in Cheshire East. As 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 commissioning intentions driving this area: Reducing the number of Council supported permanent admissions to residential and nursing care per 100,000 population– The numbers of older people supported by Cheshire East in registered residential and nursing care has reduced by 3% since 2012, despite increased demographic pressures, with people being admitted later in life and staying for shorter periods. Whilst we do not believe that we need more residential care we may need to consider the models of care that is provided and how it is distributed throughout Cheshire East. We are unlikely to support planning applications for registered care homes in areas where we believe there is an already an over-supply unless the application is to remodel existing provision to make it more fit for purpose, or the proposed development will better meet specific unmet needs within the area. As part of our on-going engagement with the market we would welcome discussions with providers about their ideas for potential developments so that we can give an early indication about whether we are likely to support an application and hence avoid unnecessary costs to providers at a later stage. We will also seek to utilise residential and nursing care home capacity to provide respite breaks for carers, where this has been assessed as an eligible need through a carer's assessment, or short term placements to avert a crisis or provide a period of recuperation from hospital or illness.

Supporting good quality registered nursing care is available for physically and mentally frail older people who need it –the supply of nursing care will need to match the increasingly complex needs of people requiring registered care. We will look to commission this service in partnership with health colleagues wherever possible.

- Greatly increase the choices of support available for social care need so that it can be tailored to particular needs and individual's preferences – personalising support.
- Develop the range and focus of the health, social care and community support for people with dementia and their carers.

### ***Commissioned Service***

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.

Cheshire East Council has worked with providers to improve quality whilst retaining value for money. Adult Services have also worked with Housing and Planning to oversee development of services in this area.

### ***What we will do in 2014/15***

27. create a new quality assurance service to monitor all regulated care provision and ensure personalised care is available within residential and nursing home settings.
28. reduce the admissions to residential services
29. evaluate the use of this market during 2013/14 to identify any developments needed, particularly in nursing home provision
30. consider the potential impact on this market of a need to develop 7 day care responses across the health and social care system

## ***Assessment and Care Management***

Assessment and care management is the service which ensures that individual's needs are understood and allocates resources to meet their eligible needs. The assessment and care management processes and procedures need to reflect the future requirements of the Care Bill.

The commissioning intention driving this area:

Increasing the number of social care clients receiving self-directed support - 1050 older people receiving on-going care services are receiving their personal budget via a direct payment and arranging their own care, however the majority of older people are using their money to purchase traditional domiciliary care services and we believe that there is an opportunity to work with the market to increase open choice and to develop a truly personalised offer to consumers. Improved access to information will be supported by Council investment in a high speed broadband network for Cheshire. The Connecting Cheshire Partnership will ensure that 80,000 (96%) of rural homes and businesses will have access to high-speed broadband by 2016.

- Redesign assessment and care management processes and systems to ensure customers receive a timely, effective, outcome- focused service.
- Ensure assessment and care management response is focused on independence and self-management within overall context of positive risk taking and safeguarding

### ***What we will do in 2014/15***

31. options for the assessment and care management arrangements will be developed that ensure appropriate customer responses

## ***Current Customer Grouped Support and What is Needed in Future***

As well as understanding the current markets for provision of various types of support as above it is important to understand particular groups of customer needs. Bringing these together in this strategy ensures that all developments deliver the necessary range of support to meet the differing aspects of meeting individual needs.

- All adults
- Frail Older People
- Older People with Dementia
- Adults with Learning Disabilities
- People with Mental Health Problems
- People with Physical and Sensory Disabilities
- Carers of people with social care needs including young carers

### ***All adults:***

Ensuring all adults are supported to have fulfilled and healthy lives is the core goal of social care. This Commissioning Strategy identifies areas where support may need to change or where there are gaps that need to be addressed to continue to meet that goal effectively.

There are some common aspirations for all adults that this strategy has identified as commissioning intentions as below

- provide support that informs, advises and encourages self-help and self-management to maintain healthy independence
- stimulate and enable a range of early help and prevention activity and informal support that prevents the need for more specialist social care support and improves outcomes
- greatly increase the choices of support available for social care need so that it can be tailored to particular needs and individual's preferences – personalising support

- adults should access the same opportunities to enjoy social/recreational activities in the community as others; strong and supportive communities enable this. Social isolation and loneliness blights lives and must be addressed urgently.
- Further develop support that helps people to gain or regain the capacity to live well independently.
- Enable access to support which affords adults protection from harm and safeguards them appropriately

Additional specialist developments are required for some groups as follows:

### **Frail Older People**

#### ***Service mapping and need***

The complexity and frailty of older people is increasing as people live longer with multiple health conditions. This changing level of complexity is resulting in the increased risk of people entering residential or nursing care rather than being able to live at home. To address this, services need to be redesigned and shaped to ensure deterioration is prevented and hospital admissions are avoided as this leads to a greater risk of loss of independence. Many of the existing services are the appropriate services, what needs to change is the speed with which they can be accessed in a crisis and the streamlining of the options for a support package that is comprehensive. In addition resources currently invested in hospital care need to be reinvested into community support which will be more preventative and keep people at home.

The additional commissioning intentions driving this area are:

Increasing the percentage of people enabled to remain living independently in the community - we will commission with health partners to prevent unnecessary admissions into hospital. The majority of older people who require intensive social care support have come to us via a hospital admission and we plan now to commission services to avoid this. As a result we will be commissioning many of these services jointly to prevent avoidable hospital admission and services that successfully maintain people in their own homes. We will also commission with health partners services and support that promote an earlier safe discharge from hospital including intermediate care and reablement services.



### ***What we will do in 2014/15***

32. Develop service specifications and commissioning with health to enable changes to the system to begin the necessary changes. Changes are required that can lead to the release and re-direction of current investments to increase effective support around and 7 day working in future e.g. Develop specifications for rapid response services to avoid health deterioration and possible admissions to hospital and jointly commission community based services of social care and health to ensure that a suitable range of skilled support is co-ordinated around a frail older person.

### **Older People with Dementia**

The predicted increase in dementia is already emerging but as yet is not fully understood locally as diagnosis levels appear lower than comparators. The local Dementia Strategy is being further developed by social care and health with customers central to that work. This then needs to be used to influence commissioning priorities. There are already some key things that customers want us to do better and these are informing this commissioning strategy. 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. As the prevalence of dementia increases with age, the number of older people with dementia is anticipated to increase by 28% by 2020.

The commissioning intentions driving this area are:

Supporting people with dementia to retain their independence for as long as possible and enjoy a good quality of life – The growth in people experiencing dementia presents probably the greatest challenge for health and social care services. Having a workforce with the skills and knowledge to support people with dementia is therefore a requirement for all providers working with older people. Supporting people in the familiar settings of their own homes can reduce the numbers prematurely entering long term care. Providers can play an important role working alongside health professionals to ensure the early identification of dementia, and the provision of appropriate support to delay and minimise the impact of this condition. For people in the later stages of dementia, registered care settings play an important role in supporting people to live well and with dignity.

- Further develop support that helps people to gain or regain the capacity to live well independently.
- Develop the range and focus of the health, social care and community support for people with dementia and their carers.

- Support the need for early diagnosis and specialist interventions/treatment.

### ***Commissioned Services***

A variety of services have been commissioned with the VCFS sector to help and support older people with dementia including an information and advice service provided by the Alzheimer's Society.

### ***What we will do in 2014/15***

33. Update and publish a new local Dementia Strategy together with our health partners
34. Cheshire East to become a member of the Dementia Alliance – with the aim of making Cheshire East dementia friendly
35. Pilot a dementia reablement approach to seek ways to mitigate against the impact of dementia
36. Commission respite support to enable carers to have regular breaks from their caring role

### **Adults with Learning Disabilities**

The Commissioning intentions driving this area are:

- Develop a more effective joint health and social care approach to support adults with complex needs, including challenging behaviour. The complexity of needs is growing in the group of young adults who transition from children's services
- Community inclusion to be developed further to ensure that day time and social opportunities encourage and enable access for adults with learning disabilities, including voluntary work and employment.
- Clarify and plan for a suitable range of housing options for the future, with strategic housing in the Council.

### ***Commissioned Services***

Early intervention and prevention services have been commissioned for Adults with Learning Disabilities including social groups in the evening throughout Cheshire East.

### ***What we will do in 2014/15***

37. the Council, in partnership with health, has established a commissioning review of support for people with a Learning Disability to consider how support from birth to end of life needs to be re-designed for the future. This review is on-going in 2014/15 and will provide a longer-term vision by summer 2015 to inform future investment choices and direct commissioning intentions.

38. a joint commissioning plan for challenging behaviour will be developed between social care and health.

39. map the current opportunities in the community activities

40. publish a Resource Directory of opportunities so that people can choose their preferences

### ***Mental Health (not dementia)***

#### **Service Mapping and Need**

Cheshire East social care services provides support at any one time to around 600 people with a substantial or severe mental health issue (based on Oct 13 data).

Social care work in partnership with health services to provide multi-disciplinary community mental health specialist teams. There is a specialist reablement team for those recovering from serious mental illness. The customers of the service have good outcomes, the approach is viewed as best practice and there is an opportunity to consider how to enhance this approach. There is also a need to consider how to ensure that recovery is sustained by developing community inclusion and networks that enable this. Some supported housing is provided for those with lower level support needs.

The Director of Public Health's report 2012 – 2013 has identified that Cheshire East has one of the highest excess mortality rates for adults under 75 with a serious mental illness.

The Commissioning intentions driving this area:

- Adults should access the same opportunities to enjoy social/recreational activities in the community as others; strong and supportive communities enable this. Social isolation and loneliness blights lives and must be addressed urgently.
- Develop the preventative support to people at risk of and experiencing mental health issues by working with Public Health and Health.
- Ensure that informal support is developed and encouraged to provide better community and social inclusion for those recovering from serious mental illness.
- Focus on prevention by influencing in areas linked to wider determinants of health.

### ***Commissioned Services***

A variety of services both accommodation based and in the community are available for people with mental health issues including a service specifically targeted at carers with a mental health problem.

### ***What we will do in 2014/15***

41. Work with health and public health to better meet the needs of those with mental health issues, in particular to focus upon improving the physical health of people with serious mental illness (Health and Well-being Strategy)
42. map the current opportunities in the community for activities
43. publish a Resource Directory of opportunities so that people can choose their preferences
44. stimulate informal support, working with the Council's Head of Communities and other partners<sup>4</sup>

### **Physical and Sensory Disabilities**

Social care provides support to around 400 people with a physical or sensory disability aged 18 -64 (based on data at Oct 13). Census projections anticipate only a small rise in the overall numbers of adults aged up to 64 with a moderate or severe physical disability by 2030. However the over 65's with disabilities which are considered in other parts of this strategy also will grow in line with the demographic changes predicted for older people. This will increase need but is likely to be complex need because of the growing numbers of people with multiple conditions. There are opportunities to provide a different health and social care response to illnesses that can result in disability, such as stroke and COPD.

The commissioning intentions driving this area:

- Improve the outcomes of the rehabilitation/reablement of those affected by specific conditions to ensure individuals live well for longer.
- Expand awareness of and access to assistive technology to ensure those with disabilities can maximise their personal independence.
- Work with Housing through the vulnerable people housing strategy to ensure housing supply and use enables those with physical disabilities to live as independently as possible.

### ***Commissioned Services***

Specific services have been commissioned to meet the needs of people with both hearing and sight difficulties. Also a service for carrying out assessments for deaf people over 50 is provided by Deafness Support Network.

### ***What we will do in 2014/15***

45. Pilot/experiment with innovative outreach to better understand how we can enable people to self-help using assistive technologies and equipment. This pilot evaluation will inform a commissioning review in 2015/16 to commission a model for the future
46. Potential new stroke rehabilitation approach will be considered with health partners

47. Work with housing to ensure that housing and complementary support are coherent

### **Carers**

Adult social care currently support carers in a number of ways including carers' assessments, respite for carers to have a break from caring and early help and prevention support in the community. Some carers say that they are not always receiving the focus and support they need (TLAP). The role of carers is a critical one that adult social care recognises should be well supported. This includes ensuring that young carers (those under 18) are identified and supported. It is difficult to estimate the true number of carers in Cheshire East as many are not in contact with social care services. It is also difficult to estimate how many carers access informal support. One of the key messages from the carers' survey is that many carers (around 60%) do feel reasonably satisfied with their support; but this leaves 40% who do not feel satisfied. There are some elements of the current support that have been identified as needing to change. There will be further developments in future years as commissioning intelligence and review increases our understanding of what is needed. In 2012/2013 we assessed the needs of 2,912 carers. Of those who were assessed 2,252 cared for someone aged 65 and over. Carers tell us that they need a range of support from advice and information; practical help; support to enable them to continue with employment and learning; and breaks that allow them to sustain their caring role. In 2012/13 the Council spent £533,032.65 on carer's services in the voluntary and community sector which consisted of 17 direct access schemes focused exclusively on supporting carers. The Council will also seek to increase the use of carer direct payments. The impact of these measures will be reported in improved Carer reported quality of life.

The commissioning intentions driving this area are:

Improving Carer reported quality of life - in 2012/2013 we assessed the needs of 2,912 carers. Of those who were assessed 2,252 cared for someone aged 65 and over. Carers tell us that they need a range of support from advice and information; practical help; support to enable them to continue with employment and learning; and breaks that allow them to sustain their caring role. In 2012/13 the Council spent £533,032.65 on carer's services in the voluntary and community sector which consisted of 17 direct access schemes focused exclusively on supporting carers. The Council will also seek to increase the use of carer direct payments. The impact of these measures will be reported in improved Carer reported quality of life.

- Increase the range of respite care choices available to ensure that carers can have periodic respite from their caring roles that meets their particular needs and preferences.
- Redesign assessment and care management processes and systems to ensure customers receive a timely, effective, outcome- focused service.

- Increase the range of early advice, information and support to people new to the caring role.
- Enable carers to develop skills and expertise to assist them in their caring role.

### ***Commissioned Services***

Grants are in place to provide breaks for carers as well as training and advice services covering a diverse range of areas including support with reablement, training opportunities and employment support.

### ***What we will do in 2014/15***

48. Increase the range of respite choices available
49. Review carers' assessments and support to develop a service model to improve outcomes and deliver the Care Act requirements including information, advice and training to be confident to care and know when to call on specialist help.
50. Update and publish a new Strategy for Carers in conjunction with health partners