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.