

# Cheshire West & Chester Council

## Adult Social Care and Health Market Position Statement 2014-2017



# Contents

<b>1) What the Market Position Statement is about</b>	<b>4</b>
Scale of the market in Cheshire West and Chester	4
Preventative and early intervention	4
Supporting people to remain independent	5
<b>2) Demographics and future demands</b>	<b>6</b>
<b>3) Current services and future commissioning trends</b>	<b>7</b>
<b>4) Opportunities for business change</b>	<b>18</b>
Co-production:	18
<b>5) Quality assurance</b>	<b>19</b>
<b>6) Funding</b>	<b>19</b>
<b>7) The Altogether Better and Partnership Working</b>	<b>20</b>
<b>8) Next steps</b>	<b>21</b>
Appendix 1: Population and demographic data	21
Appendix 2: Commissioning Intentions Appendix 3:	24
Suggested reading guide	26



## Foreword



**Councillor Brenda Dowding**  
**Adult Social Care and Health**  
Cheshire West and Chester Council



**Mark Palethorpe**  
**Corporate Director Strategic Commissioning**  
Cheshire West and Chester Council

Cheshire West and Chester Council has an important role to play in ensuring that its residents can lead fulfilling lives as independently as possible. Empowered, resilient and diverse communities are at the heart of our vision for Adult Social Care and Health:

“We seek to ensure the safety, security and well being of the borough’s residents which will enable each person to realise their full potential in life.”  
(Shaping the Future Together 2011-2014)

To fulfil this vision we have set ourselves three directorate priorities which are Commissioning, Independence and Prevention and also Collaboration and Integration.

We recognise, however, that many people need help to lead full and independent lives, so part of our work is to ensure there is an effective, flexible and responsive high quality social care provision.

Stimulating and shaping the market is part of our job to ensure that people have access to support which is tailored to their needs. Therefore, we produced this market position statement (MPS) to explain the likely demand for the types of services which will be required in future. We want to involve you as well as advise providers, so we see this Statement as a starting point for a constructive conversation with citizens, businesses and third sector.

We hope that you will find it useful and look forward to your ideas and challenges so we can continue to improve.

## 1) What the Market Position Statement is about

Meeting the needs of current and future customers for adult social care and health services by building care around the individual through local services is of utmost importance for Cheshire West and Chester Council.

We want to provide resources to those who need them most and ensure that our customers are given the greatest choice and control over their care.

The challenges presented by the interim economic climate, the needs of an ageing population, along with our intention to promote greater choice for customers all require changes in the market for social care provision. There is a diverse range of providers within Cheshire West and Chester, including third sector organisations and private sector. Many deliver high quality, innovative services. We want to build on this to ensure that there is a thriving, social care market from which customers can exercise choice about services to meet their needs now and in the future.

We also want to work closely with our existing and potential providers, third sector, local businesses and customers to ensure future services are innovative and tailored to meet the opportunities and challenges of this changing market.

We have identified various service users' needs and trends, which we feel could help to facilitate necessary changes and allow innovative solutions to develop.

As a result, this document presents data to help providers plan ahead.

As well as securing safe and sustainable Adult Social Care and Health we will ensure services across the Authority are addressing need, built around outcomes and delivering value for money.

### Directorate Priorities:

1. Supporting people to live healthier for longer
2. Ensuring high quality services at the best cost
3. Exploring alternative models of service delivery that enhance independence

4. Working in Partnership with health and other organisations

5. Developing the workforce

### We will deliver this ambition by:

- Integration
- Managing demand
- Investing in what works
- Commercial management

### Scale of the market in Cheshire West and Chester

Cheshire West and Chester has a population of 328,000 and covers 350 square miles. In addition to East Cheshire, it is bounded by the Welsh border and the Wirral to the west; the Mersey Valley to the north and to the south by the Shropshire border. Our area includes the historic city of Chester, the industrial and market towns of Ellesmere Port, Northwich, and Winsford, together with Neston, Frodsham, Helsby and Malpas. 32% of the population live in rural wards.

We provide a range of care services to adult customers living within Cheshire West and Chester. In 2012/13, 9,358 adult customers received these services that were either provided or commissioned by CWaC in either the community or a residential or nursing care establishment. However, our actual customer figures are greater than this when you take into account those customers who self fund their care.

In summer 2012 we were providing services to approximately 1700 customers who were aged over 85. 40% of these were in permanent long term care and 60% were receiving services in the community. We have been seeing an 8.5% increase in the number of people in this age group taking up direct payments.

### Preventative and early intervention

We will be moving towards services that offer people greater independence and ultimately prevent or delay the need for acute services at the later stage. We will look to align our

commissioned services towards this early help and prevention agenda working alongside the Altogether Better programme, supporting people to maintain independence, choose the services they want to receive and remain supported in their own homes.

For further information on our commissioning plan and the Altogether Better programme please see the appendix.

Through working with our providers and the third sector we want to:

- Reduce social isolation,
- Tackle health inequalities,
- Increase the ability of older customers to live independently in their community,
- Reduce the demand for acute care services.

We recognise that many third sector organisations are delivering services that enhance the wellbeing of local communities. We value the innovative ways these organisations deliver their services to vulnerable people in our community.

#### **Third sector vision and business opportunities:**

- **Increase the opportunities for third sector organisations to deliver services**
- **Increase our community based intervention and preventative services delivered by the third sector organisations (based on their ability to harness community resources)**
- **Increase the range and diversity for customers who will require providers to develop and market their services to enhance individual purchasing powers through methods such as direct payments.**

### **Supporting people to remain independent**

Cheshire West and Chester has high rates of admission to residential care direct from hospital compared regionally. This equates to 4.5% of all hospital discharges and suggests that there are opportunities to improve the way agencies work together to discharge customers and encourage independence. We also know from working with our partners that at least 25% of older people in an emergency hospital bed do not need to be there.

Emergency bed day use in the 65+ age group now accounts for at least half of all emergency bed days for the Cheshire West and Chester population. In particular, the rates of emergency admissions of those aged over 85 in 2012/13 were higher than the national average. In addition, local inpatient data suggests that 25% of short stay admissions could be prevented and that a third fewer would be discharged to a residential setting home.

Our intention is to work with our partners to reduce the number of patients in hospital. This will involve an increase in 'step up' and 'step down' bed based models, both of which support customers to return home or into a more independent care establishment.

We want to support customers to achieve an outcome where they can return home meaning 15% fewer placements to long-term care. For example in 2010, on average customers aged over 85 remained in long term care for 1-1.5 years, in 2012 the average was 3-3.5 years and we want to work to reduce this. This is achievable by ensuring adequate alternative provisions and a 'whole system' approach where we work in partnership with providers from a range of organisations.

45% of customers who receive rehabilitation services are aged 85 and over. Through reablement services (those that support customers to be independent) we are already beginning to see the benefits for our customers. Out of 541 customers aged over 85 in 2010-2012, 27% had no ongoing need for social care support. Prior to this, these 144 customers may have been placed into long term care with a loss of their independence.

A local point prevalence survey was undertaken in August 2012 across three local hospitals in order to estimate the number of older customers who had the potential to be discharged at that point of review, even if the services they required exist or not. This study confirmed that at least 30% of older people occupying a hospital bed after an emergency were clinically stable and could be cared for in a different setting (for example step-down bed or at home with community support). A separate study of community support centres also indicated that these beds could be used more efficiently.



## 2) Demographics and future demands

The demographic profile of Cheshire West and Chester is changing; current forecasts (based on 2011 Office for National Statistics mid-year estimates) show the number of people aged 65 and over will increase by 11,200 with the number

of those aged 85 and over increasing by an additional 2,600 people between now and 2020. The number of people aged 18-64 is forecast to decrease by 6,400 by 2020.

Population data (Data source- see appendix 1)	2012	2014	2016	2018	2020	% change
Aged 18-64	200,400	198,500	197,000	195,700	194,000	-3.2
Aged 65 and over	64,000	67,800	70,700	73,100	75,200	17.5
Aged 85 and over	8,300	8,900	9,600	10,200	10,900	31.3



This demographic change for older people will ultimately impact upon services in terms of the demand, how long customers use services and the ways in which services are accessed.

Direct payments are currently used by 20% of our community. We intend to see 40% of our community using direct payments by 2015, which will change the way in which our customers independently access and choose their care.

We feel that within these changes lie both challenges and opportunities with regards to meeting demand and developing innovative ways to deliver excellent quality services.

Tables outlining the population and number of people living in Cheshire West and Chester with a health need can be found in appendix 1.

### 3) Current services and future commissioning trends

We have been working on developing a commissioning plan that will assist us in meeting both the changing needs of our population and developing a more joined up way of working with our partners and providers. In the next three years, our intention is to move away from commissioning that focuses on reporting back on activities and move towards contracts that help us achieve specific outcomes. We want to achieve the best outcomes for our community which are sustainable. We are aware that this will involve a shift in culture for all of us, requiring different thinking, practices and policies. However by working together we believe that we can develop more streamlined services where customers are supported to remain independent.

The commissioning plan outlines the following:

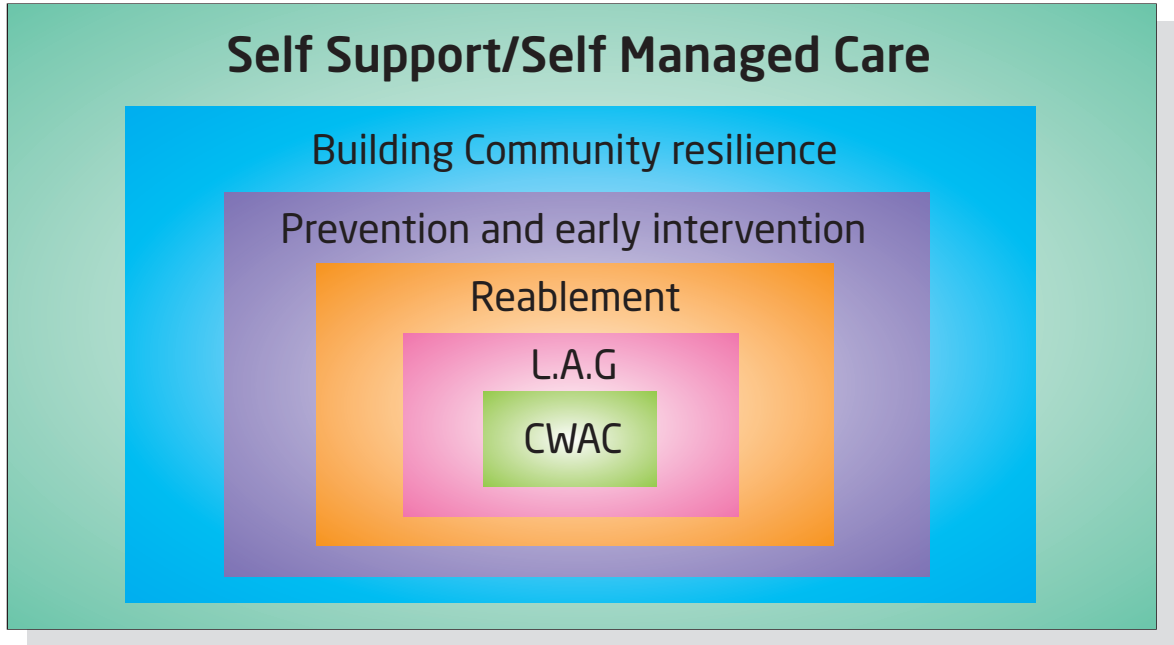
- Increased investment in:
  - Independence and prevention services (see Appendix 2 for a list of services included)
  - Initiatives that support customers to remain living in their community for longer
  - Support for customers to gain skills to access employment, independent living and management of own care needs - choosing the care that suits them best
- Decreased investment in:
  - Services that are 'one size fits all' and limit customers' choice
  - Services that remove customers from their communities, reduce independence and create dependency
  - Services that make customers feel isolated and/or lead to higher emergency hospital admissions

Investing in Independence and Prevention is very important; hence we made it one of our Directorate priorities, and will lead to increased spending in the various areas as outlined below over a gradual timescale. This will be determined by service reviews and subject to full consultation. By increased spending in these areas, in the longer term we will be able to reduce spending on services that reduce people's choice and their independence.





Our vision:



## Overview of the Commissioning Plan

Crisis

Preventative

Direction of intervention

Higher cost intervention

Direction of spending and service usage

Lower cost intervention

### Present contracted services

#### Other areas

Public Health  
Specialist Housing  
Homeless Contracts  
Transport Services  
Home improvement Agency

#### Living Well

Mental Health Services  
Transitions  
Shared Lives  
Domestic Abuse  
Floating Support  
Learning Disability Residential  
Learning Disability Daycare SLE (Single Legal Entity)

#### Supported Care

Day Care  
Extra Care Housing  
Nursing Care  
Learning Disability Domiciliary Care  
Respite Care: Older people  
Residential Care: Older People  
Dementia: Residential Care  
Nursing Care - Older People  
Domiciliary Care: Adults and Learning Disability  
Mental Health

#### Independence and Prevention

Reablement and Wellbeing intermediate care  
Short Term Rehabilitation  
Telecare  
Equipment and Adaptations  
Direct Payments and Brokerage  
Third Sector  
Information and Advice  
Capacity building  
Carers  
Delayed discharges



The most recent studies and research papers show that effective preventative support and measures enable people to live longer within their own communities. Additional tables showing the suggested direction for some of the current contracted services can be found in appendix 2 and are based on the data in the current market. We believe there are multiple business opportunities arising from our intentions and we have outlined some specific areas and opportunities.

### 1. Independence and Prevention:

This area includes a range of contracted services that have an outcome for people to remain independent and in control of their own care, supported to remain in their own home where this is appropriate.

#### Assistive Technology

Assistive technology includes basic equipment to support activities of daily living through the Telecare and Telehealth technologies, all of which help us move towards the outcome where customers can remain independent in their own community. In 2012/13, we have seen a 20% increase in activity in this area.

Assistive technology intention and business opportunities:

- Customers to be able to access assistive technology equipment and services of their choice at a competitive price paying either privately or via direct payments.
- A broad range of flexible technology based services to support people to remain living safely and independently at home
- We have identified this area as key for development and growth for both us and the Clinical Commissioning Groups

#### Brokerage

National policy identifies an expectation that everyone, including those eligible for support from their local authority and self-funders, has access to independent advice and support to help them develop their care and support plan and to

help them choose how their needs could be best met.

It is our intention to redefine and reshape the brokerage and care support service we wish to commission.

The new service will include:

- Responsibility for our existing and future services,
- Supporting on-going management of those services as and when required,
- Ensuring that customers, whether direct payment recipients or self-funders, have access to information, advice and support to make informed decisions about their care,
- Supporting customer to identify, purchase and manage services which meet their needs.

Brokerage intentions and business opportunities:

- The newly commissioned service will be an important part of meeting our ambition for individual payments (personal budgets or direct payment) to increase to 40%, however it will be just one element of a range of support we will need to make available locally to assist people to have more control over their care needs,
- Establish a third sector provider network to ensure that organisations are aware of opportunities and commissioning intentions in order for them to identify potential for diversification among existing organisations,
- Engage flexibly with micro providers,
- During 2014 we will be rationalising and refocusing investment and will be looking at opportunities to have a single Brokerage contract to consolidate a number of individual contracts through a consortium approach. It will remove duplication, improve the focus and impact of work and make best use of shared resources. It also builds on other successful examples locally, such as in the field of advocacy.

## 2. Supported Care

This area includes a range of commissioning intentions that focus on supporting people to be as independent as possible whilst receiving the care that is needed.

Population data (Data source- see appendix 1)	2012	2014	2016	2018	2020	% change
Aged 18-64	200,400	198,500	197,000	195,700	194,000	-3.2
Aged 65 and over	64,000	67,800	70,700	73,100	75,200	17.5
Aged 85 and over	8,300	8,900	9,600	10,200	10,900	31.3

### Learning disabilities

Within Cheshire West and Chester the forecast suggests there will be an increase in customers who may have moderate or severe learning disabilities between now and 2020;

- There are 5880 adults with learning disabilities of which 1,255 are likely to be known to current services,
- Over 700 people are supported externally (predominantly supported living) through the Learning Disability Providers Framework
- 87 people are in supported living via Vivo Care Choices - Public Service Mutual (for more Public Mutual information see appendix 3).
- Day services are provided predominantly through Vivo Care Choices (288 people supported)

Learning Disabilities intentions and business opportunities:

- There is a limited respite provision in Northwich both provided by the CWaC and externally.
- By 2029, our customer base is expected to change with a potential 3% decrease in under 65s, but 42% increase in over 65s,
- We aspire to support more individuals to take control and self manage their care needs- opportunities in the personal assistant market especially through the changes in the market created by direct payments

### Carers

There are 34,971 adult carers in Cheshire West and Chester which is about 10% of the population, 7,093 of whom are providing unpaid care for fifty hours a week or more.

From April 2011 to March 2012 the Adult Social Care and Health Directorate assessed 3,260 carers. Of these 899 received services and 2,361 received information and advice only.

There are five main priorities for carers at Cheshire West and Chester Council

- Identification and recognition,
- Realising and releasing potential,
- A life outside of caring,
- Supporting Carers to stay healthy,
- Joint plan with Health Colleagues throughout Cheshire West and Chester Borough.



**Carers intentions and business opportunities:**

- Estimated 8,000 young carers in Cheshire West and Chester,
- Out of four secondary schools, 63 young carers are being supported by the local Young Carers Service,
- Out of four primary schools in Cheshire West and Chester there are 71 young carers currently receiving support from the Young Carers Service,
- Out of 150 young carers 139 receive free school meals ,
- Of these 150 young carers 10% care for a parent with physical disability or a life limiting disease or illness, 30% care for a parent with a severe mental illness, 37% care for a parent with entrenched substance misuse and 73% care for a parent with a dual diagnosis of mental illness and combined substance misuse.

**Information Advice and Guidance (IAG)**

Information and advice has a key role to play in the strategic shift towards early intervention and prevention and in supporting self-direction and personalisation. The availability of accurate, accessible and appropriate information and advice is essential for good decision making.

The aim of providing information, advice and guidance service is to ensure that everyone with a social care need, no matter how large or small, or regardless of funding, can find the information to meet their need, in a form and through a channel appropriate to them.

Currently we have a range of information and advice services which are delivered through web based services, in house social care and health teams, voluntary sector organisations and also through specialist services.

**IAG intentions and business opportunities:**

- Develop IAG services delivered internally and through partners into a single coherent and coordinated strategy and ensure that this information is easily available to all residents.

**Day Opportunities**

Demand for traditional building based day care is declining and we are seeing an increase in the number of requests (especially from people using direct payments) for flexible day services that meet customer requirements and different lifestyles.

Between 2011/12 and 2012/13 we saw the following changes in customer numbers for day care:

**Aged 18-64:**

- 28% decrease in customers with a physical disability
- 7% decrease in customers with a mental health disorder
- 2.8% decrease in customers with a learning disability

**Aged 65 and over:**

- 12.7% decrease in customers with a physical disability
- 1.2% increase in customers with a mental health disorder
- No increase/decrease in customers with a learning disability

We want to see growth in locally based services enabling people to remain active and involved within their local communities.



Day opportunities intention and business opportunities:

- Flexible and responsive services available seven days a week and at times to suit both customers and their carers (move away from Monday to Friday 9am – 5pm services),
- Opportunities within communities,
- A broader more flexible range of day opportunities for older people,
- Empower customers to use direct payments according to their needs, ensuring they are not discriminated.

### Short Breaks

These services currently rely too heavily on traditional bed based services. A broader more flexible range of respite services for older people and their carers is needed.

Respite Services intention and business opportunities:

- A combination of planned and crisis respite provision,
- Strengthen and simplify direct payment route to allow customers and carers to have more choice and control over the services they buy without this feeling like an additional burden,
- Services based in people's own homes,
- Services that offer respite from a few hours to a few weeks.

### Care at home

With a growing older population and increases in the number of people with health problems, we will see a rising need and demand for care at home.

- 2011/12 compared to 2012/13 data shows a rise in demand has already occurred in our care at home services, with the overall figures showing a 7.2% rise in demand among customers aged 18-64 and 9% rise for customers aged 65 and over,

- For those with learning disabilities requiring care at home, there was a 6.5% increase for customers aged 18-64 and 11.1% increase in those aged 65 and over,
- Our data also shows a 39.5% increase of customers requiring care at home with a mental health disorder aged 18-64.

Care at home intention and business opportunities:

- High quality, consistent, reliable, person centred services which are delivered by a highly skilled workforce,
- More flexible and responsive services that enable choice and independence with direct payments,
- Opportunities in providing personal assistants,
- Focus on reablement approach to ensure people are supported to regain or retain their optimum level of independence for as long as possible,
- Ability to support people with more complex needs, for example people with dementia, to remain living at home for as long as possible.



## End of life care

We want to support customers with incurable illnesses to live as well as possible until they die and provide support to families throughout this stage of a loved one's life. This includes customers in residential and nursing homes in partnership with both Clinical Commissioning Groups.

We are taking a 'whole system' approach to enhance end of life care across the health and social care pathway. Supporting people to have a dignified death and die in a place of their choice, whilst raising the profile and contribution of social care at the end of life.

### End of Life care intention and business opportunities:

- We are aware that some of our providers from across various organisations, including the third sector, provide a range of services across the end of life service. Many will have a strong understanding of patients and carers preferences and needs. We would like to work together to develop high quality, person-centred care which is well planned, co-ordinated and monitored while being responsive to the individual's needs and wishes.
- There will be further roll out of 'six step modules' including promoting and working with domiciliary providers to achieve this outcome.

## Housing with Care

Supported housing options are critical for older people to remain independent and living within their own homes for as long as possible and avoiding a move into long term care. We have an extensive programme of extra care housing development across Cheshire West and Chester, however this still falls short of the speed of growth in affordable supported housing options required to meet the level of need.

Housing with Care intention and business opportunities:

- We currently have 368 apartments that offer housing with care and we aim to provide older people with an additional 484 homes in extra care housing developments by 2016 (of the current 368 apartments, 266 are rentals and the remaining ones are shared ownership or owned by the resident),
- Creative supported housing solutions for older people offering both home ownership and rental opportunities are required across Cheshire West and Chester

\*Additional information can be found on the extra care housing pages of our website.

## 3. Living Well

This area aims to ensure that services are commissioned in a more streamlined way that creates a better quality experience for our customers.

### Preparing young people for adult social care services (transitions)

We recognise that the transition from children's services into adult services needs to be seamless to ensure our customers are not only ready for any changes, but are supported through them upon reaching the age of 18.

#### Current position

- 20 -30 young people move from children's to adult social care each year, however we forecast approx 50 individuals entering adult services in the next 2-3 years. This group are likely to have substantial care needs,
- We have established an inter-agency transitions group,
- We have introduced a joint funded 'transitions' senior practitioner

Transitions intentions and business opportunities:

- demand for local provision and continuity of support,
- specialist outreach, supported living services and overnight short breaks,
- support services with the Continuing Health Care (CHC) element,
- services registered with both CQC and Ofsted to enable providers to start working with young people even from the age of 14 if appropriate,
- providers approved through the Learning Disability Provider Framework,

- providers with established links or willing to work closely with local educational/training establishments and local employers,
- we are working in partnership to look at areas of possible joint commissioning through discussions with children, adults and health commissioning groups.

\*Budgetary Implication - Young people with learning disability reaching adulthood in the coming years and will be supported by the Strategic Commissioning Directorate.

### Budgetary Implication at Mid Point of Cost Banding

Adults responsible	2014-15	2015-16	2016-17	2017-18
1 August 2014	480,133	720,200	720,200	720,200
1 August 2015	332,800	499,200	499,200	
1 August 2016	811,200	1,216,800		
Cumulative impact	480,133	1,053,000	2,030,600	2,436,200



## Mental Health

Within Cheshire West and Chester the forecasts suggest the following with regards to mental health:

Predicted to have a common mental disorder in Cheshire West and Chester (Data source- see appendix 1)	2012	2014	2016	2018	2020	% change
Aged 18-64	200,400	198,500	197,000	195,700	194,000	-3.2

Current position:

- We support 256 people with a mental health disorder,
- Our commissioning spend is £4.7 million per annum,
- We currently purchase and procure on an individual basis,
- We have services procured from 63 providers,
- We have 19 placements in external areas, 2 of which are outside the Borough.

**Mental Health intention and business opportunity:**

- Currently 12% of bed days in our hospitals are occupied by Mental Health users. We want to reduce the need of Mental Health admissions by improving preventative services and ensuring our services are easily accessible.
- Emergency admissions are currently higher than average (NEPHO). This is an area of considerable importance and we want to work with providers and partners to reduce it.

## Housing Support Services

The findings from consultations and surveys carried out for our Supporting People Needs Assessment (2011), revealed the four main areas people want support with to enable them to sustain or gain a tenancy, which are:

- Maximising income,
- Debt management,
- Managing substance misuse,
- Finding and securing settled accommodation.

**Housing Support intention and business opportunities:**

- Identify ways to simplify information to identify people at risk of developing complex needs or reaching a crisis point and to provide intervention work earlier.
- Develop generic floating support options that include support for elements of resettlement and remaining in tenancy.
- Reduced time in supported accommodation and greater focus on independent living with support.



#### 4. Other commissioning areas:

Additional commissioning areas include health and wellbeing elements, public health and contracts that are under review and include the following:

##### Strokes

Care for customers who have had a stroke is a primary area for us and by working with our health partners we want to encourage early discharge services and reablement services. This will see customers able to recover in a place of their choice, such as their own home or other surroundings of their choice which give them back control over their care.

We are aware that the number of customers having strokes is expected to rise as follows:

Predicted to have a longstanding health condition caused by a stroke in Cheshire West and Chester (Data source- see appendix 1)	2012	2014	2016	2018	2020	% change
Over	1,475	1,565	1,639	1,701	1,767	19.8

The Council has worked closely with both Clinical Commissioning Groups (CCGs) and invested the Department of Health ring fenced 'Stroke Grant' into an enhanced reablement support service. The outcome being to support people to regain their confidence after the intensive reablement support has finished assisting people to develop new skills, engage in meaningful activity including volunteering and return to work. There will be opportunities for providers to support us in achieving our outcomes.

##### Dementia

We have jointly commissioned the Dementia Advisor Service pilot using Department of Health Memory Funding and Adult Social Care and Health Third Sector funding to achieve a unique partnership between Cheshire Fire and Rescue Service, Age UK (Cheshire) and Alzheimer's Society. The outcome is to identify people with memory impairment or a formal diagnosis of dementia as early as possible to ensure they have access to a range of services that can support people as their needs change along the care pathway. We are working towards sustainable funding for the above service.

Following the recent Prime Ministers Challenge on dementia, we will support customers with dementia and their carers to provide information and high quality care to ensure, where possible, customers remain active and engaged within their community.

In Cheshire West and Chester the number of customers aged over 65 suffering with dementia is expected to rise to over 5,500 by 2020 as forecasted below:

Predicted to have dementia in Cheshire West and Chester (Data source- see appendix 1)	2012	2014	2016	2018	2020	% change
Over	4,389	4,632	4,900	5,192	5,517	25.7



In 2012/13 we saw an increase of 7.23% in the number of customers over 65 with dementia. Of these customers, over 55% received community based services, instead of being placed into residential or nursing care. We would like to continue in this direction ensuring that those with dementia are supported in their own home or familiar surroundings.

### **Community Meals and luncheon clubs**

Community meals and luncheon clubs can provide valuable social contact as well as ensuring that our customers receive a hot meal. They can also help maintain links with local communities and develop friendships.

There are opportunities for communities/small businesses/social enterprises and providers to develop luncheon clubs and offer delivery of hot meals to customers

### **Accessibility to services**

Disability can often result in the loss or limitation of opportunities to be part of the society on an equal level with others due to the 'barriers' which exist in society. The three main barriers to participation are:

- Environment (inaccessible buildings and services)
- Attitudes (stereotyping, discrimination and prejudice)
- Organisations which operate inflexible procedures and practices

We want to work with our partners to help ensure that services and facilities are accessible for all our customers.





## 4) Further opportunities for business change

Along with more specific commissioning intentions already stated, we anticipate additional business opportunities to become available:

(This list is not exhaustive)

- Building links in the community- attending education, recreation, social and support activities,
- Setting up “pay as you go” day services, activities or clubs for those who want to move away from the existing models of day care,
- Helping to ensure the safety of those with direct payments by assisting with the management side to private hire of personal assistants such as recruitment, payroll, CRB checks and training,
- Supporting customers to remain independent when they complete everyday domestic tasks such as shopping, going to the doctors, gardening. Where help can come in a form that advises customers how to do it themselves or with minimal support rather than traditional ways of doing it for them,
- Helping customers to equip and adapt their homes so they can remain their safely and maintain their independence,
- Supporting and advising customers to access and use different modes of transport to enable them to remain independent in their local area (or access activities outside their area),
- Variety of “on demand” sitting in or living in services along with rapid response and reablement help services could help customers and their carers as and when needed,
- Innovative social, educational, recreational and wellbeing opportunities and activities for customers with learning disabilities,
- Collective purchasing arrangements (group of individuals purchasing services or goods together) and development of microenterprises (sole traders, or small groups of less than 5 staff set up to build services around the needs of a specific group of people) that could shape the care and support market directly.

Co-production:

- There is an opportunity for customers to become more involved and influential in the way services are provided rather than expecting customers to fit to the service.
- We want to work with providers from a range of sectors who can demonstrate ways in which we can work together to achieve longer term outcomes that will help us provide the best services for our customers,
- We believe there is also an opportunity to develop our partnerships with service providers around developing the ‘single care framework’,
- We want to work with our providers to facilitate the development and stimulation of the local market to ensure that the needs of customers can be met.

## 5) Quality assurance

Co-production, shared decision making and local, demand led services that meet our customers' needs are both our aim and the aim for Government. This aim is also coupled with a drive to reduce spending and increase the quality and accountability of the services we deliver at all levels.

We expect our customers to have a choice in terms of services that are on offer especially with the increased usage of direct payments from the current 20%, to 40% of our customers by 2015. Our expectations continue in that we expect high quality services that help customers to become or remain independent. In time we want to see our customers manage their own

care in their own 'home', in a way that suits them and to their own budget.

We intend to develop a single care framework that works towards improving the quality of services, rather than focusing on the activity in the services. This will create a generic framework that will cover all relevant aspects of care and looks to bring providers together to deliver care. To develop the framework and a single performance reporting mechanism, we would like to work in a co-productive way with our current and potential providers to achieve this.

## 6) Funding

We are developing a commissioning plan which shows our expenditure on contracts, compared to the direction of travel that we intend to go in between now and 2017. This plan also links with the outcomes and aims and objectives that are needed to deliver the best possible services to our customers. We intend to see a shift in spending, moving away from interventions that currently cost too much money and instead, investing in the more preventative services and interventions that promote independence and improve people's wellbeing.

Funding or tender opportunities will present themselves on the Council's e-procurement website called the Chest. Registration on the Chest is free and once registered providers can

take part in the bidding process (<http://www.the-chest.org.uk>). We understand that this process can appear daunting for some of our smaller providers and third sector organisations. However, we do not want you to be put off by this bidding process. We advise, where relevant and appropriate, consortia and partnerships are developed between smaller organisations to share skills and experience with the support of the council.

We recognise that local knowledge and experience helps to make a supportive community in Cheshire West and Chester and by working together, we can deliver tailored services that customers want to use.

## 7) The Altogether Better Programme and Partnership Working

The Altogether Better Programme is West Cheshire's approach to Whole Place Community Budgets, with organisations from across the public sector working together to design services, systems and interventions that can address social issues that impact on a number of organisations. This programme highlights the Local Authorities commitment to collaborative working with local partners to develop and implement shared solutions to shared challenges.

There are a number of key projects within the Altogether Better Programme, addressing a range of issues from Early Years Support, Employment and Skills Training, and Domestic Abuse. One of the most important elements of this initiative is the Ageing Well Programme, which is designed to promote partnership working between Health and Social Care partners to address the rising demand that is being placed on services through an ageing demographic. We believe that by working in partnership with other organisations we can design more efficient and effective outcomes, reducing duplication and overlap between services, and there are four key work-streams to this work:

- An improved approach to self-care, maximising the potential of personalisation, shifting power and responsibility to citizens.
- Developing Stronger Communities, creating an environment to foster and support community and voluntary activity.
- Integrated locality teams aligned to GP surgeries – bringing together health, social care, the voluntary and community sector, and other professionals. Joint case work.
- A new funding and contractual model which provides the right incentives to have a model of care which shifts activity and resources from inappropriate acute setting towards community-based care

Through this Programme this Local Authority will spend the coming years looking at new procedures and methods to:

- Identify customers in need, or at risk,
- Develop information strategies that support customers to provide 'self care',

- Build community capacity through promoting mutual support,
- Build community capacity through small care and support business,
- Link customers, communities and services through a model of care-co-ordination,
- Review and adapt the role of professional staff,
- Developing measures of success through outcome based commissioning,
- Increase customer uptake of direct payments and personal health budgets,
- Increase customer uptake of technological support-services,
- Improved housing-related support for customers.

If you would like to read more about the Altogether Better programme please see appendix 3.

Building on the success of the Altogether Better Programme, partners are keen to further extend these principles of partnership working and integration to achieve wider benefits across the Borough. This work will be supported through the proposals that we are developing for the Government's national Better Care Fund. This fund will allow Health and Social Care partners in West Cheshire to pool resources to allow joint investment in services and interventions that benefit both partners and support us to invest in joint priorities.

Partners across West Cheshire have also begun working with our East Cheshire partners through the Connecting Care in Cheshire programme to further extend the benefits of collaboration. This initiative has been included as one of 14 national 'Pioneer Places' under the Department of Health's flagship scheme to integrate care and support. This programme is supported by both Local Authorities, and all four local Clinical Commissioning Groups.

Our inclusion as a Pioneer Place is as a strong endorsement for the progress that has already been made in the field of partnership working, and presents an exciting opportunity to extend this work to new services, models and partners.



## 8) Next steps

If you would like to access further information around our commissioning intentions please see our suggested reading guide in appendix 3.

Should you have any specific requests or specialist area queries, comments or suggestions that should be included in future updates of this market position statement, please email us:

[commissioningandcontracts@cheshirewestandchester.gov.uk](mailto:commissioningandcontracts@cheshirewestandchester.gov.uk)

## Appendix 1: Population and demographic data

### Demographics: Population Data Sources

\*Source Poppi & Pansi data websites: Figures are taken from Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections available for England, published 28 September 2012, are interim 2011-based and project forward the population from 2011 to 2021.

Population projections are an indication of the future trends in population by age and gender over a period of 10 years. They are trend based projections, which means assumptions for future levels of births, deaths and migration are based on observed levels mainly over the 2006-2010 period, as used in the 2010-based subnational population projections. They show what the population will be if recent trends in these continue. The projections do not take into account any future policy changes.

### Current Services and future Commission trends: Data Sources Learning Disabilities, Mental Health, Stroke, Dementia Data source

Data sources: Projecting Older People Population Information System [www.poppi.org.uk](http://www.poppi.org.uk) and Projecting Adults needs and service information System [www.pansi.org.uk](http://www.pansi.org.uk). More accurate forecasts will be available when the Census data 2011 is released.

To see future updates this data (expected to be available from Autumn 2013) please contact Cheshire West and Chester's Research and Intelligence team: Research Team, HQ, Nicholas Street, Chester CH1 2NP; call: 0300 123 8 123 or email: [research@cheshirewestandchester.gov.uk](mailto:research@cheshirewestandchester.gov.uk)

The data in the following section is based on 2011 estimates from the Office for National Statistics. For more accurate forecasts based on the latest census data, please see [www.doric.org.uk](http://www.doric.org.uk) from summer 2013 onwards.

- Total population forecast to increase by 8% to around 352,800 in 2029
- The number of children will increase; by 2029 there will be around a thousand more children than in 2009
- Workforce will continue to age until around 2018
- Population aged 65 or above will increase by over 50% to 92,100 by 2029
- Those aged 85 or above will more than double to 16,300 by 2029.

For more information please see:

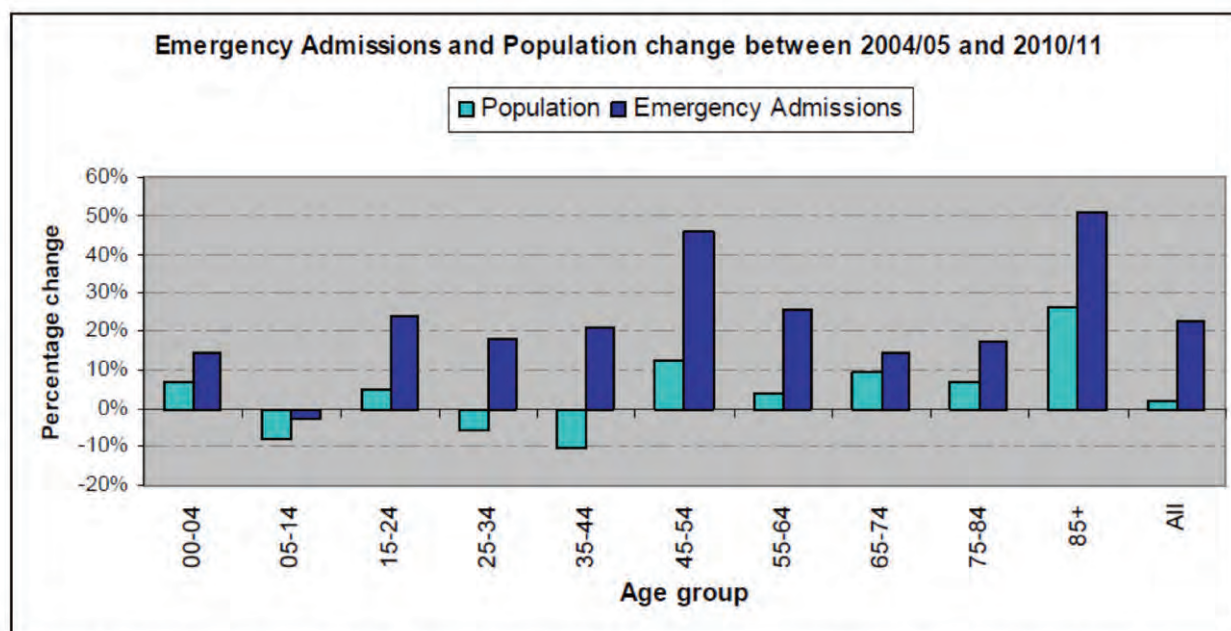
<http://www.doriconline.org.uk/Resource.aspx?ResourceID=1071>



Below is data from our Joint Strategic Needs Assessment – Health Needs in Western Cheshire:  
 The full document can be found here:

<https://www.doriconline.org.uk/Resource.aspx?ResourceID=1092>

Page 3: “Our population has been ageing over a number of years and services have been seeing the impact but not all the increased demand for services is attributable to demographic change. For example, between 2004/05 and 2010/11 our population increased by 2% and in some age groups increased more dramatically – the number of over 85s increased by 26% yet overall emergency hospital admissions increased by 23%. Demographic change can only explain a 6% rise in emergency admissions over this period. In both middle-aged and older people our age-specific rates of emergency admissions have been increasing. There has been a marked increase in admissions for ‘symptoms and signs’ and to a lesser extent ‘injuries and poisonings’ over this time period. This increase will be due to a combination of changing public expectations, changes in how services respond or technological advances. There has been an increase in people staying very short lengths of stay in hospital across all age groups but in the very old there has also been an increase in those staying longer so now a greater proportion of emergency bed-days are accounted for by older people.”



Source: Open Exeter GP Practice Registers, Inpatient dataset, Cheshire ICT Data Warehouse

These tables aim to highlight some of the changing figures with regards to the various health factors for those aged 65 and over and 18-64.

Health factors that may affect demand of services in Cheshire West and Chester (Data source- see appendix 1)	2012	2014	2016	2018	2020	% change
Total population aged 65 and over with a limiting long-term illness	30,120	31,897	33,299	34,517	35,690	18.5
Total population aged 65 and over unable to manage at least one domestic task on their own	25,820	27,165	28,479	29,840	31,198	20.8
Total population aged 65 and over unable to manage at least one self-care activity on their own	21,207	22,308	23,374	24,435	25,504	20.3
People aged over 65 predicted to have a moderate or severe visual impairment	5,570	5,891	6,155	6,406	6,679	19.9
Total population aged 65 and over predicted to have a moderate or severe hearing impairment	26,766	28,238	29,621	30,920	32,545	21.6



Health factors that may affect demand of services in Cheshire West and Chester (Data source- see appendix 1)	2012	2014	2016	2018	2020	% change
Total population aged 18-64 predicted to be living with a parent	393	390	388	384	378	-3.8
People aged 18-64 predicted to have a moderate or serious personal care disability projected to 2020	9,870	9,772	9,758	9,823	9,867	0.3

1, 2, Data sources: Projecting Older People Population Information System [www.poppi.org.uk](http://www.poppi.org.uk) and Projecting Adults needs and service information System [www.pansi.org.uk](http://www.pansi.org.uk). More accurate forecasts will be available when the Census data 2011 is released. To see future updates this data (expected to be available from Autumn 2013) please contact Cheshire West and Chester's Research and Intelligence team: Research Team, HQ, Nicholas Street, Chester CH1 2NP; call: 0300 123 8 123 or email: [research@cheshirewestandchester.gov.uk](mailto:research@cheshirewestandchester.gov.uk)

## Appendix 2: Commissioning Intentions

The contracted areas below are separated into tables that outline our current commissioning intentions.

Please note in the following tables where areas are outlined as 'decrease' a full consultations will take place prior to any decisions being made. These tables aim to show a possible market direction based on current data and trends to help providers, community and third sector plan future roles and functions and identify the possible future funding opportunities.

Altogether Better		Current contracted services Programme	Commissioning activity forecast
INDEPENDENCE AND PREVENTION	SELF CARE	1. Reablement and wellbeing	↑
		2. Intermediate Care	↑
		3. Short term rehabilitation	↑
		4. Telecare	↑
		5. Equipment and adaptation	↑
		6. Direct Payments and Brokerage	↑
		7. Transport Services	↓
	STRONGER COMMUNITIES	8. Third Sector	↔
		9. Information and guidance	↑
		10. Capacity Building	↑
		11. Carers	↑
		12. Delayed discharges	↑
SUPPORTED CARE	SELF CARE	13. Day Care	↓
		14. Domiciliary Care (Adults inc LD and MH)	↔
		15. Domiciliary Care support LD	↓
		16. Extra Care Housing	↑
	STRONGER COMMUNITIES	17. Respite Care (older people)	↔
		18. Residential Care (older people)	↓
		19. Dementia Res Care	↓
		20. Nursing Care	↔
LIVING WELL	21. Dementia Nursing Care	↑	
	22. Mental Health Services	↔	
	23. LD Day care SLE	↓	
	24. LD Residential care	↓	
	25. Transitions	↑	
	26. Shared Lives	↑	
	27. Domestic Abuse	↔	
	28. Review of specialist LD Accommodation Services	↔	
	29. Floating Support	↔	
	30. Home Improvement Agency	↑	
	31. Dementia Mental Health	↑	

The areas in the tables are not an exhaustive list and subject to changes.

## Appendix 3: Suggested reading guide

Strategic Commissioning Plan for Independence, Health and Wellbeing: Cheshire West and Chester Council- Available on [www.cheshirewestandchester.gov.uk](http://www.cheshirewestandchester.gov.uk), via Your Council; Policy and performance; Council Plans, Policies and Strategies.

<http://www.doriconline.org.uk/> : for some of the latest local data and statistics.

<http://www.westcheshireccg.nhs.uk/> : for further information and publications from West Cheshire Clinical Commissioning Group.

<http://www.altogetherbetterwestcheshire.org.uk/> : For further information on the Altogether Better Community budgets programme and themes. Most relevant will be Ageing Well.

Joint Strategic Needs Assessment

[http://www.cheshirewestandchester.gov.uk/your\\_council/key\\_statistics\\_and\\_data/jsna.aspx](http://www.cheshirewestandchester.gov.uk/your_council/key_statistics_and_data/jsna.aspx)

Supporting People Strategic Needs Assessment (2011):

[http://www.cheshirewestandchester.gov.uk/residents/housing/supporting\\_people/providers.aspx](http://www.cheshirewestandchester.gov.uk/residents/housing/supporting_people/providers.aspx)

For general information on Public Service mutuals see:

<http://www.number10.gov.uk/take-part/public-services/start-a-public-service-mutual/>

Prime Ministers Challenge on Dementia: Available via Department of Health website:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_133170](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133170)

Adult Social Care & Health Shaping the Future Together

[http://cwsocialenterprise.co.uk/wp-content/uploads/2012/01/ASCH-Blueprint\\_final\\_low-res.pdf](http://cwsocialenterprise.co.uk/wp-content/uploads/2012/01/ASCH-Blueprint_final_low-res.pdf)



## Commissioning Plan Glossary of Terms and Acronyms

<b>ASOF/ASCOF</b> - Adult Social Care Outcomes Framework	<b>LSCB</b> - Local Safeguarding Children's Board
<b>LD</b> - Learning Disability	<b>AMHP</b> - Approved Mental Health Professional
<b>LD Framework</b> - The framework covers all learning disability services, including day care, supported living and residential care, includes a set of quality standards and a list of providers assessed as having met them, and caps prices for services.	<b>Floating Support</b> - is a service that provides housing related support to vulnerable adults (over 16) to enable them to maintain their independence in their own home
<b>GP</b> - General Practitioner	<b>LTS</b> - Long Term Sickness
<b>CCG</b> - Clinical Commissioning Groups	<b>CSCs</b> - Community Support Centres
<b>ABC</b> - Altogether Better	<b>LOS</b> - Length of stay
<b>CCIL</b> - Cheshire Centre for Independent Living	<b>OOA</b> - Out Of Area
<b>SLE</b> - Single Legal Entity	<b>RSLs</b> - Registered Social Landlords
<b>DP</b> - Direct Payments	<b>EC Model</b> - Extra Care Model
<b>DA</b> - Domestic Abuse	<b>CHC</b> - Continuing Health care
<b>PA</b> - Personal Assistants	<b>PH</b> - Public Health
<b>HIA</b> - Home Improvement Agency	<b>LA</b> - Local Authority
<b>JSNA</b> - Joint Strategic Needs Assessment	<b>NCB</b> - National Commissioning Body
<b>CWAC</b> - Cheshire West and Chester Council	<b>FNP</b> - Family Nurse Partnership
<b>LTC</b> - Long Term Conditions or Long Term Care	<b>NEPHO</b> - North East Public Health Observatory
<b>Step Up and Step Down Model of Care</b> - 'step up' care is for primary care patients who require a short period of rehabilitative care for a long term condition or 'step down' care for patients who aren't quite well enough to go back to their home or carers.	<b>Six Step Modules</b> - guidance which has been produced to ensure that the needs of dying patients and those closest to them are paramount whilst services are commissioned and developed around them
<b>Acute</b> - is a branch of secondary health care where a patient receives active but short-term treatment	

## Accessing Cheshire West and Chester Council information and services

Council information is also available in Audio, Braille, Large Print or other formats. If you would like a copy in a different format, in another language or require a BSL interpreter, please email us at **equalities@cheshirewestandchester.gov.uk**

إذا أردت المعلومات بلغة أخرى أو بطريقة أخرى، نرجو أن تطلب ذلك منا.

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

Pokud byste požadovali informace v jiném jazyce nebo formátu, kontaktujte nás

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

ਜੇ ਇਹ ਜਾਣਕਾਰੀ ਤੁਹਾਨੂੰ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਚਾਹੀਦੀ. ਤਾਂ ਇਹ ਸਾਥੋਂ ਮੰਗ ਲਵੋ।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

Türkçe bilgi almak istiyorsanız, bize başvurabilirsiniz.

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

**Tel:** 0300 123 8 123 **Textphone:** 18001 01606 867 670

**email:** equalities@cheshirewestandchester.gov.uk

**web:** www.cheshirewestandchester.gov.uk

## Cheshire West and Chester Council

58 Nicholas Street, Chester CH1 2NP

**Tel:** 0300 123 8 123 **Visit:** cheshirewestandchester.gov.uk