Cheshire West and Chester Council **Helping the Borough Thrive**

Thriving Residents

Older people and vulnerable adults are supported to lead fulfilled and independent lives

The following document summarises how the outcome outlined above will be achieved by 2020 in the context of significantly reduced resources. The plan provides a clear overview of the major strategic changes over the forthcoming years to ensure that customers and communities experience the best possible outcomes.

Outcome Plan 2016-2020

Cheshire West and Chester

Your Outcome

Outcome Owner: Jennifer McGovern

Outcome Contributors: Alistair Jeffs

What is the problem we are trying to solve?

The Council and its partners play a key role in supporting the health, wellbeing and independence of local residents through Adult Social Care and Housing. The most common request for support comes from older residents, who with advancement in healthcare are living longer but are developing more complex health and social care needs as they age. The Council also provides support for around 580 residents with mental health conditions, a further 900 with a learning disability and about 1,000 residents with a physical disability. Demographic projections show that across all client groups, demand for health and social care services are increasing, these include;

- An estimated 60% increase in number of older people (65+) by 2032 and an estimated 50% increase in number of 85+
- Dementia forecasts set to double by 2032 with 8900 CWaC residents with Dementia.
  - 4450 (50%) estimated to have moderate or severe dementia
  - Many people will have multiple and complex needs – combination of mental, physical and social
- Northwich and Winsford will see a 70% increase in numbers of 85+ in next 20 years and could be considered a future dementia 'hotspot'
- 10 areas in CWaC rank amongst the highest nationally for loneliness prevalence.
- Estimated numbers with a learning disability increasing by 10% year on year
- Estimated 4600 people in community with 'mild' learning disability
- Over 90 individuals transitioning into Adulthood each year.
- Estimated increase of 3000 carers requesting assessment and potentially services resulting from Care Act changes.

What are we good at?

We are enabling people to have more control over their care with 100% of people using Social Care receiving self-directed support and nearly 30% are receiving Direct Payments. We have a focus on enabling service users to remain in their own homes whilst receiving their care, where it is appropriate to do so, with 88% of Adults with a learning disability living in their own home or with their family. In addition, there has seen a reduction in the numbers of long term support needs being met by admissions to residential and nursing care homes although we are working to reduce this figure further.

We are increasing awareness of safeguarding processes with all of our partners and are seeing an increase in safeguarding referrals. Further initiatives are planned with a focus on reducing incidents of preventable harms e.g. missed medicines, wound care, financial abuse. The proportion of people in receipt of support services who feel that they have as much social contact as they would like is in line with the national average (45%), and whilst in 2014/15 the proportion of service users who felt that they had good quality of life was slightly higher than the English and North West average (19.3% as opposed to 19.1% and 19.2%).

What do residents think?

The Council conducted a 12 week consultation with local residents, businesses and public sector partners regarding the 10 Priority Outcomes that are included in the Council Plan, and supported with dedicated Outcome Plans. This consultation was launched in October and closed in January 2016, and saw over 1,800 respondents provide their views on these Outcomes, and the Council's planned actions and activities in achieving them. The findings from this consultation have supported the development of the Council's Budget, Council Plan, and the individual Outcome Plans.

When respondents were asked to rank all outcomes out of ten, the provision of compassionate and integrated care scored an average of 8.5 out of ten, showing its importance to local residents. Importantly, this was the joint-highest score that was allocated to any of the outcomes, demonstrating the importance that respondents attached to this issue. When respondents completed the online budget simulator, the average budget reduction suggested was lower than place based services or corporate services.

This outcome was seen as important by respondents as they believed that the correct services needed to be in place to support the borough's ageing population. Respondents also expressed their support for further joint working between Cheshire West and Chester and local NHS Partners and voluntary groups.

What areas do we need to improve on?

The expected increase in demand on social care services means that we can no longer continue to deliver care and support services in the way we currently do. Using current demographic forecasts it is estimated that to maintain existing services without fundamental change would require an additional £19.1 million. We know that traditional care packages aren't necessarily the answer for everyone, so we need to take a more person centred, strength based approach to assessing and supporting our residents. Both residential and community based support services are operating at capacity, resulting in delays in transferring patients from hospital.

We need to improve the use of assistive technology as a method of maintaining the independence of our service users and we need to enable people to self-serve through an improved digital offer which will allow residents more control over their options and relieve pressure on the traditional contact channels.

We need to ensure that our carers feel supported and have access to appropriate support as they are key to enabling service users to remain in their own homes. In order to do this we need to further develop services with community and voluntary sector partners to provide support within the individuals' community which will help reduce social isolation.

Service users overall satisfaction with their care and support was slightly below the average at 63.3% (English – 64.7%, North West 66.8%). The proportion of Adults who are in contact with secondary mental health services who are in paid employment (5.3%) is below the North West (6.7%) and England (6.8) average so we will look to work with local businesses, community groups and advocacy services to enable this to happen in a supported way.

Our Vision for the future.

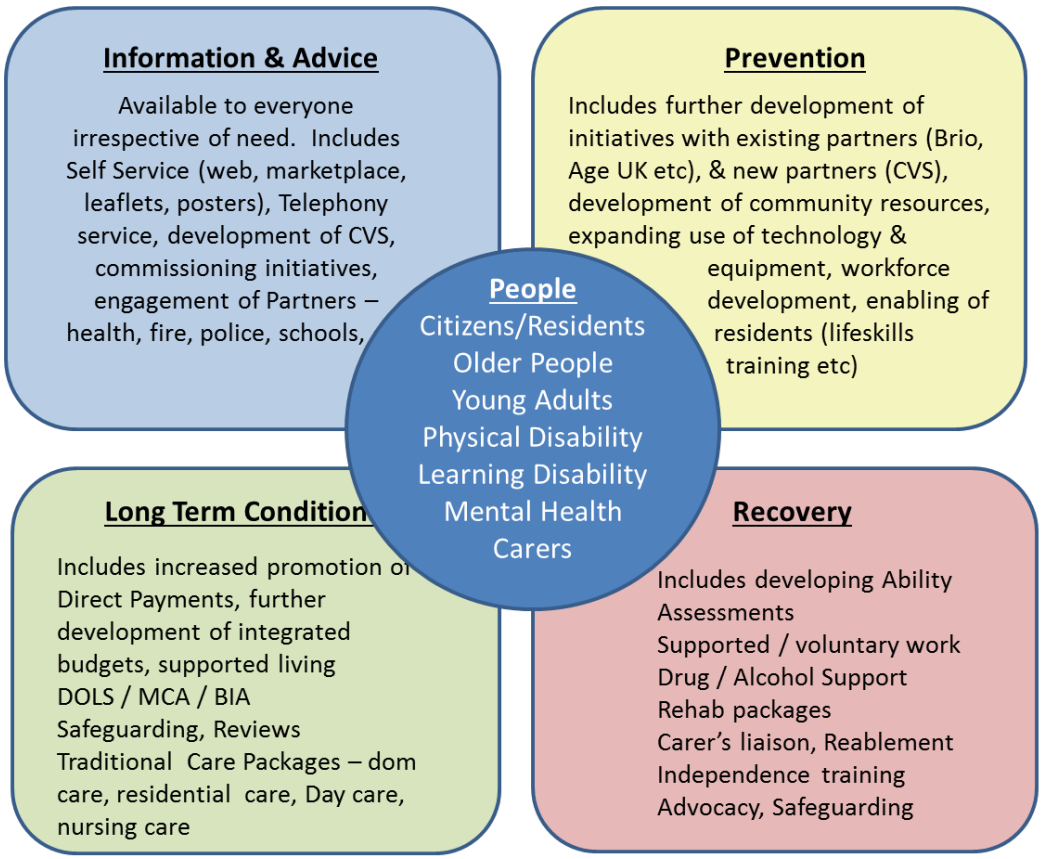
Whole system change is required so that as resources reduce and demand increases, the Council and its partners are not forced to compromise on our standards and quality of care, and residents do not suffer poor quality of service.

We have already started to respond to these pressures through introducing community based integrated health and social care teams, commissioning support packages and services for carers, developing the information and guidance service and initiating an Integrated Personal Commissioning programme for people with learning disabilities and/or autism. This will give individuals choice and control over how funding is used and enable them to spend it in ways that best suit their needs and aspirations. However, more needs to be done in all of these areas. We need to enable individuals to self-serve if they want, we need to review and expand the offer to carers and to develop our communities to enable them to deliver support to residents to provide them with more choice with regards to what they want, where they want it and we need to work closer with our Health partners in developing new innovative and sustainable models of care through deeper integration of our services.

Increased demand on social care services and the budget challenges means that in its current structure and processes, Adult Social Care is unsustainable and a comprehensive redesign of the service is required. This redesign programme will deliver 'The Offer' which is a universal, inclusive offer to residents regardless of need or eligibility and the ethos behind this is "We will support people to live the best life they can, rather than fitting them into an inflexible range of traditional and expensive services". We will do this by:

- Developing and supporting the workforce to embrace new ways of working allowing them to be innovative and creative in assessing and meeting need;
- Having quality conversations with individuals, to help people lead the best life that they can possibly lead by focusing on what they *can* do;
- Viewing clients as able individuals with strengths, abilities and talents, not a collection of needs and deficits;
- Empowering individuals through comprehensive information, advice and guidance channels and enabling them to self-support;
- Empowering staff with a new set of behaviours – positive risk taking, accountable for decisions taken, co-production approach;
- Developing communities so that residents support their neighbours to live independently through active engagement in their community;
- Facilitating the public sector to work together, developing & strengthening partnerships with community, VCS & other support groups, pooling experience and expertise to assist in finding the best solutions.

The Offer will re-shape how the Council delivers it's Adult Social Care Services into 4 main areas of focus: Information and Advice, Prevention, Recovery and Long Term Conditions and will be enabled in this by public sector partners, 3rd sector and community.



What will good look like:

- Fewer older people admitted to hospital or long-term care by supporting people at home
- More adults with a learning disability supported to live at home
- More people saying they receive the information, choice and support they need to help
- Improved links across health, housing and social care to offer a more joined up service
- Increased choice and opportunities through tailored services rather than a one size fits all approach
- A stronger partnership is built with carers and voluntary organisations to build and strengthen connections between residents and their communities
- Fewer delays for people being discharged from hospital due to community support services not being in place
- Fewer falls and injuries among older residents
- Carers feel supported and valued by the local authority
- Increased proportion of vulnerable adults feeling they have as much social contact as they would like

Resources and Partners that will help us to get there:

The key Council services or functions and Partners that will support the delivery of this outcome are:

Council Services or Functions	Key Partners
• Adult Social Care Teams; • Prevention and Wellbeing Services; • Integrated Early Support; • Housing Solutions; • Strategic Commissioning; • Occupational Therapists; • Commissioning People; • Contract and Quality Assurance ; • Public Health Team; • Housing Services; • Learning Disabilities Service; • Carers Support; • Integrated Personalised Commissioning.	• GP s • Cheshire and Wirral NHS Partnership Trust; • Cheshire Fire and Rescue; • Countess of Chester Hospital; • North West Ambulance Service; • East Cheshire NHS Trust; • Mid Cheshire Hospital Trust; • Healthwatch; • Voluntary and community sector; • BrightLife Partners; • Sub Regional Complex Dependency Programme; • Clinical Commissioning Groups.

By 2020 we are planning to spend £112.5 million a year on this priority, we will also invest £6.4m into capital schemes that support this priority.

What have we already achieved?

Since this Outcome Plan was first agreed in 2016 we have already achieved a number of key actions through our work with all of our partners. The key achievements so far include:

Phase 1 of Brightlife social prescribing is now in place across Malpas, Winsford & Chester.

Review of Reablement provision led to the agreement of a new integrated service model.

The 'Local Offer' information directory for Adults Services has been implemented and continues to be updated.

New referral pathway to support Voluntary/Community Sector engagement in place.

A new Falls Strategy has been delivered.

The NAAFI Military Support Group has been launched.

Phase 1 of the West Cheshire Offer for services is live and work progressing on Phase 2.

New Advocacy offer implemented following a review.

End to end service review in support of The Offer undertaken.

A new brokerage service (Arrangement of Care and Support) with 6 CCGs has been established.

The roll out of the Cheshire Care Record of health and social care information in one digital record is underway.

A triaging system is in place to prioritise the most urgent DoLS (Deprivation of Liberty Safeguarding) cases.

Carer support services recommissioned with NHS Clinical Commissioning Group (CCG) partners.

Proposals agreed with NHS partners for Occupational Therapy integration.

A new Early Intervention Model with the VCS focusing on prevention is in place.

Phase 3 of the Work Zone programme, focused on employer needs, has been rolled out.

How will we measure our impact on the outcome:

KPI	Measure	Baseline Figure	2018/19 Target	2019/20 Target
KPI	Reduce the number of Delayed Transfers of Care (DTOC) from hospital for residents of CWaC (total number of days delayed, 6 week time lag on data)	8,959	BCF Monthly Target	BCF Monthly Target
KPI	Reduce the number of Delayed Transfers of Care (DTOC) from hospital for residents of CWaC where the responsibility for the delay was social care only (total number of days delayed, 6 week time lag on data)	-	BCF Monthly Target	BCF Monthly Target
KPI	Increase the number of carers who are given information and advice and/or signposted to other universal services at the completion of an assessment	638	965	1,000
-	Increase the Carer-reported quality of life score, reported via the Carers Survey (max score is 12, survey conducted every 2 years)	8.2	8.0	No Survey
KPI	Reduce the number of older people who have a permanent admission to a residential or nursing care home	527	435	427
KPI	Increase the proportion of people receiving community-based social care services who receive self-directed support	99.4%	100%	100%
-	Increase the number of people receiving telecare	418	Awaiting People Commissioning	Awaiting People Commissioning
-	Reduce the number of injuries due to falls in people aged 65 and over (NHS data, 6 month time lag on publication)	1,669	Awaiting Public Health	Awaiting Public Health
-	Increase the proportion of new clients who received reablement where no request was made for ongoing support	-	65.5%	70.5%

KPI	Measure	Baseline Figure	2018/19 Target	2019/20 Target
-	Increase the social care-related quality of life score, reported via the ASC Survey (max score is 24)	-	19.4	19.4
KPI	Increase the proportion of adults with a learning disability who live in their own home or with their family	87.3%	88.3%	90.0%
-	Increase the proportion of adults in contact with secondary mental health services who live independently with or without support	63.5%	75.9%	80.0%
-	Increase the proportion of adults with a learning disability who are in paid employment	5.6%	5.9%	6.0%
-	Increase the proportion of adults in contact with secondary mental health services who are in paid employment	5.4%	6.4%	6.7%
-	Increase the number of people accessing early intervention services through community / 3rd sector providers (to be reported at end of year)	-	Awaiting People Commissioning	Awaiting People Commissioning
-	Increase the number of visitors to the CWaC Local Offer website for adults and children (reported as total per year)	-	431,795	Awaiting People Commissioning
-	Increase the number of people completing adult social care self-assessments online (to be reported at end of year)	-	Awaiting People Commissioning	Awaiting People Commissioning

How will we deliver our outcome:

The West Cheshire Offer will bring together a number of Council, Partner and community services with the single aim of enabling independence and wellbeing of our residents by delivering a true person centred and self-supporting approach.

The vision for the offer is “We will support people to live the best life they can, rather than fitting them into an inflexible range of traditional and expensive services”.
All contributing activity will be co-ordinated as a single programme of work and will have dedicated resources from all relevant services and partners. It will deliver the following objectives:

- Divert demand away from Long Term Care towards the community, 3rd sector;
- Embrace digital / self-serve;
- Achieve financial savings through applying a limit to the cost of care which will drive new behaviours in staff;

- Transform operational processes – efficiency & customer experience;
- Deliver a culture of enabling independence across residents, staff, providers and communities;
- Support the community and CVS to find the best solutions to meet wellbeing needs;
- Commission / recommission / measure providers aligned to delivery of the West Cheshire Offer;
- More co-production with service users and their carers
- Deliver in an agile way

Strategic Theme	**Key Initiatives**
1. Prevention - Work closely with voluntary and community groups to ensure they are well placed to support larger number of older people and vulnerable adults with complex needs	• Support the delivery of the Brightlife initiative to tackle social isolation including investing in befriending schemes, volunteering opportunities, ICT skills and social prescribing • Enhance support for ex-military residents • Develop an innovation fund that enables the local voluntary and community sector to build their capacity and be in the best place to offer quality support • Using the principles of the 'sharing economy', identify digital tools for voluntary and community sector organisations to have access to available community expertise and community assets • Support the integration of voluntary and community sector providers into integrated health and social care teams including the use of a key worker to support older people and vulnerable adults at potential risk of requiring care services • Recommission voluntary and community sector support against a single pot and shared objectives with health partners • Review services for carers to ensure that adequate support is in place

What are the key actions that need to take place to deliver this initiative?	**Action Deadline**	**Action Owners**
A.3.1.1 - Ensure commitment to Brightlife pilot areas through improved referral sources, community connector role and effectively commissioning and evaluating local initiatives.	December 2018	Director of Commissioning People
A.3.1.2 – Further embed engagement with voluntary and community sector organisations within the West Cheshire Gateway	April 2019	Director of Prevention & Wellbeing
A.3.1.3 - Implementation of West Cheshire Offer Phase 2 recommendations, focusing on re-ablement, hospital teams and occupational therapy.	Summer 2018	Director of Prevention & Wellbeing

A.3.1.4 – Roll out and embed Cheshire Care Record.	December 2018	Director of Prevention & Wellbeing

Strategic Theme	Key Initiatives
2.Information & Advice. Improve information, advice and guidance to enable older people, vulnerable adults and their carers to access support that meet their needs	• Working closely with service users, develop a one stop shop directory of services and support for residents to access using a variety of channels including web, telephone, face to face and through elected Members • Ensure IAG is offered in a variety of formats to meet the diverse needs of service users • Invest in training and support across the public sector to embed an asset based approach to offering support and equipping professionals to signpost residents with low level needs to available community and voluntary sector opportunities in the community • Fully embed a single point of access to social care, housing services and community health services to enable IAG to be offered across a range of partners • Review advocacy services to ensure they are fully representing the needs of individuals • Ensure mechanisms are in place for individuals to self-assess in line with the provisions of the Care Act • Commission a joint brokerage service across 4 Clinical Commissioning Groups and 2 Local Authorities to ensure a common approach to care planning

What are the key actions that need to take place to deliver this initiative?	**Action Deadline**	**Action Owners**
A.3.2.1 – Further develop and embed Customer Engagement programme	March 2019	Director of Prevention & Wellbeing
A.3.2.2 – Develop self-assessment functionality alongside the 'Local Offer'	March 2019	Director of Prevention & Wellbeing
A.3.2.3 - Workforce and culture change programmes developed and in place for Cheshire West and Chester Council staff to underpin the roll out of the West Cheshire Offer	March 2019	Director of Prevention & Wellbeing
A.3.2.4 – Opportunities to integrate health and social care fully scoped	September 2018	Director of Prevention & Wellbeing

Strategic Theme	Key Initiatives
3. Recovery - Scale-up our prevention and recovery services across the Borough to reduce the demand for intensive social care and health services	• Implement the new falls strategy with support targeted around strength and balance training, home adaptations, medication modification, support to visual impairments etc. • Implement improved approaches to reablement, intermediate care and mental health services to ensure they are well targeted, fully integrated with NHS partners and cost effective • Reduce the number of people going into long term care by increasing shared lives and extra care placements. • Increase the use of assistive technology to 2500 customers by 2019 • Implement a 'troubled families' key worker approach to supporting individuals with multiple and complex needs including addiction, homelessness, mental health. • Roll out complex individuals as mainstream working practice. • Implement and mainstream enhanced street triage • Work closely with the Employment, Learning and Skills service and Job Centre Plus to design a new delivery model which tackles health related Worklessness and low paid employment • Recommission drug and alcohol support as part of a wider strategy to tackle substance misuse with regard to screening, brief interventions, prescribing, and psychological support • Fully integrate occupational therapy services with NHS services to reduce admissions to long term care • Review approach to assessment and care management to ensure the principles of recovery and independence are embedded in professional practice • Review the discharge to assess process to ensure timely and integrated support is in place to return individuals back to independence following a hospital admission - create a joint post with the countess of Chester hospital to roll out discharge to assess. • Implement new prevention service with weaver vale housing, Fire services and voluntary sector targeting low level over 65's who are at risk of coming into social care. • Implement new service for carers • Explore opportunities for joint commissioning with NHS and Local Authorities across the sub-region • Expand the level of integrated commissioning through the extension of the better care fund

What are the key actions that need to take place to deliver this initiative?	Action Deadline	Action Owners
A.3.3.1 - Review of Mental Health & Bed based provision completed	January 2019	Director of Commissioning

		People
A.3.3.2 – Implement the priorities and actions within the Falls Strategy	March 2019	Director of Public Health
A.3.3.3 - Re-commission drug and alcohol recovery programme contracts	March 2019	Director of Commissioning People
A.3.3.4 – Implement the actions from the end to end service review in support of The Offer	December 2018	Director of Prevention & Wellbeing

Strategic Theme	Key Initiatives
4. Long Term Care Conditions - Reform long term care services to drive quality and enable individuals to have greater choice	• Expand the use of personal budgets across all client groups • Implement an integrated personal budget approach for individuals with Learning Disabilities using resources across health and social care • Redesign continuing health care to ensure FNC assessments link to social care nursing assessments. • Review approach to best interest assessments, deprivation of liberty and annual reviews • Implement the ethical care charter to ensure standards of quality, safety and dignity are in place for home care and residential care • Develop an 'Academy' approach to workforce planning, training and development across children's and adult services, including partners when/where relevant and appropriate, which focuses strongly on the retention of social work qualified staff where need is most pressing. • Adults Multi-Agency Risk Statistics (MARS) rolled out across all peoples commissioning and used to support the implementation of care brokerage. • Explore the opportunities to share adult's services, provider and commissioning, across Cheshire East. • Establish 2 centres of excellence for Dementia across Cheshire West & Chester • Commission care home contract across 4 Clinical Commissioning Groups and 2 Local Authorities. • Work with local registered providers to create bespoke accommodation for the 78 young learning disabled people coming through transitions. • Integrate the learning disability teams across health and social care. • Develop outcome care plans and implement across all

	contracted care • Complete a full review of Community mental health teams with a view to create an all age mental health service. • Restructure Adult safeguarding to focus on proactive support to providers and a focus on personal assistances. • Redesign all hospital social work to integrate with discharge liaison and integrated community teams.

What are the key actions that need to take place to deliver this initiative?	**Action Deadline**	**Action Owners**
A.3.4.1 - IPC milestones to ensure integration of teams with Health	March 2019	Director of Commissioning People
A.3.4.2 - Rollout of personal budget policy	October 2018	Director of Commissioning People
A.3.4.3 - Adult Multi Agency Risk statistics rolled out across People Commissioning	March 2019	Director of Commissioning People
A.3.4.4 – Complete re-design of Safeguarding and Domestic Abuse Team.	March 2019	Director of Prevention & Wellbeing
A.3.4.5 - Re-design of Hospital teams	June 2018	Director of Prevention & Wellbeing
A.3.4.6 – Embed 'Practice Point' model of workforce planning, training and development across children's and adult services, including partners when/where relevant and appropriate, which focuses strongly on the retention of social work qualified staff where need is most pressing.	March 2019	Director of Prevention & Wellbeing
A.3.4.7 – Develop further services within 2 centres of excellence for dementia	December 2018	Director of Commissioning People
A.3.4.8 - Develop outcome care plans and implement across domiciliary care contracts	April 2019	Director of Commissioning People
A.3.4.9 - Complete full review of community mental health teams	March 2019	Director of Prevention & Wellbeing
A.3.4.10 - Work alongside and supporting Health Partners in development of NHS Strategic Transformation Plan (STP) proposals recognising social care contribution to developing sustainable future care models.	March 2019	Director of Prevention & Wellbeing

Risks

Risk	Mitigation	Owner
Risk that the VCS are not able to respond to the requirements of the West Cheshire Offer	Requirements clearly articulated, customer conversations, baselining & gap analysis of existing assets conducted, close engagement with VCS partners & commissioning to shape the provision.	Director of Commissioning People
Risk that there is no market of alternative providers for social work functions	Effect market/place shaping	Director of Commissioning People
Risk that contributions from Health (through Better Care Fund) are reduced as a result of changes	Financial modelling to understand impact	Director of Commissioning People
Risk that staff and partners fail to agree new model of service delivery	Marketing, Public, Partner and Political Engagement	Director of Prevention & Wellbeing
Risk to quality/performance as a result of commissioning & brokerage.	Effective contract and performance management of commissioned providers	Director of Commissioning People
Vivo – capacity, capability and commitment to transforming and ability to continually engage with service users	Service redesign to support new model for Vivo and Workforce / HR Capacity to support behaviour change activity.	Director of Commissioning People

Risk that staff do not engage or support the future direction of travel.	Workforce / HR Capacity to support behaviour change activity.	Director of Prevention & Wellbeing
Risk that staff and partners fail to agree new model of commissioning	Commissioning resource / support across partners to establish new function	Director of Commissioning People
Risk that the digital offer does not fully enable the West Cheshire Offer	Requirements will be fully articulated through the West Cheshire Offer Programme & delivered through the Digital Programme	Jill Broomhall / Director of Commissioning People

Interdependencies

Outcome	Describe the dependency
Vibrant and Healthy Communities with inclusive leisure, heritage and culture	This outcome will deliver the initiatives "Work within local communities to tackle health inequalities" and "Ensure the public health function is well positioned to drive the Health and Wellbeing Strategy" and the improvement and development of the Community and 3rd sector offerings will be dependent on commissioning these initiatives in support of the West Cheshire Offer.
Vibrant and Healthy Communities with inclusive leisure, heritage and culture	This outcome will deliver the initiative "Ensure the leisure and cultural offer is of a high quality, is affordable, and contributes to the wellbeing of communities" which includes further developing the existing contract with Brio. Brio Leisure are providers of a large number of prevention and recovery programmes within the community which will enable the West Cheshire Offer. Also the culture hub programme offers opportunities for community hub development, general interests and targeted support groups which will enable social prescribing and self-support in the community.
Vibrant and Healthy Communities with inclusive leisure, heritage and culture	Within this outcome, initiatives will provide an alternative approach to health improvement through the use of greenspaces for outdoor health activities in a structured model to be delivered by the Greenspace Team and partner organisations. This will support both health improvement and community wellbeing.
Vibrant and Healthy Communities with inclusive leisure, heritage and culture	Public Health Insight & Intelligence - This is required to enable full understanding of the customer base in order to identify areas of need etc.
Vulnerable adults and children feel safe and are protected	This outcome will deliver the initiative "Embed a range of targeted specialist services that prevent need escalating

	within statutory services for both children and adults" which includes delivering an improvement to the domestic abuse service and will develop a Violence Against Women Strategy.
Good quality and affordable housing that meets the needs of our diverse communities	Improves housing related support for vulnerable residents
All of our families, children and young people are supported to get the best start in life	Improving health and wellbeing outcomes for children and families by integrating council and health services in key priority areas.
Our resources are well managed and reflect the priorities of our residents	Using digital solutions to improve our approach to community engagement and empowerment