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Health and Adult Social Care Scrutiny Committee

Agenda

Date:	**Wednesday, 13th January, 2010**
Time:	**10.00 am**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Declaration of Interests/Party Whip**

   To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests or members to declare the existence of a party whip in relation to any item on the agenda.

3. **Public Speaking Time/Open Session**

Please contact	Denise French on 01270 686464
E-Mail:	denise.french@cheshireeast.gov.uk with any apologies or requests for further information or to give notice of a question to be asked by a member of the public

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes but the Chairman will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers.

Note: In order for officers to undertake any background research it would be helpful if members of the public notified the Scrutiny officer listed at the foot of the agenda, at least one working day before the meeting, with brief details of the matter to be covered.

4. **Minutes of Previous meeting** (Pages 1 - 6)

To approve the minutes of the meeting held on 18 November 2009.

5. **The Cheshire and Wirral Councils' Joint Scrutiny Committee** (Pages 7 - 10)

To receive the minutes of the meeting of The Cheshire and Wirral Councils' Joint Scrutiny Committee held on 30 November 2009.

6. **North West Ambulance Service**

To receive a presentation from representatives of the North West Ambulance Trust on the re-inspection by the Care Quality Commission and the latest position with the Foundation Trust application.

The Ambulance Trust will be represented by Sarah Byrom, Director of Performance and Patient Experience and Tim Butcher, Assistant Director Performance Improvement.

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7. **The financial situation of Central and Eastern Cheshire Primary Care Trust and Cheshire East Council (Adult Social Care service)**

At previous meetings Members have received the Primary Care Trust (PCT) Sustainability Plan together with verbal updates on the PCT's financial position.

At this meeting a verbal update on both the PCT financial situation and the Local Authority's financial situation, in relation to the adult social care service, will be made.

8. **Vision and Strategy for Integrated Care** (Pages 11 - 22)

To consider a report submitted to Cabinet on 22 December on a proposed programme of work which is being developed by the Council and its NHS partners. The Strategic Director People will verbally update the Committee on the outcome of the Cabinet Meeting.

9. **Transformation of Services for Adults Phase 2** (Pages 23 - 36)

To receive a presentation updating the Committee on the current position with Phase 2 of the Transformation of Services for Adults.

The report of the Strategic Director People, which was submitted to Cabinet on 3 November 2009, is attached as background information.

Agenda Item 4

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**
held on Wednesday, 18th November, 2009 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor Rachel Bailey (Chairman)
Councillor G Baxendale (Vice-Chairman)

Councillors S Bentley, D Flude, O Hunter, S Jones, W Livesley, A Moran, J Wray, C Andrew, C Beard, A Martin and C Tomlinson

Apologies

Councillors S Furlong

1 **ALSO PRESENT**

Councillor R Domleo, Portfolio Holder for Adult Services;
Councillor A Knowles, Portfolio Holder for Health and Well Being;
Councillor A Thwaite, Chairman of Corporate Scrutiny Committee

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest made.

3 **MINUTES OF PREVIOUS MEETING**

RESOLVED: That the minutes of the meeting of the Committee held on 16 September be approved as a correct record.

4 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present who wished to address the Committee.

5 **THE CHESHIRE AND WIRRAL COUNCIL'S JOINT SCRUTINY COMMITTEE**

The Committee considered the minutes of the meeting of the Cheshire and Wirral Councils' Joint Scrutiny Committee held on 8 October.

RESOLVED: That the minutes be received.

6 **CENTRAL AND EASTERN CHESHIRE PRIMARY CARE TRUST COMMISSIONING STRATEGIC PLAN 2009 - 2016**

Fiona Field Director of Governance and Strategic Planning, Central and Eastern Cheshire Primary Care Trust (PCT), presented the Commissioning Strategy 2009 – 16, Refresh of Terminology Document. The document was a draft but was submitted for Members' comments.

The PCT's ambition as described in the document was "To work with others to achieve sustainable improvements in health and wellbeing of the population and to reduce inequalities in health". There were 4 Visions:

- Healthy Communities;
- Accessible Healthcare;
- Better Healthcare;
- High Performing Trust.

For each Vision, a number of Success Outcomes were listed together with Accountable Measures. This was expanded upon in sections headed "A step change to…" whereby the Trust outlined "What We Did" (actions undertaken), "What you think" (stakeholder feedback and images of performance activity) and "How we performed" (accountable measures of performance).

During discussion of the Document the following issues were raised:

- That the PCT target for ensuring the numbers of stroke patients who received physiotherapy assessment within 72 hours was to ensure that the national target was consistently met; there were enough trained physiotherapists to deliver the service following a national drive a few years ago;
- Current issues for the PCT included Chlamydia screening rates, Teenage Pregnancy rates and the 4 hour waiting time for Accident and Emergency, there were also continuing issues around the 18 week target for hospital treatment and the impact of the new proposals announced in the Queen's Speech.
- Members noted new proposals in relation to Sex and Relationship Education in schools.

RESOLVED: That the report be noted.

7 CENTRAL AND EASTERN CHESHIRE PRIMARY CARE TRUST - FINANCIAL UPDATE

Fiona Field, updated the Committee on the current position regarding the Financial Sustainability Plan on which Members had been previously briefed. She explained that the PCT was still working to the Sustainability Plan and had engaged PriceWaterhouseCoopers who had validated the plan to the PCT Board as deliverable over an 18 month period.

All 53 GP Practices had had a visit from the Chief Executive and Chairman of the Trust to discuss getting the healthcare economy back into balance. The levels of referrals from primary care had now flattened out and were beginning to slightly reduce. The £30m deficit predicted previously had now reduced to a £12m deficit.

During discussion of the item the following issues/questions were raised:

- The reduction in referrals from primary care should continue with the continuing increase in use and provision of new healthcare centres;
- Dementia – this was an increasing issue due to the ageing population and was included in the PCT Strategic Plan to improve dementia services, integrate care provision and ensure dignity and respect for all. Work was underway with the 2 Hospital Trusts to look at lengths of stay in hospital for dementia patients. Intermediate care services were useful and helped to address delayed discharge from hospital;
- Pharmacies were able to offer services such as flu jabs and minor ailments; if pharmacies were interested in offering any additional services this could be discussed with the PCT;
- Whether people who were not registered with a GP would use the Accident and Emergency (A and E) unit at the hospital instead - treatment received at A and E was more expensive than treatment in primary care. The new Urgent Care Centre had recently opened at the Leighton Hospital site and to date approximately 40% of people seen there would previously have gone straight to A and E;
- The implications of the Sustainability Plan meant that Substantial Developments or Variations in Service may not be able to be raised with the Overview and Scrutiny Committee very far in advance;
- Whether the £1m cut in funding to the Cheshire and Wirral Partnership NHS Foundation Trust would be a one off or would the reduction in funding be maintained? Members were advised that the PCT had had to find savings across the whole of its service areas.

RESOLVED: That the update be noted and the impact on any future Substantial Developments or Variations in Service be discussed at the mid point meeting.

8 PANDEMIC FLU AND HPV VACCINATION PROGRAMME

The Committee was updated on the current position with Pandemic Flu. At 17 November 2009, 11,508 people had been prescribed anti viral medicine in the Primary Care Trust (PCT) patch. The Vaccination campaign was now underway with GPs contacting high risk groups to be vaccinated first; these included pregnant women, people with chronic illnesses and health and social care workers. Each GP practice had received 500 doses of vaccine and the PCT had received 500. From week commencing 23 November many more doses of vaccine would be received and a mass vaccination was still planned with children and young people to be the next in line. Those who had been treated for Pandemic Flu would still be vaccinated because it was not possible to confirm the numbers of Pandemic Flu cases as people were no longer swabbed to test for the virus. People who received the seasonal flu vaccine could have the Pandemic Flu vaccine too.

The Committee was also updated on the HPV vaccination programme which was part of the Cervical Screening programme. There was a good uptake in the PCT patch but there had been a significant reduction after a death that had occurred following vaccination which had subsequently been found not to have been connected to the vaccination. The Committee noted a publicity leaflet from the PCT outlining the reasons for girls to be vaccinated.

RESOLVED: That the update on Pandemic Flu and the HPV vaccination programme be noted.

9 VISION AND STRATEGY FOR INTEGRATED CARE IN EAST AND MID CHESHIRE

The Committee considered a draft Vision and Strategy Document for Integrated Care in East and Mid Cheshire. The Strategy's aim was to provide better, more personalised services for people and services that were efficient and effective, through integration, where possible.

Work on the Strategy had been started by officers, lead by a Programme Director, and a Think Tank was to be established which would include the Local Authority Chief Executive and key Members. A briefing was to be made to Cheshire East Cabinet Members.

A number of existing work streams would be brought together and Heather Grimbaldeston, Director of Public Health at the PCT, was to also be designated Director of Public Health for the Local Authority.

RESOLVED: That the report be noted and a more detailed report submitted to the next meeting.

10 FUTURE HEALTHCARE PROJECT - CONSULTATION RELATING TO KNUTSFORD

Fiona Field advised the Committee that the formal 12 week consultation period into the future healthcare proposals for Knutsford, had been suspended pending further consideration of site issues.

This Committee had set up a Task/Finish Panel which had held a first meeting with a second meeting planned for the following month.

RESOLVED: That the current position be noted.

11 WORK PROGRAMME

The Committee considered the current position with the Work Programme.

The North West Ambulance Service was scheduled to attend the next meeting on 13 January 2010.

It was suggested that a presentation or training session on the Telecare service would be beneficial to Members of the Committee.

RESOLVED: That the Work Programme be noted and the proposed presentation on Telecare be discussed at the mid point meeting.

The meeting commenced at 10.00 am and concluded at 12.15 pm

Councillor Rachel Bailey (Chairman)

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **The Cheshire and Wirral Councils' Joint Scrutiny Committee**
held on Monday, 30th November, 2009 at Council Chamber, Municipal Buildings, Earle Street, Crewe CW1 2BJ

PRESENT

Councillor A Bridson (Chairman)
Councillor D Flude (Vice-Chairman)

Councillors A Dawson, J Grimshaw, D Roberts, G Smith, G Watt, G Baxendale, S Jones, C Beard and C Andrew

Apologies

Councillors I Coates, C Teggin, P Donovan, P Lott, R Thompson, S Clarke and Rachel Bailey

15 **ALSO PRESENT**

Councillor B Barton, Cheshire West and Chester Council, substitute Member for Councillor R Thompson.

16 **OFFICERS PRESENT**

Mike Flynn, Cheshire East Council
Denise French, Cheshire East Council
David Jones, Cheshire West and Chester Council
Iain Crossley, Director of Finance, Economy and Market Development, NHS Western Cheshire
Dr Ian Davidson, Interim Chief Executive, Cheshire and Wirral Partnership NHS Foundation Trust
Nik Khashu, Assistant Director of Finance (Strategy and Performance) NHS North West
Tina Long, Director of Strategic Partnerships, NHS Wirral
Michael Pyrah, Chief Executive, Central and Eastern Cheshire Primary Care Trust

17 **DECLARATIONS OF INTEREST**

RESOLVED: That the following declarations of interest be noted:

- Councillor D Flude, Personal Interest on the grounds that she was a member of the Alzheimers Society and Central Cheshire Independent Advocacy; and
- Councillor D Roberts, Personal Interest on the grounds that her daughter was an employee of the Cheshire and Wirral Partnership NHS Foundation Trust.

18 **MINUTES OF PREVIOUS MEETING**

That the minutes of the meeting of the Committee held on 8 October be confirmed as a correct record subject to clarification being sought as to the views of the Parish Council regarding the Cheshire and Wirral Partnership NHS Foundation Trust proposals regarding the Soss Moss site.

19 IMPACT OF THE CURRENT FINANCIAL CLIMATE ON PROVIDERS OF MENTAL HEALTH AND ASSOCIATED SERVICES

The Committee considered a presentation by Dr Ian Davidson, Interim Chief Executive of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP).

He explained the Efficiency Agenda whereby the NHS required ongoing efficiency with levels ranging between 3.5% and 5% over the next 3 years; this meant the same volume of service needed to be provided at less cost. CWP currently had a shortfall of around £1.5 million which impacted on the financial performance leading to an impact on its financial risk rating, ability to borrow and long term financial strategy.

He advised Members that 80% of the budget for CWP came from the 3 Primary Care Trusts (PCTs) who were the main commissioners of their services:

- Central and Eastern Cheshire PCT – forecasting a £18 million deficit in 2009/10 and a £30 million deficit in 2010/11; had advised that it was not in a position to pay £1 million in funding in the current year to CWP as previously agreed, although half of this was likely to be found through technical adjustments currently under discussion. Any current impact on services was not yet defined but the PCT had indicated it was looking to reduce spend on Mental Health Services on a recurrent basis and this was likely to be a figure greater than £1m;
- Wirral PCT – currently balanced financial position but projections were deficit unless system changes introduced; work was underway with stakeholders on Mental Health Services workstream. PCT had indicated it did not want to reduce spending on Mental Health;
- Western Cheshire PCT – dealing with legacy issues around previous financial deficits but similar position to Wirral. Work was underway with stakeholders on a few workstreams including dementia and alcohol services. No indication of reduction in spend on Mental Health services.

The efficiency targets on the NHS and the financial positions of the PCTs meant services would need to be re-designed with scope to streamline and improve but service reductions could be likely in Central and Eastern Cheshire PCT's economy.

Michael Pyrah, Chief Executive of Central and Eastern Cheshire PCT, outlined three aims that the PCT was confident it could achieve:

- Get the recurrent deficit as low as possible in the current year;
- Achieve non recurrent savings of between £10 -12m in the current year;
- Return to recurrent balance by March 2011.

The pressure on the PCT budget was due to various factors including increased spending on Acute Care and Specialist care and NHS Continuing Care.

During the discussion the following issues/questions were raised:

- Western Cheshire PCT had inherited a brought forward deficit from its predecessor organisations and had a Turnaround Plan which had previously resulted in the Trust receiving a one-off non-repayable loan of £21m from the Strategic Health Authority (SHA) – was the SHA planning to provide similar financial assistance to Central and Eastern Cheshire PCT? In response, Nik Khashu, Assistant Director of Finance (Strategy and Performance) NHS North West, explained that the SHA was not planning to provide any direct financial assistance but would work with PCTs and Provider Trusts to look at achieving efficiencies while maintaining quality; it was the former Health Authority that had provided financial assistance to Western Cheshire PCT but this approach was no longer available;
- Payment by Results did not apply to CWP so it was not possible to achieve efficiencies by seeing more patients, savings made to date were around 1% efficiency savings that had not impacted on quality of service;
- It was noted that the PCT boundaries were not coterminous with the Local Authority boundaries in Cheshire which was not ideal given the importance of the PCT's having a strong working relationship with the relevant Local Authorities.
- Whether patients in different areas would get different levels of service? In response, Members were advised that services were based on needs and needs varied by area. Central and Eastern Cheshire PCT had identified 11 Priorities under World Class Commissioning and had funded mental health resources to areas of need. One target of the PCT related to Dementia services as the numbers of Dementia patients was increasing and likely to continue to increase due to the ageing population;
- Whether it would be possible to ensure any funding deficit from Central and Eastern Cheshire PCT did not impact on services to Wirral and Western Cheshire patients/service users? In response, the Committee was advised that CWP was trying to ensure all needs were met without cutting any services through redesign and efficiencies etc;
- All PCTs had been affected by the increases in Acute Care demands and the change in tariff that had been set so as to increase capacity in order to meet the 18 week target;
- There was a lot of liaison between the PCTs and also with CWP with monthly meetings held to keep the overall position under review;
- Central and Eastern Cheshire PCT had notified CWP of the proposed £1m reduction in June 2009 and had sought agreement with CWP regarding the detail from that date;
- NHS North West aimed to support all Trusts working together to help to ensure that all Trusts performed to high levels and to avoid situations where any Trust might be at risk of failing.

RESOLVED: That

(a) the representatives from the 4 Trusts and NHS North West be thanked for their attendance at the meeting and for the clarity of their responses to the issues raised;

(b) the expectation expressed at the meeting of no cuts in service delivery be noted and supported;

(c) a further update be provided to the next meeting.

The meeting commenced at 2.30 pm and concluded at 4.35 pm

Councillor A Bridson (Chairman)

CHESHIRE EAST COUNCIL

REPORT TO: CABINET

Date of Meeting:	22 December, 2009
Report of:	John Weeks, Strategic Director – People and Mike Pyrah, Chief Executive, Central and Eastern Cheshire Primary Care Trust
Subject/Title:	Vision and Strategy for Integrated Care
Portfolio Holder:	Cllr Roland Domleo, Services for Adults Cllr Paul Findlow, Services for Children and Families Cllr Andrew Knowles, Health and Wellbeing Services

1.0 Report Summary

1.1 This report contains information about a proposed programme of work which is being developed by the Council and its NHS partners.

1.2 The report contains recommendations that the Cabinet and the relevant Boards of the NHS organisations should agree those proposals and require further work to be done to develop them and to pursue their implementation.

2.0 Decision Requested

The Cabinet of Cheshire East Council and NHS Boards are recommended to:-

2.1 Agree the Executive Summary (Appendix One of this report) which sets out the vision and the outcomes of the proposed programme.

2.2 Agree that a programme of work should be taken forward to achieve greater and closer integration between the Council and its NHS partners in order to achieve improved outcomes for people who use services and the development of financially sustainable services.

2.3 Agree the Compact which describes the sort of behaviours which are most likely to foster the achievement of those outcomes. That Compact is Appendix Two of this report.

2.4 Request their officers to negotiate further about the arrangements for the joint governance of this programme, and come back with recommendations about that.

3.0 Reasons for Recommendations

3.1 One of the aspirations which underpinned the creation of the two new Unitary

Councils in Cheshire was a commitment to contributing to the development of a "Virtual Public Sector". That was seen to involve a coming together of Public Sector agencies so that those using them would experience them as coherent and co-ordinated.

3.2 The prospects for the funding of Public Sector Services over the next five years look bleak. In that situation, it will be essential for those services to pull together, to reduce costs and to get themselves into financially sustainable shape.

3.3 On 14th July 2009 the Cabinet considered and approved a report on "Jointness Between the Council and the Primary Care Trust", which had been written by the Strategic Director (People) and the Chief Executive of the Primary Care Trust. In response to the recommendations in that report it was agreed *"that the Council should seek to achieve greater jointness between itself and Central and Eastern Cheshire Primary Care Trust (PCT) and other players within the local NHS, where such jointness seems likely to be in the best interests of Cheshire East People".* The Strategic Director and the Chief Executive were asked to come back in due course with specific recommendations for taking that agenda forward.

3.4 The initial priorities for attention suggested through the early thinking about the development of the programme are around services for children and families, Urgent Care services and households which use care and health services frequently. Those suggestions align very positively with the strategic priorities both of the Council and the NHS.

4.0 Wards Affected

4.1 The recommendations in this report are relevant to the whole of Cheshire East.

5.0 Local Ward Members

5.1 Not applicable.

6.0 Policy Implications including - Climate change
- Health

6.1 One of the anticipated outcomes from the implementation of this programme is some rationalisation of the land and buildings held by the various organisations. Certainly there is a commitment between the Health and Social Care parts of the whole system to integrate teams and to achieve co-location. To the extent that that is done there can be expected to be some positive reduction in the overall carbon footprint.

6.2 This programme is very specifically aimed at improving the health, care and welfare of people in Cheshire East. Some particular outcomes are set out below in paragraph 11.4 of this report.

7.0 Financial Implications for Transition Costs (Authorised by the Borough Treasurer)

7.1 Not applicable

8.0 Financial Implications 2009/10 and beyond (Authorised by the Borough Treasurer)

8.1 There are no specific implications financially for 2009/10.

8.2 Clearly, as work on the programme progresses savings opportunities will be identified. It will also become increasingly important to think and act on a whole system basis about the ways in which money flows around that system.

8.3 The Council's Borough Treasurer, Lisa Quinn, and the PCT Director of Finance, Simon Holden, now meet together on a regular basis.

9.0 Legal Implications (Authorised by the Borough Solicitor)

9.1 There are no immediate legal implications, but as new joint governance arrangements are considered, and as the potential is identified for pooling and aligning budgets, those developments will obviously have to be subjected to the appropriate legal and constitutional scrutiny.

10.0 Risk Management

10.1 If work is not taken forward to explore and pursue integration there is a risk that members of the public and service users will perceive the two largest parts of the Public Sector within Cheshire East as being insufficiently joined up.

10.2 The financial outlook for the Public Sector as a whole in coming years suggests that organisations will face serious risks to their viability if they do not now set about the challenging task of reforming themselves to become sustainable.

11.0 Background and Options

11.1 This proposed programme has both general and particular origins:-

- **General.** Over time Local Authorities and their NHS partners have been coming closer together around health improvement and around the interface between Health and Social Care, for both children and adults.
- **Particular.** A "Summit" conducted by the North-West Strategic Health Authority in the summer of 2009 concluded that NHS organisations needed to work with their Council partners to improve outcomes for people and to get the whole system into a shape and size which will be financially sustainable in the anticipated resource context. A second, follow-up "summit" meeting took place in Blackpool at the end of November, 2009 and the Council's Chief Executive, Erika Wenzel, participated in that together with local NHS Chief Executives.

11.2 Discussions have taken place involving officers of the Council, Councillors, NHS staff and NHS Board Members. On 28th September, 2009 a "Think Tank" meeting was held which involved the Chairpersons of NHS Boards, NHS Chief Executives and Councillors Fitzgerald, Domleo, Findlow and Knowles. That "Think Tank" meeting agreed on the need to develop:-

- A Compact, by means of which each participating organisation might be held to account.
- A Vision for the programme and a definition of it.
- Some further proposals about possible joint governance arrangements

11.3 We have a Shared Vision, which is to improve the Health, Care and Wellbeing of all Cheshire East's people.

The objectives of this programme are twofold:-

- To improve the experience and outcomes for people who use services.
- To reduce costs and improve efficiency.

11.4 In particular, the outcomes wanted for people are that they should:-

- Find it easier to get the help they need
- Have more choices available to them
- Gain greater control of the resources made available to address their needs
- Get quicker and more effective results

11.5 As for a definition, the programme is an initiative to bring Commissioners of Services and Providers of Services together from across the local Health and Council system in order to transform that local "landscape", particularly by using the methodology of Care Pathways.

11.6 Care Pathways is a short-hand piece of jargon. It refers to a process of analysing and understanding the journeys experienced by people as they move along a number of defined pathways through what is a complex system. It is not just about analysis. The understanding gained is then used to redesign those Pathways so that they become shorter, have fewer stages and are altogether easier to negotiate.

11.7 The objective of reducing costs and improving efficiency ought always to underpin Public Sector activity, but it gains enhanced potency and urgency from our current situation of rising expectations, increasing demand and shrinking resources. Doing ever more of the same will not be an option. It will be imperative to extract the greatest value from every pound that is available, and to pull together to prevent and divert demand.

12.0 Overview of Year One and Term One Issues

12.1 It can be anticipated that this programme will extend beyond Term One.

13.0 *Access to Information*

Background papers relating to this report can be obtained from:-

Name: John Weeks
Designation: Strategic Director - People
Tel No: 01270 868011
Email: john.weeks@cheshireeast.gov.uk

Name: Mike Pyrah
Designation: Chief Executive, Central & Eastern Cheshire PCT
Telephone: 01606 275473
E mail: mike.pyrah@cecpct.nhs.co.uk

Name: Andy Bacon
Designation: Programme Director, East and Mid Cheshire Integrated Care
Telephone: 01606 54437
E mail: andy.bacon@nhs.net

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Appendix One

VISION AND STRATEGY FOR INTEGRATED CARE IN EAST AND CENTRAL CHESHIRE*
(East & Mid Cheshire Caring Together (E=MC^{2}gether))

"You are all very nice, but I don't know what you all do and why do you all have to ask me the same questions?" – A frequent service user comment

EXECUTIVE SUMMARY

The primary aim of the programme is to deliver services that are responsive to the needs of users by being integrated across health and social care. These services will be for individuals and the population within East & Central Cheshire's boundaries+ and will be simple to access and use. The objectives are to improve the experience and outcomes of care and to increase the productivity and efficiency of them. We will do this by organisations working more closely together, initially on a small number of priority areas of work. We expect that the results of this process will be that more services will be closer to service users (i.e. in GP surgeries, health centres, community hospitals etc). This should mean that significant inpatient services will be retained in the Macclesfield and Crewe areas, but that a few services may need to be centralised organisationally or geographically. There is evidence that integrated care can improve quality of care and the efficiency of its delivery.

We propose an incremental approach to change based on a service by service, area by area basis that may eventually lead to organisational change. Interim steps may be needed to enable urgent ("tactical") decisions to be made that will only later fit in with the overall strategy. We also suggest that variation between different geographical areas will be accepted (and is necessary in areas where the hospital or council are not the majority provider from the economy), where these do not run counter to the overall approach.

We propose an initial focus on integrating pathways from within Urgent Care, Services for sick children, young children and families, and households that use care services frequently. We will also use this as an opportunity to review the balance of expenditure between service and geographical areas. These pathways will be looked at in terms of (but not confined to): keeping people well, helping people with life events, enabling them to manage with chronic illness and limiting conditions.

We also propose that boards sign off a compact to agree certain behaviours that can foster integration. The governance arrangements and more detailed workplans will be covered in a separate paper to be presented to all boards in January 2010.

The programme will be organised around a number of workstreams that are divided into professional led "service" workstreams (e.g. Children's Services, Cardiac, etc.) and "enabling" workstreams (e.g. Workforce, Estates, Information etc.); some of

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* Key Stakeholder organisations are: ECT, MCHT, CWP, CECH, CEC, CECPCT
Associate Organisations: WC&CC, 3XPBC clusters, NWAS, OO hours providers/GP Cos/LLPs, 3rd Sector/IS Providers, 3ry referral hospitals, Specialised commissioning, Clinical/professional networks.

+ Western Cheshire and Chester Council based service users will also be covered where they fall within the CECPCT boundaries.

which already exist, some will need adjustment and some will be new. All stakeholders will be invited to provide representation in all workstreams, maximising the realignment of existing work to the integration agenda.

The programme offers significant opportunities to improve quality (improved outcomes, reduced errors and improved service user and carer experience) and decrease costs. However, there will be significant barriers to change caused by our existing cultures, financial structures and payment systems, estates, workforce and creative solutions will need to be found to overcome these barriers.

Boards are asked to agree this vision and the compact (attached) but not at this stage asked to commit new resources, but rather to align and consolidate existing work towards the integration aim. As savings are achieved, some of these should be committed to the programme so this could increase the speed of implementation of more cost effective care. Regular progress on the three initial work programmes will be reported to the boards.

Appendix Two

The Compact for Integrated Care in East and Central Cheshire

We:
Cheshire & Wirral Partnership NHS Foundation Trust
Central & Eastern Cheshire PCT
Cheshire East Council
East Cheshire Hospitals Trust
Cheshire East Community Healthcare
Mid Cheshire Hospital NHS Foundation Trust

hereby agree to enter into a compact with the organisations mentioned above to use our best endeavours for the next 24 months to:

1. Develop and implement integrated cost effective services for the patient/service users of the area. In order to achieve this we hereby agree to work together to develop:
   - Patterns of behaviour:
     - To seek to understand the behaviour of others partners and to not ascribe (nor imply) motivations to the behaviours for which there is no evidence.
     - To openly recognise both good performance and areas for development in all participants.
     - To ensure that all staff are updated on progress and to contribute to and proactively share briefing notes/newsletters etc. from the programme office.
     - To encourage a culture of innovation and change and to seek and promote the behaviours of appreciative enquiry.
   - Improved service design to enable people to live longer, better lives with:
     - Improved outcomes
     - More services to be provided closer to users
     - Some services to be provided through networks that may require users and carers to travel further
     - Specialist services to be developed to ensure safe and effective outcomes
     - Staying well for longer
     - Better coping with life events
     - Improved management of chronic conditions
   - Clear priorities of service.
     - Put the interests of the whole service, system and its users above those of any individual organisation
   - Reductions in conflicts of interest
     - To openly declare conflicts of interest/direction whether from:
       - Other commercial arrangements
       - Directions from professional/representative bodies
       - Directions from regulators (e.g. SHA, Monitor, etc.)
       - Directions from other networks (e.g. Clinical/professional networks, networks to support particular parts of the care systems, etc.)
       - Political direction whether personal, or organisational e.g. local councillor/MP/appropriate minister
   - Greater cost effectiveness

    - Put the cost effectiveness of the whole service ahead of the cost effectiveness of one part of the pathway (but to openly seek the understanding and help of others where individual interests are adversely affected) by redistribution resources to where they are most effective
    - To seek to understand, share and mitigate any risks of negative effects on other individual parts of the integrated network
    - To promote technical efficiency of all individual parts of a pathway, as well as the allocative efficiency of the optimum investment at different stages of the pathway and between different agencies
    - To fairly share the rewards for success such that they offset risks and all are incentivised for the benefit to the whole system
- Develop transparent financial arrangements:
    - To use "open book accounting" and to enter into risk, gain and loss sharing arrangements
    - To seek to understand and suggest ways to achieve savings to the whole system and to share in the benefits of the same
- Improve Information Sharing:
    - To share information that has already been produced internally
    - Provide additional information as requested (where the cost of its provision is covered by the requestor).
    - To hold information shared for this integrated project as confidential to the project and its members
    - To help to produce a shared document showing performance of the constituent parts of the health economy fairly against local, regional, national and (programme budget/like cluster) similar areas.
- Optimisation use of estates/infrastructure:
    - To share accurate and up to date information on estates
    - To allow access to estates to member of the project with reasonable notice.
    - To share details of data systems, definitions and protocols to promote integration.
    - Services to be provided wherever possible in collocated shared environments
    - The integrated system will work towards the Commissioner management of the health and social care estate.
- Effective use of workforce:
    - To share information on competencies and skills required or various jobs
    - To support staff in improving their skills, flexibility and sharing existing knowledge.
- Organisation development, design and structure:
    - To encourage staff (with due notice) to engage in collaborative meetings and to share concerns with ones that are not seen to be adding value (rather than unilaterally withdraw)
    - To support staff in their change management
- Users/Carer Patient Involvement:
    - To ensure user/carer/patient involvement in all decision making, such that we should seek to delight, empower, protect and improve the well being of them.
    - To agree any lines or statements to the press outside/agencies in advance.

Appendix Two

- Holistic Care
  - Mental health will be considered as part of all physical health
  - Physical health of mental health service users will be considered at the same time as their presenting condition.
- Choice and Competition
  - Patient/service users will be encouraged to choose between different models of care
  - In the provision of additional health services, or new specification the option of the use of existing NHS providers will be considered first but the use non-NHS Providers will not be ruled out.
- Robust contracts such that
  - Providers will not receive guaranteed open-ended contracts but will be offered contracts of sufficient duration that they can make a reasonable return. Regular reviews of contracts will be made to ensure due benchmarking of quality, value for money and user responsiveness are ensured.
  - Prime contractors will be the preferred model of contracting
  - Contracts will normally be signed between the commissioner and a joint venture (prior to the formation of any new organisations)
  - Prime contractors will be expected to regularly review subcontracting arrangements and choose those services that offer best value and quality.

Organisation	Signed	Date
Cheshire & Wirral Partnership NHS Foundation Trust	…….	…….
Central & Eastern Cheshire PCT	…….	……..
Cheshire East Council	…….	……..
East Cheshire Hospitals Trust	…….	……
Cheshire East Community Healthcare	…….	……
Mid Cheshire Hospital NHS Foundation Trust	…….	……

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Agenda Item 9

CHESHIRE EAST COUNCIL

Cabinet

Date of Meeting:	3 November 2009
Report of:	Phil Lloyd - Head of Adults Services / Ceri Harrison - Head of Transformation
Subject/Title:	Transformation of Services for Adults – Phase 2 (Key Decision – Forward Plan Ref CE09/10-28)
Portfolio Holder:	Councillor Roland Domleo

1.0 Report Summary

1.1 This report updates Cabinet on the current and next stages in the Redesign of Adults Social Care Services, the achievability of the Medium Term Financial Strategy (MTFS) targets and the decisions now required to ensure these are met. Acceleration of the radical approaches inherent within the Redesign is needed in order to attempt to meet the 3 year MTFS now emerging. On current estimates this may require Adult Services to deliver a further £7.9m by Year 3 over and above the £4m target set for the current year on the incoming budget of £76m. This would constitute a 16% reduction over 4 years and its achievement may well pose major risks if it is applied fully.

1.2 This report sets out the next stage of proposals which are needed to address rising demand, reducing costs, improving choice and modernising service provision. All proposals are in keeping with the overarching principles and strategy of personalised, preventive and 'lean' Adults Services but the pace and scale at which they may have to be introduced as a result of financial pressures within the Council may pose risks and these are identified.

1.3 Significant savings and transformation of services are planned however, as part of the agreed strategy and these are set out below.

2.0 Decision Requested

That Cabinet decide to

2.1 Reduce the current in-house provision of routine domiciliary care services as this service can be provided at an acceptable quality and cost by the independent sector.

2.2 Redefine the primary function of the in-house domiciliary care service as a reablement[1] service.

2.3 Review the provision of the Housing Network support for Adults with Disabilities and consider the business case for securing that service from an independent provider.

2.4 Undertake a fundamental review of use of buildings within Adult Services aiming to rationalise and localise functions across services and partners.

2.5 Agree to address the issues presented by the inherited provision of Community Support Centres looking at the rationalisation of the current stock of 5 centres being replaced by the enhanced facilities at Lincoln House (already agreed by Cabinet as part of the Dementia Strategy) and the creation in the future of a purpose built new facility, subject to a business case being made to Cabinet in future and taking into account the previous public consultation exercise.

2.6 Agree to consider how much directly provided service should continue (and how long for) in order to mitigate against market failure (or other emergency) and resolve in principle that the Council's role in direct service provision should be to provide the most complex services of last resort.

2.7 Agree to explore the option for running existing in house provision as 'arms length' and/or jointly with health to exploit commercial benefits and freedoms from such models and maximise efficiencies.

2.8 Agree to review significantly the current service level and performance from the shared transport service jointly with the Head of Regeneration and Central and Eastern Cheshire Primary Care Trust to identify what transport should be commissioned strategically.

2.9 Review the current provision of the hot meals service.

2.10 Approve and progress the list of specific joint commissioning and integrated service provision initiatives with Central and Eastern PCT.

2.11 Undertake a joint review with the Corporate Procurement service to identify savings to be achieved by more effective contracting arrangements.

2.12 Note the fact that this redesign constitutes a 3 to 5 year strategy to invest in front-end services and ultimately reduce the current level of care costs which will present budget pressures in the interim; and make provision corporately for contingency funding in respect of the required changes in Adults Social Care in order to mitigate the risk of too much change too quickly.

3.0 Reasons for Recommendations

3.1 The above policy changes have been proposed to improve the services that we offer to our customers, to allow them to have real choice in how they spend their individual budgets and benefit from enhanced preventive and reablement

[1] Reablement can be defined as a focused, time limited intervention of services, which are aimed at addressing and improving a physical or mental disability but which should improve outcomes for individuals at an early stage.

services. At the same time, by using our building assets more effectively, employing staff more efficiently, prioritising what we do and running the services in a professional 21st century manner, we will liberate substantial resources which can be used to improve service provision and/or deal with budget pressures.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 All

6.0 Policy Implications including - Climate change
- Health

6.1 All proposals in this report are fully consistent with the approved policies and principles in relation to the Redesign of Adults Social Care Services agreed by Cabinet on 16th June 2009, and the Council's Transformation Principles agreed by Cabinet on 14 July 2009. **(See Appendix 1)**

7.0 Financial Implications for Transition Costs (Authorised by the Borough Treasurer)

7.1 None.

8.0 Financial Implications 2009/10 and beyond (Authorised by the Borough Treasurer)

8.1 There are many benefits of the transformation of Adults Social Care but from a financial perspective the initiative is, in part, aimed at investing in prevention and reablement services in order to reduce demand on the social care system and therefore reduce overall care costs – a major percentage of the revenue budget. However, this is a medium to long term strategy and will take time to have the desired impact. In the current year therefore there is still an inherent pressure on care costs which includes an underlying overspend against a growing population and this needs to be recognised within the Council's approach to budget management and monitoring. A significant proportion of the temporary funding was to meet overspending against care costs whilst the strategy takes effect – this could take up to 5 years due to the nature of the service being provided and the costs to be taken out of the system.

8.2 Many proposals within this report are aimed at reducing costs or increasing income whilst still meeting the Council's statutory duty of care. At this stage, it is estimated that a further £5.9m net (£7.2m gross to absorb growth) over and above the current year £4m target could be achieved over the next 3 years but this is contingent on the provision of

temporary funding being available, growth numbers estimated correctly and appropriate and realistic timescales being applied. Specific budget changes will be incorporated and refined within the Council's budget setting process now underway but will be set within the context of the policy direction set out in this report and addressing the outcomes of consultation where appropriate.

8.3 Cabinet approved the earmarking of temporary funding for the implementation of the Redesign of Adults Social Care Services. As stated above, some of this amount was to offset the effect of care costs reducing over time and therefore help to address the short term budget pressure identified above. It is anticipated that change management costs and redundancy provision within this will also be fully committed to achieve the transformation. A further £1.4m Social Care Reform Grant will be allocated from Government to Cheshire East Council in 2010-11 for this purpose, but it may be necessary to set aside further additional temporary contingency funding, access the Corporate pot for redundancy costs, and / or carry forward any unspent monies into next year from the current temporary provision. This will be clarified as the budgetary position emerges during the year and will be confirmed as part of the mid year and three quarter year review process.

9.0 Legal Implications (Authorised by the Borough Solicitor)

9.1 All proposals within the Redesign of Adults Social Care Services must take place within the framework of existing community care legislation. All proposals are therefore being developed in conjunction with Officers from council's legal service to ensure the Council continues to meet its statutory community care duties. Arbitrary reductions in service may expose the Council to legal challenges. It is therefore essential that any rationalisation of services takes account of the impact of such actions on service users and their families and ensures the Council can continue to meet any assessed eligible need for community care services.

9.2 As the proposals set out in this report impact particularly on disabled people, Members must have due regard to their obligations to promote disability equality under the Disability Discrimination Act 2005. Reviews of service provision set out in this report will need to include equality impact assessments which can be taken into account when detailed proposals are brought back to Members.

10.0 Risk Management

10.1 As mentioned above these proposals are in keeping with the strategic aims of the Council for the provision of social care. The level of savings required however may be in excess of what is achievable without serious risk to service users and which may put the Council in breach of its statutory duties. Officers have advised the level and pace of change which is deemed to be manageable. This programme is

managed based on Prince 2 methodology and a risk register is monitored and managed by the Head of Service and Programme Board.

11.0 Background and Options

11.1 At its meeting on 16 June 2009, Cabinet approved the implementation of the Redesign of Adults Social Care Services. Several recommendations were approved including the provision and enhancement of information, preventive and reablement services, the introduction of a resource allocation system, integration with Health and the creation of locality teams operating lean systems.

Vision and Strategic Aims

11.2 In line with these changes leadership development work with the newly formed Adults Senior Management Team has been undertaken to identify the overall purpose and strategic aims of Adults Services and this is quoted below:

'The Vision of the Adult Services of Cheshire East Council is that adults who need help will get the help they require to promote their wellbeing, health and care.
The Purpose of the Adult Services of Cheshire East Council is to get the greatest possible increase in independence for those adults, families, carers and communities who need help. We will do that by:

- *Listening to people so that we understand their needs and the risks they face.*
- *Helping everybody to get the information and advice they need.*
- *Agreeing with people what outcomes they want to achieve.*
- *Helping people who need, or who are likely to need, public funding to find the services which will be right for them.*
- *Doing the things which we are required to do by law and regulations.*

In doing those things we will:-

- → *treat everybody with dignity and respect.*
- → *demonstrate the ASPIRE values which the Council has agreed.*
- → *get the Council, its partners and local people to pull together in support of our Vision and Purpose.'*

Progress to date

11.3 Operational progress since the approval is significant. The first locality team was launched in Wilmslow on 9th July and is operating new lean ways of working against a well documented (now copyrighted) process map. The remaining roll out across the Borough is shown at **Appendix 2.** Evidence is gathering that fewer users coming through this system are requiring care packages, although this needs to be substantiated. Direct Payments and Individual budgets have increased from 20 per

month to 50 and the LAA target is being constantly monitored and managed. Evidence is also building that users are expressing an interest in purchasing leisure services to improve their outcomes from within individual budgets and this will have implications across the wider Council, particularly Health and Wellbeing services. A pre-loaded payment card is being piloted to make the personalisation process easier for users. ICT kit and support for flexible and mobile working has been rolled out to 130 staff**.**

11.4 In addition, Provider Services are currently undergoing a major restructure with a planned reduction of approximately 95 posts to date which will deliver annual savings in excess of £1m, through redundancy and other mechanisms. Further work is being done to finalise the Resource Allocation System and this is expected to be complete by December. Overall the change programme is on track but there is still a great deal to achieve requiring continued clear direction, strong leadership and effective staff engagement and good will.

LGA / DoH Progress Measures

11.5 These changes are set within a national context and all council's are under the spotlight to transform – not tinker with – social care services. Indeed Social Care Reform Grant is allocated to councils based on such progress. The LGA, DoH and ADASS have now published a set of progress measures for Councils to establish relative performance which will be considered by the Care Quality Commission and may ultimately be incorporated within the Council's CAA. These measures are set out below and it is clear that at this stage Cheshire East Council is well placed to meet these measures as a result of its current policy development and scale of change:

Effective partnerships with people using services, carers and other local citizens
Self directed support and personal budgets
Prevention and cost effective services
Information and advice
Local commissioning

The supporting document can be found at the following link:
http://www.idea.gov.uk/idk/aio/13603402

11.6 Additionally, the Government Green Paper on future funding of care emphasises the need for Councils and PCTs to shift the direction of services towards prevention and reablement, increase choice and control and deliver better services and support for carers. The proposals in this report allied to the June 16 report ensure that Cheshire East Council is well placed in respect of this agenda also.

Next steps and options

The following sections outline the recommended way forward for the next phase 2 of transformation of Adults services in Cheshire East Council:

Future of Provider Services

11.7 Provider services currently run by the Council accounts for 40% of current year budget at a total of £29.1m. The Council has a strategy to ensure that these costs are fully covered by income from a variety of sources in order to prepare for a more commercial and efficient approach to service delivery.

11.8 Provision covers a huge range of services including the provision of general and specialist Domiciliary Care (home visits, reablement and support); daytime activities and domestic support and care for older people and users with learning and physical disabilities and mental health needs; facilities which provide respite for carers; community support centres and day services for older people.

11.9 The first phase of transformation has involved the bringing together of all provider services under one arm of the structure in order to rationalize the incoming staffing structures and make significant efficiencies. This is set to achieve over £1m permanently by the end of the next financial year. The next phase is concerned with reshaping this leaner and more clearly defined set of provider services to respond effectively to the need for services that increase independence and individual outcomes and reduce care costs thereby addressing financial pressures most effectively.

11.10 The overall direction of travel builds on the Council's agreed transformation principles of focusing on core business, transferring services to other agencies who are better able to deliver; sharing services, getting local, and investing in preventive services.

11.11 The following major specific decisions are required to reshape in house provision in the short to medium term:

1. Reduce the current in house provision of routine domiciliary care services as these are capable of being provided by independent providers. This would involve service users being redirected out of in-house home care service into external provision on a phased basis through their scheduled service review. The Council should retain discretion to continue this service only where a gap can be identified or if there is an assessed need for continuity of care.

2. Re-designate the above service to deliver reablement. This will keep people better for longer and reduce pressure on the social care system and care costs and fulfil the Council's policy to grow its reablement service and promote independence.

3. Review the provision of the Housing Network support for Adults with Disabilities and consider the business case for securing that service from an independent provider.

4. Undertake a fundamental review of use of buildings within adult's services and seek to rationalize and localize functions across services and partners.

5. (As part of 4) agree in principle to address the issues presented by the inherited provision of Community Support Centres which are now heavily under subscribed and will soon be unfit for purpose. This would involve developing the Council's agreed Dementia strategy by rationalizing the current stock of 5 centres to be replaced by the enhanced facilities at Lincoln House in Crewe and the creation of a purpose built new facility. This would be subject to a business case being made to Cabinet in future and taking into account the previous public consultation exercise on this matter.

6. Determine how much directly provided service should continue (and how long for) in order to mitigate against market failure (or other emergency) and provide the most complex services of last resort and Agree in principle to explore the option for running existing in house provision as 'arms length' and/or jointly with health to exploit commercial benefits and freedoms from such models and maximise efficiencies.

7. Note the purchase of new uniforms in order to highlight the new identity and focus for provider services within Cheshire East. Staff are currently still wearing County Council logos, and uniforms are worn within former older peoples i.e. Community Support Centres, Home Care and Day Services. New uniforms would be available to wider groups of provider staff and would cost in the region of £65K to be funded from the temporary monies approved by Cabinet in June and / or LGR transitional funds.

Transport

11.12 The Council's budget for social care transport is £1.8m, however the current level of transport offered is over and above assessed critical and substantial social care needs and as such is a discretionary service. It is felt that in terms of overall priorities the Council should consider diverting this resource to other more critical aspects of care. It is also felt that this service in some ways encourages dependency and works against personalisation and independence.

It is proposed that Cabinet agree to fundamentally review the current transport service (currently delivered through the shared Integrated Transport Unit) and that this be carried out jointly with the Head of Regeneration and Central and Eastern PCT to determine the best delivery mechanism and set

new levels of service. In the advent of personal budgets, the provision will be split between resource to pay for individually commissioned transport; and strategically commissioned public and community transport so that it is fully accessible to most people assessed as having critical or substantial care needs. 'Internal' Shared service providers could decide to offer transport but would not necessarily have an agreement with Social Care to do so.

Meals

11.13 The Council's budget for the provision of community meals is £692K plus administration costs (2 FTEs for billing etc). The requirement to provide hot meals however could be delivered through more efficient mechanisms than through the current 'meals on wheels' contract, although help to prepare a meal is and can be carried out by Home Care providers.

It is proposed that the new contract for provision of hot meals removes any current level of subsidy and allows sufficient flexibility to ensure that meals are only provided to those with an eligible need and that meals are provided to a good quality from a variety of providers in line with increased choice and control for users.

Health

11.14 Meaningful joint commissioning and integrated service provision with health is essential if both organisations are to address their financial pressures and provide best value for money. The following is a list of principles for Cabinet to adopt to underpin these developments:

- To take a proactive front-end approach to Prevention and Reablement
- To drive down the costs and drive up the quality of Health & Social care services
- To work towards true integration – being willing to cede control
- Deliver services on more local basis
- Develop multi-disciplinary teams
- Ensure we have a good information 'offer'
- To include emergency response
- To review levels of internal provision
- Utilise the least possible resources from either party
- Aim to reduce demands on the system
- Ensure innovation is embodied in our thinking

The future model will include the following (subject to successful pilots):

- Develop a joint reablement/rehabilitation service
- Develop a joint Continuing Health Care assessment process & team
- Develop a joint Long Term Conditions assessment process & team
- Develop a coordinated approach for Very High Intensity users
- Develop a coordinated approach for COPD users
- Develop a single point of contact methodology (inc Safeguarding)

- Establish the potential for shared accommodation (inc IT compatibility)
- Establish a shared Leadership Development Programme
- Embed Carers contingency planning
- Develop an Integrated Discharge Team

It is recognised that delivering such a large agenda together is potentially difficult and time consuming. However, a significant effort will be made to connect the work of the Council with that of the PCTs. In the event that any of the suggested agenda cannot be accomplished, Adult Services will still proceed with a programme of transformation that will aim to improve performance and outcomes within a balanced budget. Clearly there will be more benefits to the public and more savings if the process is completed jointly. At this stage, progress is being made with the above list of projects and in particular the development of multi-agency team working through the high intensity user project (above). This is currently being piloted and is well underway in Wilmslow and which will be rolled out across the Borough during the rest of the year in line with the roll out of local teams.

Procurement

11.15 A number of significant contracts are in operation for the provision of social care – ie. £32.2m Nursing and Residential (out of total forecast care costs of £50.3m).Traditionally these have been developed and negotiated from within the service. Other organisations report major benefits by dealing with such contracts on a more corporate and commercial basis.

It is proposed that a joint review with the Corporate Procurement Service and the PCT is undertaken to identify savings to be achieved by more effective contracting arrangements building on work done to date.

Staff Roles including the Role of Social Workers

11.16 The redesign of social care and application of lean systems thinking has lead to a fundamental review of staff roles. New roles are being designed to fit the new world and make the best to use the expertise and skill of staff.

11.17 It is clear, however that there is a future for social workers within this model. Their skills are needed where they will be most effective. Their role should therefore be targeted to safeguarding issues, adult protection and any areas where there is a statutory requirement for qualified Social Workers for e.g. in the field of Mental Health. It is proposed that a tiered approach to the allocation of work is developed so that there is a clear correlation between the complexity of the work a member of staff does and the training supervision and pay that they receive.

It is worth noting that there is a National Social Work Taskforce which will be examining social work with both children and adults and this will also have implications for the future role and training of Social Workers

In general terms, staff have been briefed throughout the redesign and many are directly involved in the programme of change. A staff newsletter and briefing is issued fortnightly highlighting the main developments and actions required. Unions are also consulted on a regular basis.

Other

11.18 Other mechanisms to make efficiencies and savings are being introduced but this report highlights the main changes which require political approval at this stage.

11.19 Members are also asked to note that the service intends to bid for Specific Government Grant of £2m to support a common assessment framework and related critical ICT implementation and integration of systems such as PARIS and Sharecare. This will require the Council to operate as a demonstrator site but there are benefits in taking this approach to deliver the redesign and improve current systems and information as well as taking pressure off the current capital programme. The outcome of the bid will be known in December.

Involvement of Service Users

11.20 Steps will be taken wherever appropriate to involve and engage those users who are affected by the proposed changes to service delivery identified in this report. The Council has a duty to involve users in changes which affect them. This will be done through the Local Involvement Networks and engagement with the voluntary sector where appropriate**.** Equality impact assessments will also be carried out to ensure that any future decisions take account of the effect of changed services upon specific service user groups.

12.0 *Access to Information*

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

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Transformational principles

1. Delight our Customers

- **Easy access** to services that people need **from the place they need it**
- **Locally based** services which reflect how **families and communities live**

More services to **keep people well and safe** for as long as possible

- **More personalised services**, to give people **more choice and control** over resources available to them
- **First point of contact resolution** for the majority of customer enquiries and issues.

2. Manage our Costs

• **Better and more flexible use** of Council and partner assets and resources.

• **Services to be provided** by those people / organisations **best placed** to deliver

• **Sharing of support services** with partners where appropriate

• **Only provide services** which are **core to our business**

• **Better use of appropriate technology** to modernise and improve service delivery

• **Outcomes measurement** and evidence of improvement and value in all we do

3. Develop our Culture

• **Lean services to suit customers** and not ourselves, understanding the **end-to-end** customer journey and experience

• **Actively engage and involve** customers, communities, partners & employees

• **Experiment** with new methods and take sensible risks, learn from our mistakes.

• Invest in and **support our people** to learn and develop so that they **grow with the organisation**

• Work as **one team** across organisational boundaries to build “Team Cheshire East”.

APPENDIX 2

PHASING OF ASCR ROLLOUT – Update Sept 09

AREA	TIMING
Knutsford Wilmslow	Completed July 2009
Macclesfield Poynton	Nov 2009
Congleton	Jan 2010
Crewe Nantwich	Feb 2010
Additionally	
Pan- Borough Review Team	Oct 2009