

Cabinet Report

Date of Meeting: 10 April 2018

Report Title: Care at Home: Care Fees Review

Portfolio Holder: Cllr Janet Clowes, Adult Social Care and Integration

Senior Officer: Mark Palethorpe, Acting Executive Director of People

1. Report Summary

- 1.1. The Care Act 2014 places a duty on local authorities to “promote the efficient and effective operation of a market in services for meeting care and support needs.” In delivering this obligation, councils must ensure the sustainability of the market and that there are sufficient high quality services available to meet the care and support needs of adults in the area.
- 1.2. Care at Home (domiciliary care) is one of the largest contracted service areas that the Council commissions in the external market, with the Council currently spending in excess of £13.5 million per annum on generic Care at home services commissioned via the Council. In addition Direct payment spend is in excess of £11.6m per year which includes services provided by a Personal Assistant and those which the service user purchases directly from an agency. Care fees were last reviewed in 2015/16 when they were uplifted to the current levels.
- 1.3. In November 2017, the Council commissioned an independent review of care fees for the Care at Home. The review was undertaken by independent care consultancy C.Co which is a subsidiary of the Chartered Institute of Public Finance and Accountancy.
- 1.4. At its meeting of 5th December 2017 Cabinet approved the commissioning of Accommodation with Care and Care at Home services in collaboration with Eastern and South Clinical Commissioning Groups supported by a review of Care Fees for the sector. Authority to enter into a prescribed procurement process to award contracts was delegated to the Executive Director of People in consultation with the Portfolio Holder for Adults and Children and Families and in consultation with the Director of Legal Services to enter into contracts with the successful suppliers.

1.5. The purpose of this report is to inform Cabinet of the findings of the review for Care at Home. The report will present an outline of the review undertaken by C.Co, their findings and the impact of those findings both in terms of financial considerations for the Council and on the sustainability of the market.

2. Recommendation/s

That Cabinet:

2.1. Note the findings of the Care Fee Review for Care at Home.

2.2. Endorse a maximum flat hourly fee rate of £18 per hour for Care at Home services with effect from 1st October 2018.

2.3. Approve the approach to fund the forecast financial implications on the Adult Services Commissioning Budget through the allocation of Adult Social Care Support Grant (held within the Transforming Services Earmarked Reserve) in 2018/19 and from the Improved Better Care Fund in 2018/19 and 2019/20.

2.4. Note that the financial implications of this report present a risk to the current estimates for the 2020/21 Budget, as contained within Medium Term Financial Strategy 2018/19 to 2020/21.

3. Reasons for Recommendation/s

3.1. Officers have considered in full the information contained within the report presented by C.Co and described under Section 5 of this report. It is clear that there is a need to increase the level of fees for Care at Home services for the reasons outlined below.

3.2. Good quality Care at Home services that provide continuity of care are essential to assist vulnerable people to remain in their own home and prevent admissions to more costly residential and nursing care. A recent independent North West study into Market Sustainability commissioned by Association of Directors of Adult Social Services¹ revealed that there is an over-reliance on care homes to support vulnerable, particularly elderly people. An increase in Care at Home fees would help to support the HomeFirst model currently being developed by the Council which is focussed on enabling people to be as independent as possible via an expectation that patients are discharged to the place they call home as soon as possible.

3.3. Care at Home providers report that current fee levels are not sustainable due to increasing costs such as increases in the National Minimum and

¹ North West Market Sustainability and Oversight Review on the Markets for Residential and Nursing Care and Domiciliary Care for Older People and for Adults with a Learning Disability, NWADASS, January 2018

Living Wage and pension contributions which in the longer term could impact on their financial viability. This could have a knock on effect on the provision and continuity of care for service users.

- 3.4. The North West Association of Directors of Adult Social Services' report on market sustainability highlights "serious threats to the financial viability of care providers with providers failing, exiting the market and handing back contracts for provision of care services." The report concludes that North West local authorities will have to increase care fees due to unavoidable demographic pressures, fee levels in the North West are low for England and below that which provider organisations say are sustainable. Providers state that they are already struggling to recruit and retain a skilled workforce with wage competition from alternative employers an important factor in this.
- 3.5. The report further highlighted two issues of "critically high importance" in relation to market sustainability and oversight. The two key risks are:

"Fee levels may become unaffordable for commissioners or unsustainable for providers; and

"Provider failure or withdrawal from the market could destabilise the market."

- 3.6. In establishing a recommended fee uplift for Care at Home that is both affordable for the Council while providing a greater degree of financial viability for providers and therefore greater market stability, the following has been taken into account:
- 3.6.1 The low response rate to the cost of care exercise (28% of all current providers) and the fact that C.Co can give no assurances that the findings are representative of the local market as a whole;
- 3.6.2 The fact that providers, locally, regionally and nationally, place importance on the UK Home Care Association Minimum Cost for Care calculation (£18.01) and the similarity between the breakdown of costs (other than profit margin) between this and the local costs of care model;
- 3.6.3 The high profit margin expected from providers when compared to the profit margin recommended by the UK Home Care Association report (£2.69 vs £0.58 per hour);
- 3.6.4 The fact that the local cost of care exercise has been undertaken in the context of the existing spot purchase commissioning arrangements. It is anticipated that the new commissioning arrangements will consist of block

contracts with between 2 and 3 “prime providers” per geographical patch (see Appendix A) that deliver a guaranteed minimum hours supported by a framework of providers to pick up packages that Prime Providers are unable to provide for legitimate reasons. This will lead to efficiencies through economies of scale and a greater assurance of guaranteed business for prime providers;

- 3.6.5 The level of funding available to reinvest in Care at Home services via the Improved Better Care Fund;
- 3.6.6 The fact that although the current contract rate is £14.20, the average paid according to the Adult Social Care Finance Return for 2016/17 is £15.42 per hour due to currently having blended half hour calls;
- 3.6.7 As part of the commissioning process, all care packages will be reviewed to ensure that the level of provision matches the needs of individual service users and to ensure that needs can only be met through Care at Home services;
- 3.6.8 It is anticipated that the new contracts will also include incentives and penalties within the contract terms to drive performance and innovation to stem increased demand, for example, incentives or penalties could be included around delayed transfers of care. The exact detail of this is to be worked up.
- 3.7 It is recommended that Care at Home fees are uplifted as part of the recommissioning process to a **maximum flat hourly rate of £18 per hour at a maximum estimated cost of £3.5million per annum**. This rate is in line with newly published (January 2018) UK Home Care Association Minimum cost of care recommended rates for National Minimum wage (as opposed to Voluntary Living Wage) and represents a 19% increase on the current costs. It is proposed that there would be no separate fee for 45 minute calls. The fees would therefore change as follows:

Table 1 – Current and proposed fee rates

	60 minute rate	45 minute rate	30 minute rate
Current fee	£14.20	£10.65	£8.20
Proposed fee	£18 (max)	n/a	£9 (max)
Increase	£3.80 (max)	n/a	£0.80 (max)

- 3.8 As part of the commissioning process it is proposed that Care at Home bidders are invited to submit bids between £14 to £18 per hour for each geographical patch of the Borough they opt to bid for. This approach allows for cost variations between urban and rural/hard to serve areas of the Borough to be taken into account alongside the differing business models of provider organisations.
- 3.9 Currently service users can choose to purchase care directly from a care agency through a direct payment (rather than a service commissioned by the Council). There is a need to review this policy to understand the impact of this on market sustainability and the new commissioning model. Any consequent changes to the policy or the fee structure for Direct Payments will be the subject of the appropriate approval process and will align with the timescales for implementation of the new contracts and fees.
- 3.10 Care at Home providers have been consulted on the proposals above including the proposed fee structure and model and have been given the opportunity to give feedback via a questionnaire.

4. Other Options Considered

- 4.1. An alternative option would be to maintain current fee levels as part of the recommissioning of Care at Home services. However, this carries a risk to provider sustainability impacting on the provision and continuity of care for service users.
- 4.2. The impacts and financial cost to the authority of implementing the report finding around the “local cost of care” at £21.62 per hour with a profit margin of £2.68 per hour has been considered. It is estimated that this would cost the authority an additional £7.88 million per year. Officers have concluded that this option is not affordable for the local authority and that the proposed rate of a maximum of £18 per hour will provide better value for money.

5. Background

5.1 Local context

5.1.1 The Council currently commissions care at home services on a spot purchase basis from a high number of care agencies (between 50 and 97 at any one time), most of which are private sector organisations but with some smaller third sector providers. This method of commissioning is not conducive to market sustainability and can impact on providers' ability to recruit and retain care staff, provide continuity of care and impacts on the Council's ability to source care in hard to serve areas.

5.1.2 The Council is looking to recommission Care at Home services using a geographically patch based approach with a small number of prime providers and a back up list of providers who can pick up packages of care that prime providers are legitimately unable to deliver. This will provide a much greater level of assurance to prime providers and is a more cost effective way of commissioning care. Care at Home market engagement is currently being undertaken to gather feedback in relation to these proposals.

5.1.3 Appendix A to this report provides the detail relating to the proposed geographical patches. These have been developed in partnership with the CCGs and take into account the local community care hub footprints.

5.1.4 Care fees for Care at Home services were last reviewed in 2015/16 when they were uplifted to the current levels below with effect from 1st April 2016.

Table 2 – Current care fees for commissioned and direct payment services

Call Duration	Commissioned Care at Home	Direct Payment Care at Home through an agency	Direct Payment Care at Home through a Personal Assistant
30 minutes	£8.20	£7.10	£5.75
45 minutes	£10.65	£10.65	£8.42
60 minutes	£14.20	£14.20	£11.50

- 5.1.5 The Council currently pays a blended rate for 30 minute calls i.e. the payment for the 30 minute call is not exactly half of the hourly rate for commissioned services but this does not currently apply for Direct Payments provided through an agency for half hour calls. This has resulted in an increase in provider handbacks and difficulty sourcing care for direct payment packages. Rates for direct payments through a Personal Assistant are also lower, however, this reflects the lower cost liabilities and overheads of personal assistants.
- 5.1.6 The majority of care at home providers currently accept the current contract rate. However, under the current system it is sometimes necessary to pay above the contract rate in certain situations where individuals live in a particularly hard to serve or very rural part of the Borough. The higher rates reflect the increased travel time necessary to deliver care in these areas. Consequently, while the contract rate is £14.20 per hour, the actual average rate paid for care, taking into account the blended half hour rate and packages that are delivered above the contract rate, is £15.42 per hour.
- 5.1.7 Officers are working with care at home providers to co-produce the new commissioning model and address issues affecting the sector including recruitment and retention and internal working processes e.g. for sourcing care packages and payments processes. Discussion at these meetings regularly returns to the issue of the level of fees regardless of the topic of discussion, with providers reporting that in their view the current level of fees and increasing costs is impacting upon their ability to attract and retain care workers and affecting the sustainability of their businesses.
- 5.1.8 The approach that we are taking as part of the commissioning process aligns with the objectives set out in the Council's Commissioning Plan to undertake integrated commissioning which aims to move to an outcome focused service rather than a traditional time and task model to ensure that service users are supported to maintain their independence. This will be further developed through joint work with prime providers as part of the mobilisation and implementation phase of the contract.
- 5.1.9 The benefits of an integrated, outcome based commissioning approach are set out in the joint Local Government Association and NHS Clinical Commissioners framework "Integrated Commissioning for Better Outcomes." The framework sets out key principles for integrated commissioning including a focus on the benefits for people, places and populations with the individual person at the heart of the approach, a focus on outcomes rather than "episodes of care" and acknowledgement that commissioning is about more than just procuring services; it is about a wide

variety of activities which improve the outcomes and the lives for people, places and population.

5.2 Methodology

5.2.1 C.Co was commissioned to undertake an independent analysis which adopted a collaborative approach with providers and a consistent approach across all provision. Specifically, the brief was to:

- Establish a means to arrive at an understanding of the local cost of care;
- Undertake cost modelling that is locally informed, based on the actual costs incurred;
- Lead a collaborative approach that engages providers in the design and data collection;
- Ensure a consistent approach across all services;
- Support providers in undertaking the exercise;
- Ensure the approach supports the Council on its journey towards open book accounting;
- Undertake benchmarking analysis with comparator authorities and North West councils;
- Develop, for consideration by the Council, appropriate local cost of care that will support internal decision making and modelling of future care fees.

5.2.2 The main focus of the review was to produce a local cost of care which reflects the actual costs of delivering care within Cheshire East from a provider perspective. As such engagement with providers was essential to arrive at this figure. The input of operational teams and service users was not sought at the review stage although there will be additional engagement with social workers, operational teams, service users and carers on the proposed fee increase as part of the ongoing communication and engagement activity on the commissioning process.

5.2.3 The approach taken by C.Co was to give providers the opportunity to be involved in all aspects of the project including the design of a questionnaire through a number of co-design sessions which would then be sent to all providers for completion and returned to C.Co for analysis. The schedule below shows the dates and attendance for each of the co-design sessions.

5.2.4 Attendees at the first session sought to complete the United Kingdom Home Care Association questionnaire as a group rather than a separate questionnaire at a later date. As a result, it was agreed that

the consensus responses by providers at the session on 7th November would be submitted as a return for those providers. Other providers who were not in attendance on 7th November were given the option of agreeing with the consensus figure or given the opportunity to submit their own response to the questionnaire. The questionnaire produced as a result of the co-design sessions had additional questions/variations to the UK Home Care Association questionnaire, however, the same categories of cost were maintained to ensure consistency in analysing the collective response.

5.2.5 The questionnaire was issued via email to all providers on 21st November 2017 with a return date of 13th December 2017. In addition to the initial invitation to participate in the exercise, two reminders were issued to prompt a return. The return rate was as follows:

Table 3 – Provider questionnaire response rate

Questionnaires issued	57
Providers agreeing with response from 7 th Nov co-design session	9
Individual questionnaires received	7
Total responses analysed	16
Response rate	28%

The response rate at 28% is low. While the 16 respondents cover the whole Borough between them, C.co has advised that it cannot be concluded that the responses are reflective of the entire provider market in Cheshire East.

5.3 Benchmarking

5.3.1 In addition to the provider questionnaire, C.Co undertook a benchmarking exercise with CIPFA statistical neighbours to provide further context and understanding of the cost of care.

5.3.2 Cheshire East has a comparatively low contract rate paid when compared with statistical comparators. Although the hourly contract rate is £14.20 per hour the average rate paid is £15.42 per hour due to the impact of the half hour blended rate and the need, on occasion, to pay above contract rate in hard to serve areas.

5.3.4 Benchmarking with local authorities revealed differences in commissioning approaches which influenced rates paid, including outcomes based commissioning which links the hourly rate to a resource allocation and personal budgets, individually negotiated rates with each provider and differing rates across the Borough to take account of the impact of varying geographies e.g. urban and rural areas.

5.3.5 The Council's Finance Team has undertaken benchmarking of the actual rates paid for Care at Home (as opposed to the contracted rates) for the North West using the Adult Social Care Finance Return for 2016/17. This shows that Cheshire East's actual rate of £15.42 per hour is currently one of the highest and is similar to the England average rate of £15.52 per hour.

Table 5 – Actual rates paid 2016/17 of North West local authorities

Local authority	Actual rate per hour
Cheshire West and Chester UA	£16.88
Cheshire East UA	£15.42
Cumbria	£15.00
Oldham	£14.02
Sefton	£13.88
Rochdale	£13.83
Wigan	£13.80
St. Helens	£13.80
Tameside	£13.67
Bolton	£13.63
Warrington UA	£13.61
Stockport	£13.60
Trafford	£13.58
Bury	£13.25
Liverpool	£13.10
Salford	£13.08
Manchester	£13.03
Wirral	£12.92
Halton UA	£12.75
Lancashire	£12.75
Blackpool UA	£12.55

Source: Adult Social care Finance Return 2016/17

6. Implications of the Recommendations

6.1 Legal Implications

6.1.1 The Care Act places a duty on local authorities to facilitate and shape the whole publically-funded and self-funded care and support market. The legislation also requires authorities to provide choice that delivers outcomes and improves wellbeing. Relevant features of the Act include obligations on Councils to:

- Promote the efficient and effective operation of a market in services for meeting care and support needs;
- Ensure sustainability of the market;
- Ensure that sufficient services are available for meeting the care and support of adults in its area.
- When commissioning services councils must assure themselves and have evidence that the contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care.
- Understand the business environment of providers offering services in their area and seek to work with providers facing challenges and understand their risks.”
- Not undertake any actions which may threaten the sustainability of the market as a whole, for example, by setting fees below an amount which is not sustainable for the provider in the long term

6.1.2 The sustainability duty created by the Care Act sits alongside other statutory duties and is summarised as follows: -

- a) Local Authorities are under a general duty to implement preventative services that reduce the need in adults for care and support and the need for support to carers (Section 2 Care Act 2014). Whilst there is no statutory duty within the Care Act, ‘supporting people to live as independently as possible for as long as possible is a guiding principle of the Care Act’ (paragraph 1.19, Revised Statutory Guidance).
- b) Statutory guidance accompanying the Care Act 2014 is clear that the way services are commissioned has a direct impact upon ‘shaping the market’ (Paragraph 4.4) and requires that Local Authorities must ‘consider how to ensure that there is still a reasonable choice for people who need care and support’ (Paragraph 4.39) and to ensure that their fee levels do not compromise the service providers’ ability to employ people on at least minimum wage with sufficient training (Paragraph 4.31).
- c) Section 9 of the Care Act places a duty on the Council to assess adults triggered by the appearance of need. It then places a duty to meet the needs of adults meeting the eligibility criteria (Sections 18-20). Detailed

Assessment regulations, statutory regulations and case law underpin this duty.

- 6.1.3 In summary therefore, the legal implications of these proposals are likely to contribute to the sustainability of the care at home market locally. However, the sustainability of the market is not the only duty arising and does not take precedence over other statutory duties. Recent case law confirms this (*Care England (R, on the application of) v Essex County Council [2017]*).
- 6.1.4 The Council's Public Sector Equality Duty extends beyond service users to residents of Cheshire East, some of whom pay for their own home care and who may be impacted by the Council's decision to increase its fees and the level of that increase. Consultation should include all groups potentially affected by the review.

6.2 Finance Implications

- 6.2.1 The Council spends c.£100m on commissioning services from a range of Adult Social Care providers to provide the best outcomes for adults who need support. This report relates to the commissioning of Care at Home services which include payments to Domiciliary Agencies, both directly from the Council and via Direct Payment clients. The approximate annual spend on commissioning the Care at Homes elements of care is £18.3m, and the proposal is to uplift these costs by £3.52m (full year effect).
- 6.2.2 Based on the modelling assumptions, the recommendation to uplift fees to a maximum of £18 per hour as part of the recommissioning process is estimated to cost £1.75m in 2018/19 due to a part year impact as the uplift will be effective from 1st Oct 2018. The full year effect of the uplift will be £3.52m from 2019/20 onwards. This equates to a 17% increase on the current actual rate paid.
- 6.2.3 Expenditure on Care at Homes services is contained within the Adult Social Care – Commissioning budget, but the cost of these increases will be funded from a matched allocation of the Adult Social Care Support Grant (held within the Transforming Services Earmarked Reserve) and the Improved Better Care Fund (IBCF). The IBCF conditions include ensuring that the local social care provider market is supported, and the increase in fees is intended to stabilise the market.
- 6.2.4 There is a separate report that relates to Accommodation with Care , which includes payments to providers for long term Residential and Nursing care. The approximate annual spend on these elements of care

is £49m. The total proposed increase from these two reports is therefore £5.02m full year effect. All increases will be implemented from the 1st October 2018 meaning the total increase in expenditure would be an additional £2.51m in 2018/19 and a further £2.51m in 2019/20.

6.2.5 The net impact of the uplift in fees, on the MTFS, will be nil in 2018/19 & 2019/20 as the costs will be funded from existing balances (either earmarked or IBCF). However the increase in care fees across the sector does present a financial risk to the Council's MTFS. In 2020/21 balances from earmarked reserves or IBCF are not expected to be available and the potential gap in the MTFS would therefore increase by up to £5.02m, compared to the current estimates.

6.2.6 Risk mitigation steps include:

- Improved commissioning and contract arrangements with the Care at Home market to offer increased stability and sustainability. The recommissioning model will be designed to offer economies of scale that reduce the cost risk element for the care market providers – it is envisioned this will lead to more competitive and cost effective bids within the range of £14-£18 as part of pricing model tender submissions. This will provide residents with greater choice and control to remain living as independently as possible within their own home and communities, whilst also ensuring that the market has the required capacity to meet the care demand. Additionally, this should impact on the number of admissions into Accommodation with Care settings, aligning with the Better Care Fund national metrics.
- Development of the Homefirst model in partnership with CCG's to ensure that patients are returning home from hospital settings and bed based provision with effective support and reablement. This should impact on the number of long term, high level care packages reducing levels of demand and costs. Additionally, this should impact on the number of admissions into Accommodation with Care settings.
- Service model requirements that ensure the market supports an outcome focused and enablement approach to care delivery that promotes independence and wellbeing (this is being adopted within the service specification requirements as part of the current recommissioning activities).
- Timely reviews of those in receipt of Care at Home in readiness for the new contract commencing to ensure choice and control for residents and reduce any risks as part of the transition to new services. This will ensure that the most appropriate levels of care and support are in place to promote wellbeing and outcomes through an asset based approach that considers differing available options.

- Review of the councils older people’s housing strategy taking into account extra care and other housing options that will support people to remain living for longer independently within their own communities.
- Commissioning of the ‘Early Help’ framework which aims to co-ordinate support for non personal care within community settings. This would help relieve pressure from Care at Home services.
- Further embedding of asset based approaches to meeting residents care and support needs, building and on the assets of the individual as well as the wider network and community to promote independence and reduce reliance on statutory services where appropriate.
- Consideration and development of other transformational and prevention options that offer alternatives to ‘traditional care’ services and models.

6.2.7 The table below sets out the estimated financial implications of the proposed fee increase.

Table 6 – Financial implications (estimated)

	£18 per hour	Funding sourced from
Care at Home costs	£2,233,864	Improved Better care Fund
Direct payment estimate	£1,272,846	Improved Better Care Fund
Total	£3,506,710	

6.3 Equality Implications

6.3.1 In considering an appropriate level of fees for Care at Home, the Council has had due regard to the Public Sector Equality Duty as set out in S149 of the Equality Act 2010. An Equality Impact Assessment is being completed and will include service users and carer considerations.

6.4 Human Resources Implications

6.4.1 While the proposals do not envisage any HR implications for the Council, it is anticipated that the recommended fee uplift will help to sustain recruitment and retention of staff within provider organisations. The new contract will ensure that providers are paying employees the national minimum wage.

6.4.2 TUPE will apply to some existing provider organisations as part of the commissioning process.

6.5 Risk Management Implications

- 6.5.1 The proposals seek to mitigate the risk of market failure for Care at Home services and the disruption to continuity of care that this can bring. It also seeks to improve recruitment and retention within the sector.
- 6.5.2 Future changes to national policy such as increases in the National Minimum Wage could impact on provider viability. The Council will continuously monitor market conditions through regular contract management and Provider Forums. Relevant clauses will be included in the contract terms and conditions that take into account potential changes to legislation that could impact on provider costs allowing for future uplifts if required at the council's discretion.
- 6.5.3 Officers meet regularly with Operational teams, Procurement and Legal to anticipate, mitigate and manage risks as part of the transition and mobilisation of the services. A risk register and transition plan has been developed which is reviewed and updated at these meetings.
- 6.5.4 Funding has been identified to recruit a dedicated team of qualified Social Workers to undertake service user reviews. The transition plan also details communication activity including a dedicated phone line for service users, information posted on the Council's website with Frequently Asked Questions, letters to service users who may be affected by the recommissioning, briefings for operational and front line staff and attendance of Commissioners at Team manager meetings so that staff are able to respond appropriately to any questions or signpost effectively for more information.
- 6.5.5 As part of the transition decommissioning plans will be developed with existing providers who are unsuccessful to ensure that there is a smooth handover for their service users and that data is migrated and transferred safely in line with General Data Protection regulations. This will also include identifying and managing the impacts on the remaining business including the impact on self funders. Officers are working with operational colleagues to identify existing service users and who provides their care so that service users who will need to move to a new provider can be informed in a timely manner.

6.6 Rural Communities Implications

- 6.6.1 It is expected that the flexible approach to fee setting as set out in this report will ensure that packages incurring additional costs for travel e.g.

for residents in rural communities are properly remunerated. The proposal will, therefore improve access to services for those living in rural communities.

6.7 Implications for Children & Young People

6.7.1 The proposal will ensure that the Council is meeting its duty under the Care Act to support families with children.

6.8 Public Health Implications

6.8.1 Care at home services help maintain service users independence and assist them to remain in their home. They can also have positive outcomes in terms of reducing social isolation for service users.

7.0 Ward Members Affected

7.1 All wards affected.

8.0 Consultation & Engagement

8.1 Providers played an integral role in the Care Fee review. All were given the opportunity to attend questionnaire co-design sessions on the following dates and all providers were sent a copy of the questionnaire for completion.

Table 7 – provider co-design sessions

Date/time	Location	Attendance
Tuesday 7 th Nov 17 12.00-14.30	Sandbach Town Hall	10
Wednesday 15 th Nov 17 09.00-11.30	Macclesfield Town Hall	5 (including 1 Extra Care provider)
Wednesday 15 th Nov 17 15.00-17.30	Macclesfield Town Hall	4
	Total	19

8.2 Care at Home Providers were consulted on the findings from the review and the proposed fee uplift at a meeting held on 23rd February 2018. Questionnaires were distributed at the meeting and providers were given a maximum of two weeks to respond.

9.0 Access to Information

9.1 The background papers relating to this report can be inspected by contacting the report writer.

9.2 Further supporting information can be found in:

Care Act 2014 - <http://www.legislation.gov.uk/ukpga/2014/23/enacted>

Cheshire East Joint Strategic Needs Assessment -
http://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx

Cheshire East Health and Wellbeing Strategy -
<http://moderngov.cheshireeast.gov.uk/documents/s34638/Health%20and%20Wellbeing%20Strategy%202014%20-%2016%20version%205%20-%20Final.pdf>

Cheshire East Commissioning Plan -
<http://moderngov.cheshireeast.gov.uk/ecminutes/documents/g6580/Public%20reports%20pack%2012th-Sep-2017%2014.00%20Cabinet.pdf?T=10>

Cheshire East Market Position statement -
<http://www.cheshireeast.gov.uk/livewell/care-and-support-for-adults/working-in-partnership/market-position-statement-for-adults-social-care.aspx>

Local Government Association/NHS Clinical Commissioners “Integrated Commissioning for Better Outcomes: A Commissioning Framework”

10.0 Contact Information

10.1 Any questions relating to this report should be directed to the following officer:

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