

Cheshire West & Chester Council

Seamless Care Closer to Home



Commissioning Intentions for Healthy,
Happy and Safe Residents (2016-2020)



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Foreword



One of the most important responsibilities that we have as a Local Authority is our role in supporting the health, wellbeing and independence of older people, adults with learning or physical disabilities, and those with mental health needs.

As your Cabinet Member for Health and Social Care Services, I am committed to improving the wellbeing of our population, delivering services of the highest quality, and making sure that all vulnerable adults feel safe and are protected. In short, making sure that our residents are 'healthy, happy and safe'.

Like all Local Authorities, Cheshire West and Chester Council is facing a challenging financial context. To date, the Council has saved £68 million, and from 2016 to 2020 it is expected that we will need to save an additional £47 million, or 17% of our net budget. These reductions, alongside the increasing pressures that are being placed on services through longer life expectancy and increasing demand will require new ways of working.

Our previous Commissioning Strategy: Shaping the Future Together was published in 2011 and the landscape for public services has changed significantly in this time. With this in-mind, I am pleased to introduce our Commissioning Intentions for the next four years, outlining our progress to date, our collective challenges and our objectives for the next four years.

We recognise that to work effectively in this new context and within these financial parameters it is essential that we work alongside partners in the public, private and community sector. We also know that the best place for residents to receive support is in their local community. This is why our chief intention is to provide 'seamless care, closer to home'.

Councillor Paul Dolan

Purpose

The purpose of this document is to describe how, as a commissioning led authority, we intend to shape services across Cheshire West and Chester from 2016-2020. During this time we will work closely with our NHS colleagues to improve the health and social care system across the Borough.

reduced, and where new models of care will be developed. By communicating this information clearly, we will be in a position to develop meaningful relationships with partners, and to plan for our collective changes and their implications.

Our Commissioning Intentions is not intended to list all of the Council’s activities over the next four years, but to communicate to public, partners and providers the areas where resources will be

This document will provide the background information and context that will underpin local services, this will include further information regarding;

Our Local Population	An overview of the Cheshire West and Chester population, and the current and forecast levels of need.
Our Partnership Arrangements	The local partners that we are working with the commission and deliver local services to meet this need.
Our Financial Context	Further information on the financial position of the Cheshire West and Chester, and how this will change by 2020.
Our National Policy	A summary of the key changes in practice and legislation that will impact how we commission local services.

The second half of this document will outline our local response to these issues. Our key focus over the next four years is to continue to develop a strong and integrated health and social care economy. This will include improved dialogue with providers, identifying efficiencies, opportunities and innovative solutions that allow commissioners to base purchasing decisions on evidence of what works for customers.

The services that we commission as a Council are intended to deliver the Outcomes that are identified in our Council Plan: Helping the Borough Thrive.

The Council Plan outlines the ten priority outcomes that Cheshire West and Chester are committed to deliver by 2020, as shown on the chart below. This Plan also outlines the resources that we have identified for each of these Outcomes, what we are planning to change, and how we will measure success.

In **Appendix 1.0** we provide further information regarding the outcome parameters that support this document. This appendix includes further information on the measures of success that relate to each of our priority outcomes, and the contribution that commissioned services can make to delivering our intention.

Appendix 2.0 outlines in further detail the financial information regarding the priority outcomes of our commissioning intentions. This includes an overview of the investment and saving that will be made for our three priority outcomes, as well as information on the profiling period for these financial changes. It is hoped that this approach will support providers to understand the planned financial changes of Cheshire West and Chester over the next four-years.

Our Vision and Priorities



The Council Plan is supported by individual outcome plans providing more detail and information on the specific targets, actions and milestones, for the ten outcomes listed in our Council Plan.

Our Commissioning Intentions is structured to provide more information on the services that are identified under the relevant health and social care sections of the plan. These services relate to the following three outcomes:

- 01 Older people and vulnerable adults are compassionately supported to lead fulfilled and independent lives
- 02 Vibrant and healthy communities with inclusive leisure, heritage and culture opportunities.
- 03 Vulnerable adults and children feel safe and are protected

Our Existing Achievements


Before identifying our future priorities it is important to recognise the progress that has already been made. Our last commissioning plan; Shaping the Future Together, was launched in 2011 and has structured our activities for the last five years, whilst managing significant financial pressures across service areas. These achievements include:

- **Focusing on Prevention:** In April 2013, the Council inherited the responsibility for the commissioning and management of public health services. Since then, we have supported over 2,500 residents to stop smoking, and last year over 7,000 people in the borough received an NHS Health check to identify health issues before they worsen.
- **Championing Accessibility:** In October 2014 the Corporate Disability Access Forum won the Accessible Britain Challenge Award for Improved Mobility, celebrating their achievements in promoting access across the Borough.
- **Promoting Independence:** Currently 19.1% of social care users in Cheshire West and Chester shape their own care through a direct payment, giving them more choice and control over how they shape their support.
- **Promoting Safeguarding Services:** In the past 12 months the number of Safeguarding referrals has increased from four to 49, with low level referrals increasing by 235%. This shows the improved awareness that we have for services, and a rise in the number of people reporting concerns or seeking support. This means that we are able to protect more people from harm, either from themselves or others.
- **Developing New Ways of Working:** Cheshire West and Chester have been working closely with NHS partners for the last five years, this includes our inclusion in the Whole Place Community Budget Programme in 2012, and exploring opportunities to address patient care across Cheshire through our involvement the Department of Health's Pioneer Programme.
- **Sharing our Resources:** We have developed a shared budget with local NHS Partners worth £24 million. This budget allows us to work closely together whilst reducing waste and duplication.
- **Addressing Social Isolation:** Local partners know that being lonely has the same impact on your health as smoking 15 cigarettes a day. Partners have come together through the BrightLife Programme, and have been awarded £5.1 million to address these issues in Cheshire West and Chester.
- **Delivering High Quality Services:** Our local Autism Service has achieved the highest standard required by the National Autistic Society for the eighth successive year, highlighting the local history of good practice.
- **Adult Social Care Survey:** The Council's annual Adult Social Care Survey shows that service users are increasingly satisfied with services, 92% in 2015, and increase of 3% the previous year.
- **Championing Equality:** In October 2014 we became the first North West Council to be assessed at the 'Excellent Level' against the Equality Framework for Local Government. This demonstrates the Council's ability to design inclusive services and support all sections of the local community.

Our Ambition for 2020:


Whilst it is important to acknowledge our progress and achievements to date, it is also important to identify our targets and aims for the next four-years. These are illustrated in the infographics below:

We will support 
3,000 Carers
by signposting them to appropriate universal services.

We will reduce the number of children smoking at the age of 15 to **4.5%**. 

We will close the gap in life expectancy between our most deprived and least deprived wards by **8 months.** 


We will avoid **100 people** being admitted to long-term residential care by supporting them at home.


We will install assistive technology into **2,500 people's homes** to support them to live independently.


We will make sure that **100% of care leavers** are supported with appropriate accommodation.



Our Local Population



Older people (65+)

67,600

65 to 84 = 58,900

85+ = 8,600



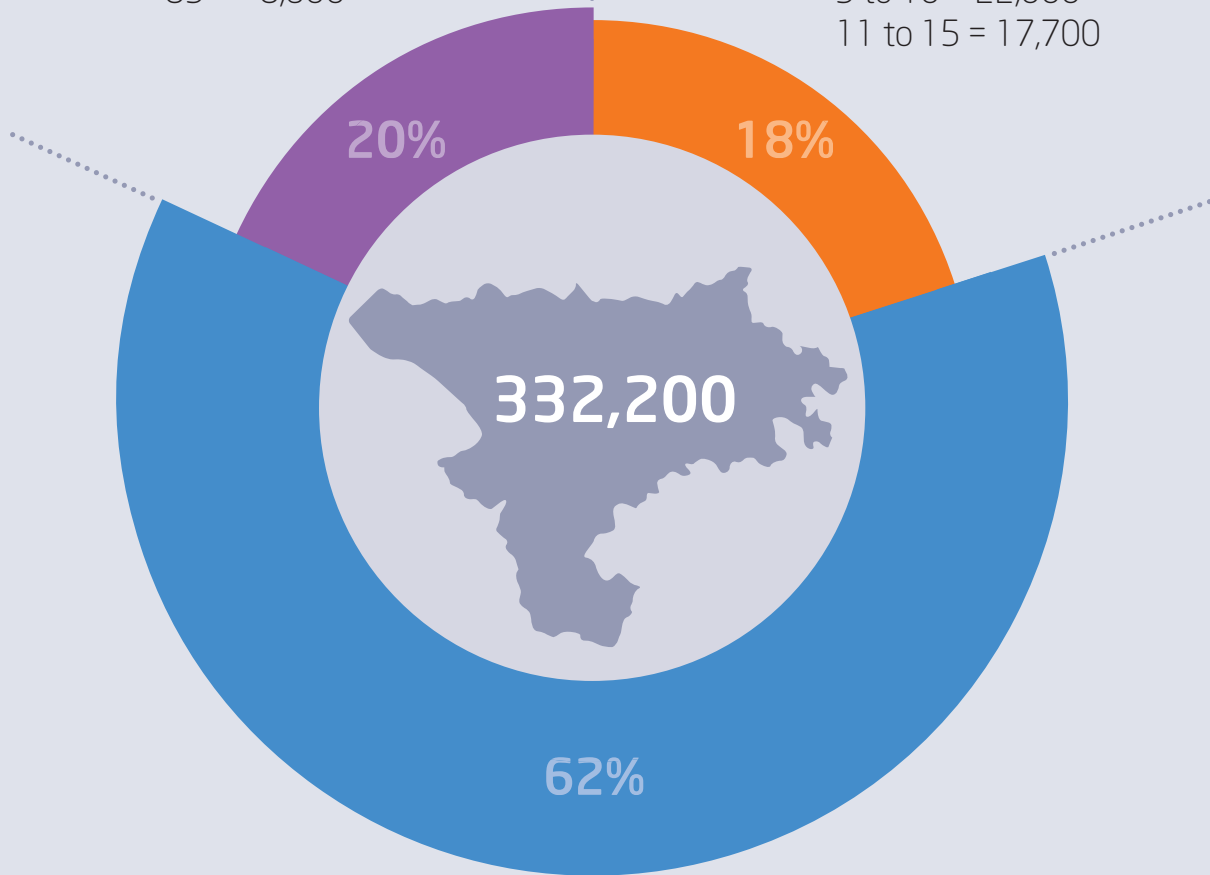
Children (0 to 15)

58,300

0 to 4 = 18,600

5 to 10 = 22,000

11 to 15 = 17,700



Working age (16 to 64)

206,400

16 to 44 = 114,400

45 to 64 = 92,000



Average male
life expectancy of

79.2 years



Average female
life expectancy of

83.3 years



5% (17,600)

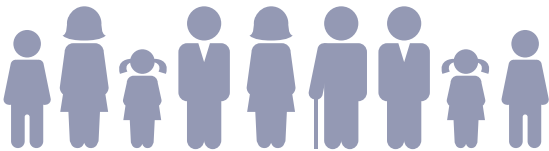
Black and Minority
Ethnic residents



13.2%

of residents over the
age of 65 live alone.

The population of Cheshire West and Chester is about 332,200



Due to increasing life expectancy, from 2012-2022 it is forecast that we will see a 44% increase in the number of residents over the age of 65. Whilst this is great news that more people are living longer, it also poses a number of questions for local care and support services, and creates more demand for their use.

We also know that over 80% of residents that reach the age of 85 will have two or more long-term-conditions. This will often require a broad range of services and support, and locally, we know that there are currently 4,000 residents in the borough with dementia who will require support services, either now, or in future years.

Impact on Commissioners:

The demographics of Cheshire West and Chester is a key priority to health and social care commissioners, and these pressures are already being significantly felt at local hospitals.

We have agreed to work alongside health colleagues to identify new ways of helping people to manage their own care through better access to information and advice, by delivering care closer to home, and by building on existing assets in the community.

Who Do we Currently Support?

Beyond the support that we provide to older residents, Cheshire West and Chester currently deliver services to a further 900 residents with a Learning Disability, 1,000 residents with a physical disability and 580 people with mental health needs. Local forecasts show that these numbers will go up over the next four years, placing more demand on local services.

Impact on Commissioners:

With a growing number of children, young people and adults with disabilities, learning disabilities and mental health needs, including those often with multiple or complex needs there is more imperative on commissioners to support a shift of resources from expensive specialist provision towards evidence based early intervention.

Who do we need to Support:

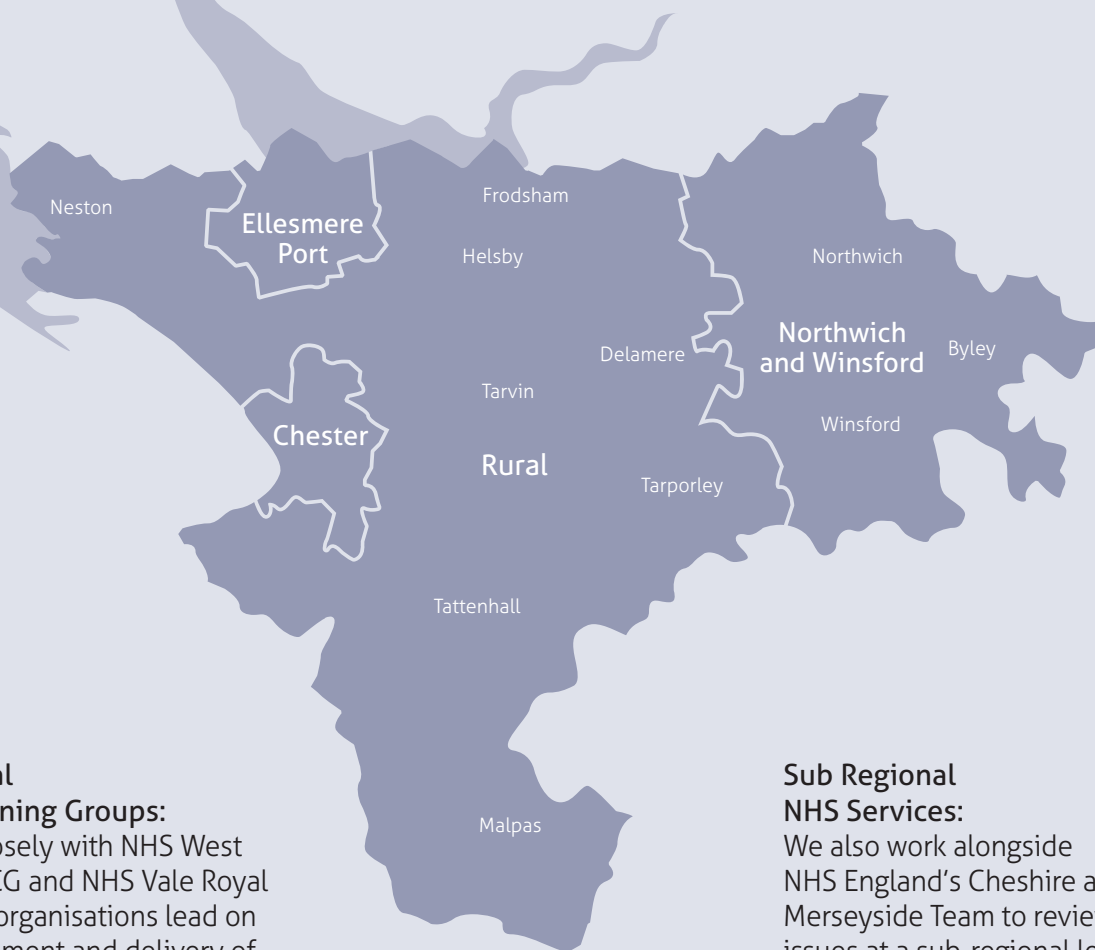
The Council is also working to pro-actively provide support to local residents through our public health campaigns. For example, we are keen to address the levels of alcohol that are consumed by 19,000 'high-risk' drinkers and 53,000 'increased risk drinkers'. Alongside side these statistics we also know that 13% of local residents over 65 often feel lonely.

Impact on Commissioners:

Whilst many of these residents don't currently use health and social care services, by engaging early, and promoting healthy lifestyles we can prevent more severe issues developing, saving money in the long-term. This will require commissioners to manage meaningful campaigns that promote healthy living, and to commission services that support residents to address issues such as drugs, alcohol and obesity.

Our Local Partnerships

Cheshire West and Chester Council have a strong history of working in partnership with local National Health Service Organisations. We recognise that the needs of residents are not defined by organisational boundaries, and therefore require us to work in partnership with other local organisation. Locally, we are proud to work with the following partners:



Two Clinical

Commissioning Groups:

We work closely with NHS West Cheshire CCG and NHS Vale Royal CCG, these organisations lead on the development and delivery of healthcare services across Cheshire West and Chester.

Two Hospitals:

There are two local hospitals that residents will often visit in times of ill-health or incident, the Countess of Chester Hospital, or Mid Cheshire Hospital Foundation Trust.

Two Community

Service Providers:

Locally there are two organisations that provide a range of health care services in the community; Cheshire and Wirral Partnership Trust, and East Cheshire Trust across the wider County.

Sub Regional

NHS Services:

We also work alongside NHS England's Cheshire and Merseyside Team to review issues at a sub-regional level when appropriate, and to keep us informed of emerging issues from the Department of Health.

Ambulance Service:

The North West Ambulance Service provides emergency transport across Cheshire West and Chester to residents in times of need.

The partnerships that we have developed to deliver more integrated services across health and social care operate on a number of geographies, reflecting the needs of local residents, and the movement of patients across the Borough. This has seen partners come together in the following ways.

Pan Cheshire Pioneer Programme

Both Cheshire West and Chester and Cheshire East Council have come together through our Pioneer Programme to address common challenges. We were selected as one of 14 national Pioneer areas to develop new ways of working and to share best practice. This includes local efforts to address challenges that exist across England such as sharing information and purchasing services and items in volume.

The Cheshire West and Chester Approach

There are some issues that are better solved at a Local Authority Level, where residents' needs are different than in Cheshire East. These issues are resolved through our Cheshire West and Chester Health and Wellbeing Board, including members from across the health and social care economy, and setting our local priorities through our health and wellbeing strategy.

The West Cheshire Way and Connecting Care in Central Cheshire:

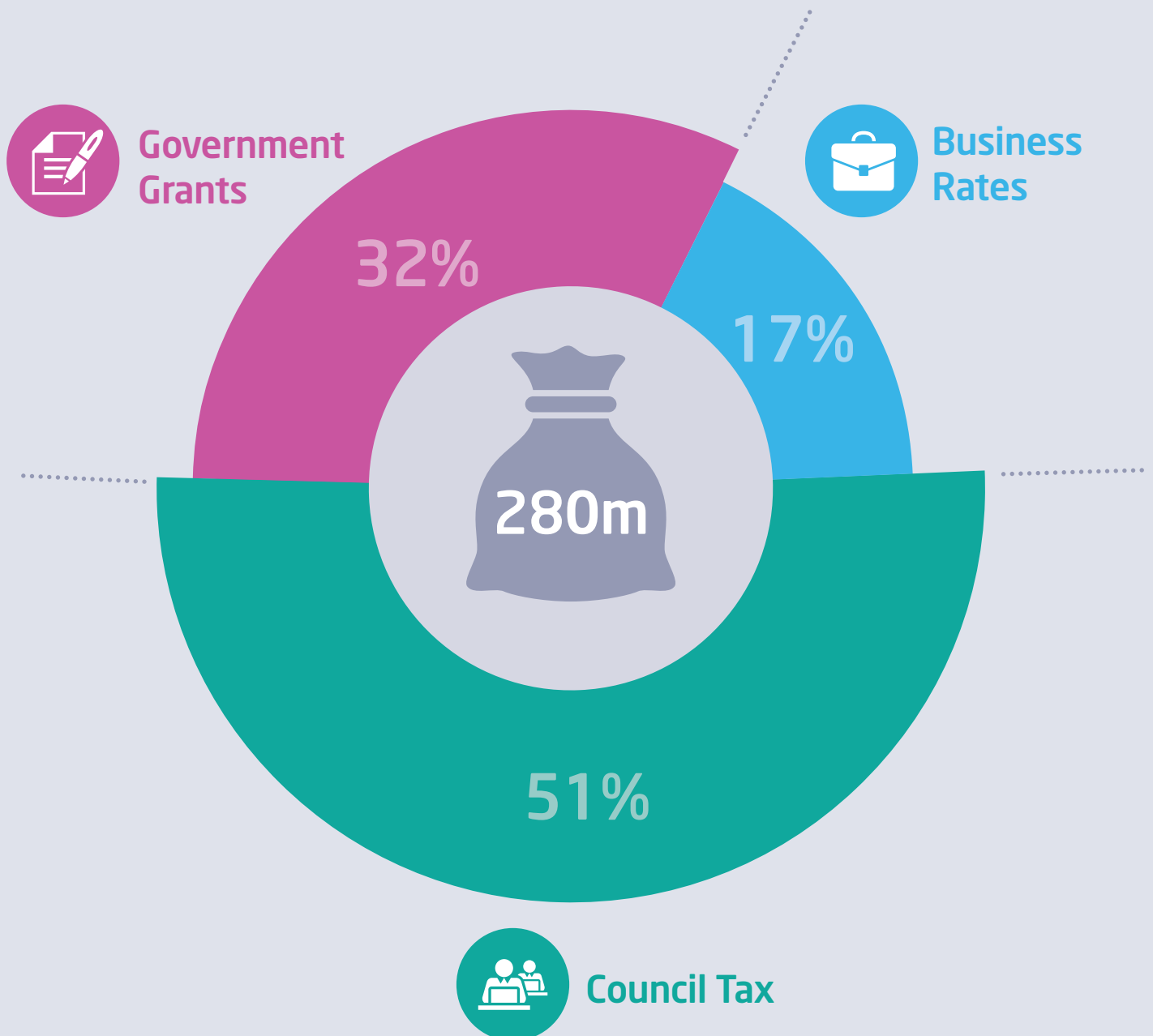
There are also a number of instances where services and approaches are more appropriate at a more local level. To address these issues we are working with West Cheshire CCG through the West Cheshire Way to develop multi-speciality community providers, meeting a breadth of needs in one place.

We are also working with Cheshire East, Vale Royal CCG, and South Cheshire CCG to provide integrated services through our Connecting Care in Central Cheshire Programme. This programme is designed to make sure that the residents of central Cheshire receive integrated services through multi-disciplinary neighbourhood teams.

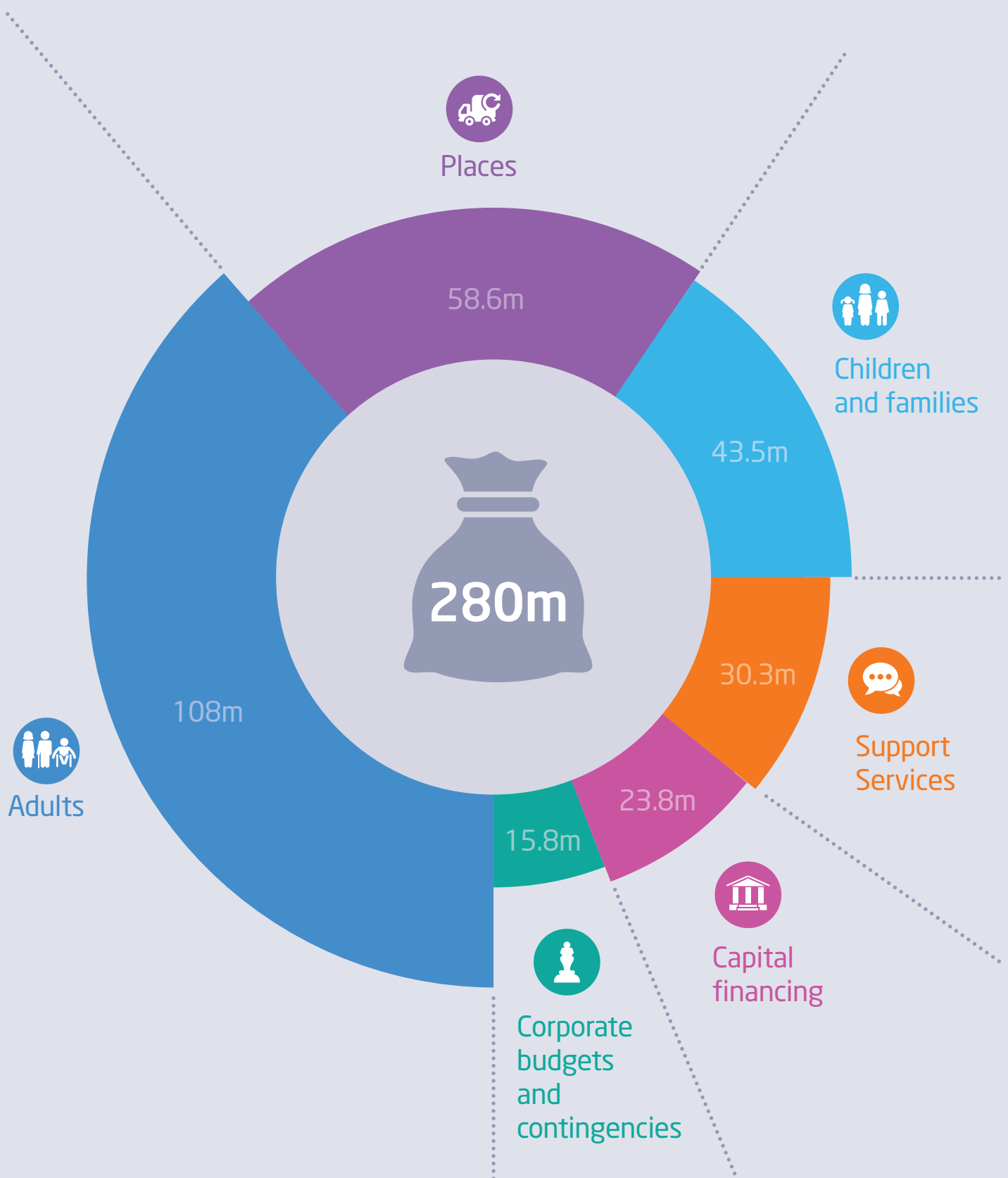


Our Financial Context

Cheshire West and Chester Council has a net budget of approximately £280 million a year. The majority of this money (51%) comes from Council Tax. However, the second biggest source of Council Funding is our Central Government Grant (32%). Locally, we expect this grant to be reduced to zero by 2020; this will require us to save £57 million over the next four-years.



The Council currently spends the majority of its money on Adult Social Care Services (£108 million) and Children's and Family Services (£43.5 million). Due to the financial challenges facing the Local Authority, these figures are likely to reduce in coming years. This is made more challenging for commissioners given that there will be increased demand on services due to demographic pressures and the increased complexity of cases.



Appendix 2.0 to this document sets out in more detail the specific savings that Cheshire West and Chester are planning to make from 2016-2020, as well as the areas of investment. This will allow providers and partners to be fully informed of our four-year financial plan.

The Financial Context for Commissioners

The Council has committed that by 2020, we will spend approximately **£30.5 million** on the protection and safety of vulnerable adults and children, 13% of our net budget. The Council has also outlined that by 2020 it will spend **£112.6 million** on making sure that we deliver compassionate and joined-up care that support independence for older people and vulnerable adults, 44% of our annual net budget.

These figures show the effort that Cheshire West and Chester have made to protect frontline and critical services such as adult social care and health, with other departments and services making bigger reductions. These figures provide clarity to commissioners, providers and partners about the financial envelope that they will have to deliver these outcomes by 2020.

The National Context

At a national level there have been a number of significant changes in legislation and policy that will impact on the services provided by Cheshire West and Chester Council. Local Commissioners will have to account for new inspection regimes from the Care Quality Commission and Ofsted, changes in the funding of services through the Dilnot Reforms, the promotion of joint-working and new responsibilities under the Care Act.

The implementation of these reforms will be challenging, and will require significant changes in practice. These changes will naturally create a risk of confusion for local service-users and service-providers, and will require substantial extra work from Council Officers during a period of severe financial challenges. With this in mind, it is important that Commissioners are clear about these reforms and their implications.

National Changes	Description	Impact on Commissioners	Impact on Providers
Comprehensive Spending Review 2015	In November 2015, the Chancellor George Osborne outlined the financial context that public services will work in over the next four years. This statement included a significant reduction for the Department of Communities and Local Government.	<ul style="list-style-type: none"> This speech provided details on the level of savings that Cheshire West and Chester will need to make over the next four years. The Spending Review also included a number of important policy announcements on issues of integration, including a commitment to the Better Care Fund by 2020. 	<ul style="list-style-type: none"> The speech included further information of public services at a regional level. In response to this speech Cheshire West & Chester are working alongside partners in Cheshire East and Warrington to explore opportunities Providers will need to demonstrate how their services provide value for money within this challenging financial context.
The Health and Social Care Act	In 2012 new legislation abolished the previous Primary Care Trusts that had been working in the Borough, replacing them with Clinical Commissioning Groups, giving clinicians more control of services, and moving the responsibility of public health services to Local Authorities.	<ul style="list-style-type: none"> Through these reforms Cheshire West and Chester inherited the staff, budget and responsibility for commissioning Public Health Services. We will work in partnership with two local Clinical Commissioning Groups; West Cheshire CCG, and Vale Royal CCG rather than historic PCTs. 	<ul style="list-style-type: none"> There will be more joint working and joint commissioning across health and social care services. Providers and their services will be judged across a broader range of outcomes across health, social care, and public health outcome frameworks. There will be increased clinical input into the development of services due to the establishment of CCGs.

National Changes	Description	Impact on Commissioners	Impact on Providers
The Care Act	<p>The Care Act consolidated a number of historic laws into one place, placing the individuals' wellbeing at the centre of their care.</p> <p>This Act creates a duty for Cheshire West in terms of assessing residents' needs regardless of financial circumstances, and to assess the needs of Carers as equal to service-users.</p>	<ul style="list-style-type: none"> • There will be a requirement for the Council to commission increased advocacy services to act on behalf of residents under the Act. • It is likely that there will be an increased demand for local services due to the creation of more consistent eligibility criteria. • There will be financial implications as residents will be allowed to defer payments for services. 	<ul style="list-style-type: none"> • There will be an improved opportunities for the provision of advocacy services in the Borough due to national requirements. • Providers are required to demonstrate their financial viability to Local Authorities through the Commissioning Process, to ensure their long-term stability in delivering services. • Organisations that deliver care and support in the community should be mindful for how their services support Carers.
Putting People First	<p>This Policy has been supported by a range of Government Departments, and has been extended through recent Government initiatives such as Integrated Personal Commissioning. This policy places service users and their needs at the centre of care planning.</p>	<ul style="list-style-type: none"> • Commissioners are required to develop services and specifications that are built around resident's needs. • Commissioners have to develop appropriate markets for service users to arrange their own care through Direct Payments. • Commissioners have to purchase Brokerage Services to support residents in spending their Direct Payment. 	<ul style="list-style-type: none"> • Providers will have the opportunity to promote their services directly to residents who arrange their own care, rather than the Council acting as the only 'purchaser' of care on their behalf. • This will create a more competitive market for the provision of services, with service users having more choice and control regarding the organisations that support them. Providers will therefore be accountable directly to service users, rather than the Council's broader contracts. • There is also a requirement for providers to provide and monitor minimum standards of quality given that their contractual relationship now exists between them and the service user directly.
The National Living Wage	<p>In the 2015 National Budget, the Chancellor George Osborne declared a commitment to pay a National Living Wage by 2020. This wage will start at £7.20 and will rise to £9 an hour by 2020, replacing the current £6.50 minimum wage.</p>	<ul style="list-style-type: none"> • The introduction of the living wage will have a natural impact on the costs for local authorities. This will be an increase in the wages for many care and support staff working across health and social care, and will require additional resources. 	<ul style="list-style-type: none"> • This will require providers to ensure that their employees are paid the national living wage of £9 an hour by 2020. • It is hoped that this will encourage high-quality staff to stay in the health and social care profession, and will support the recruitment and retention of staff.
The Unison Ethical Care Charter	<p>In 2015 Cheshire West and Chester declared our intention to sign-up to the Unison Ethical Care Charter. This Charter includes a number of practical recommendations and standards to ensure that staff working with vulnerable and older adults work in appropriate conditions.</p>	<ul style="list-style-type: none"> • The Ethical Care Charter will require commissioners to ensure that appropriate financial envelopes are developed for services to protect staff conditions. • This will require current and future specifications to include guarantees for care and support staff relating to travel time and minimum payments. 	<ul style="list-style-type: none"> • There will be a requirement for local providers to consider the practical arrangements that support their staff, ensuring that rotas minimise travel time and ensure consistency of staff working with residents. • There will be a requirement for providers to ensure that staff have access to the appropriate training and information to deliver services to a high-standard

Our Local Response

There are a range of levels of need that exist across the population of the Borough, from tackling the wider wellbeing of all residents, those residents that require some help to live independently, to those who require ongoing care and support. Due to these demographic, financial and legislative challenges Cheshire West and Chester Council will need to make changes to the services that we provide, and how they are structured.

To reflect these changes and challenges, Cheshire West and Chester are committed to delivering the following three outcomes by 2020:

- 01 Older people and vulnerable adults are compassionately supported to lead fulfilled and independent lives
- 02 Vibrant and healthy communities with inclusive leisure, heritage and culture opportunities.
- 03 Vulnerable adults and children feel safe and are protected

For each of these outcomes we will present why this is our priority, what we plan to change to deliver these objectives, and the potential impact that it will have for local providers of services.



Outcome 01

Older People and Vulnerable Adults are Compassionately Supported to Live Independent Lives.

Why is this important?

We know that the best place for residents to receive care and support is in their own home. Whilst there will always be instances when people will need more specialist support and may be helped through nursing or residential care, there are significant benefits to residents receiving care in a familiar and comforting environment, their own home. By supporting people to live at home, more residents are able to maintain their existing links with their local neighbourhood and community.

What we will deliver, and what will change?

- **Reshape our Care Provider Company:** The Council currently owns a company that provides community care for adults with learning disabilities and older people, known as Vivo Care Choices. Between 2016 and 2020 we will review whether this company could generate income by selling specialist services to people who request them, and making efficiencies to staffing structures and day care models.
- **Telecare Services:** We have invested significantly in the extension of telecare services across the Borough. In 2012 we had approximately 300 residents with telecare services installed, and we want to increase this figure to over 2,000 by 2018. It is hoped that this investment will support residents to live at home for longer, reducing demand on long-term care placements and home care visits.
- **Home Adaptations and Equipment:** In 2013 we rationalised a number of existing equipment contracts into a single 'Home Improvement Agency' delivered by Liverpool Mutual Homes.
- **Tackle Social Isolation:** Being lonely is shown to have the same impact on your health and wellbeing as smoking 15 cigarettes a day. With this in-mind, we are working with a range of Voluntary and Community Sector Organisations to address social isolation in the Borough. Our BrightLife Programme is a partnership that includes the Council, Age UK, NHS partners and many other Community and Voluntary Sector Providers. This partnership will explore models of 'social prescribing' over the next four years, developing mechanisms to keep residents connected with their peers. This programme will support more than 6,000 vulnerable residents over the age of 55 and will focus on linking residents with the initiatives, community groups and activities that are already taking place in their area;
- **Care Assessments:** We will work with our clients to ensure we meet assessed and eligible needs in the most cost effective way, taking into account the resources of the local authority at the time. This may result in some people receiving short-term intensive support where it is needed and other individuals receiving more cost effective care provision that encourages them to take charge of their own care needs and motivates them towards greater independence, it is hoped this will save £1.7million.
- **Review our in-house services:** We currently deliver a number of services directly as a Council, including Respite Care and Mental Health Services. We also deliver step-up/step-down beds in order to facilitate people as they move through the health and social care system. We will review these services against market competitors, to ensure that they are in-line with best practice, and aligned to our planned outcomes. Potential changes in this area include integration with the NHS, re-purchasing service from alternate providers at a reasonable cost.
- **Learning Disabilities:** We will work with NHS partners to integrate our teams, whilst also engaging with local providers to create bespoke accommodation offers for the 78 young people that we know are coming through transitions.
- **Voluntary and Community Sector Commissioning:** We currently commission a range of services from a number of local voluntary and community sector organisations for services for older people, vulnerable adults and their carers. This help is invaluable to a

number of residents, and it helps to relieve wider pressures on the health and social care economy. We will work closely with the NHS to map our joint spend across these organisations, and to reduce duplication by targeting support towards those who need it most.

- **Support Local Carers:** We currently support 1,800 local carers supporting loved ones and relatives in Cheshire West and Chester. We aim to improve this support by improving their access to information and services, this will include consulting them on decisions relating to those they care for, and the provision of wider support and respite breaks.
- **Autism Services:** We will review our respite and community services to make sure that residents with Learning Disabilities or Autism can be supported to make a contribution to their local community.
- **Re-shape Housing Related Support:** The services that we provide to vulnerable residents with issues such as mental health, learning disabilities and addiction in and around their home will be reshaped and integrated with our wider homelessness services.
- **Create a 'single front door' for services:** We will direct more people to community support by having a single point of access for health and social care services, including staff from both organisations. This will create more expertise to address questions when they first enter the system, and to direct people to the most appropriate support services.
- **The West Cheshire Offer:** We will use our universal services to support residents to live the best life they can, rather than fitting them into an inflexible range of traditional services. This will include empowering our workforce to embrace new ways of working, taking an asset based approach, and viewing residents as individuals.

What will success look like?

Appendix 2.0 sets out in full detail the current performance for services against our measures, but our ambition is that by 2020 we will see improvements for the following measures:

- 1 We are committed to support more Carers through the provision of information and advice, or by signposting them to appropriate Universal Services.
- 2 We want to support more adults with a learning disability to live in their own home, or to live with their family.
- 3 We want to support a higher proportion of adults in contact with secondary mental health services to live independently or without support.
- 4 We want to support more adults with a learning disability to be in paid employment.
- 5 We want to support a higher proportion of Adults in contact with secondary mental health services in paid employment
- 6 We want to reduce the level of long term support needs that are met by admission to residential and nursing care homes (over 65 populations, per 100,000).
- 7 We want to reduce the injuries due to falls in the borough for residents.
- 8 We want to increase the use of assistive technology by extending the installation of equipment in resident's home.



Outcome 02

Vulnerable adults and children feel safe and are protected.

Why is this important?

During the recent Let's Talk consultation we were given a strong message from local residents that one of the most important duties of the Local Authority is to provide protection and security to the more vulnerable residents of society.

We have a moral duty to protect all residents of the borough, and we know that effective safeguarding services are built upon effective identification, a commitment to joint working, a learning culture and effective training for the workforce.

This will include an integrated offer for domestic abuse services, early identification of issues across services, full engagement of partners in safeguarding issues, and using safeguarding processes to learn lessons about local health and social care services.

What we are planning to change?

- **Improve Safeguarding Services:** adults: We will continue to improve local arrangements for the safeguarding of adults, including: raising awareness, putting in place support plans for victims of abuse, improving investigations of abuse, addressing financial exploitation, and complying with the new legal duties of the Care Act. This will also include us aligning our safeguarding resources with partner organisations such as the NHS and Police to provide a more consistent approach to protecting local residents.
- **Tackle Domestic Abuse:** We will continue to strengthen local arrangements to address domestic abuse, offering earlier intervention, improved services for victims and their children. This will include an extended offer of accommodation and a range of dedicated services to tackle the behaviour of perpetrators. This will also include a commitment that survivors who need urgent accommodation are assessed on need, rather than through links to the local area.
- **Embed targeted and specialist services that prevent the escalation of need:** We will conduct a thorough review and evaluation of current services and performance.

This will include tackling emerging issues such as honour based violence, modern slavery and self-neglect.

- **Violence against Women and Girls Strategy:** We will develop and launch a new action plan to provide an overview of our long-term commitment to this national issue. This will include developing a more tailored service to meet local needs.
- **Workforce Planning:** We will develop an 'Academy' approach to workforce planning, training and development across children's and adult services. This will include partners when appropriate and relevant, and will focus on the upskilling and retention of social work staff.

What will success look like?

Appendix 2.0 sets out in full detail the current performance for services against our measures, but our ambition is that by 2020 we will see improvements for the following measures:

1. We want to support all care leavers with appropriate transition services. One of the most important aspects of this is making sure that they have appropriate and suitable accommodation.
2. We want to reduce the percentage of domestic abuse incidents that are repeat referrals (occurring within 12 months of the original incident).
3. We want to make sure that Children in Care are supported with health assessments to identify potential issues and need.
4. We want to increase the proportion of residents that use adult social care services and feel safe. This is a vitally important measure that demonstrates service users' experiences.
5. We want to increase the percentage of positive outcomes for vulnerable adults following a safeguarding investigation.
6. We want to increase the rate of completed safeguarding referrals in the year.

Outcome 03

Vibrant and Healthy Communities with an inclusive leisure, heritage and culture offer.

Why is this important?

The Local Authority has a responsibility for protecting and promoting the wider health and wellbeing of all of our local communities, and we are committed to working with residents to address lifestyle issues that directly impact on their health. Locally, we want to reduce smoking rates with the 54,000 smokers that live in the borough, and to address alcohol abuse with the 32,000 high-risk of dependent drinkers in the borough.

We know that by tackling these issues we can have a direct impact on the immediate health of residents, as well as saving significant costs in the future. By promoting healthy lifestyles we can prevent the development of issues that incur costs across health and social care in the future. These health issues are often reflected in the health inequalities that exist across the borough, including the 13 year gap in life-expectancy that exists across our most affluent and most deprived wards.

What will we deliver and what will we change?

- **Health Check Services:** We currently provide health checks for people aged 40-74, identifying those at risk of strokes, developing diabetes, or heart disease. Younger residents can use our integrated wellness service, which gives support for weight management and stopping smoking. We will review our contracts in this area. This could result in a possible saving of £300,000.
- **Drug, Alcohol, and Sexual Health Services:** In the next four-years the contracts for delivering our current services for drug, alcohol and sexual health services are due to expire. This presents an opportunity to achieve efficiencies in future contracts, looking to reduce the management costs attached to the service, or by rationalising the number of providers. The Council may also explore the opportunity to purchase these services at scale in partnership with a neighbouring authority.
- **Healthy Lifestyle Services:** We will better target our lifestyle services which are aimed to address lifestyle issues such as drinking, smoking and obesity. Often, but not always, these factors are more prevalent in deprived communities. By focusing on these areas and reducing provision elsewhere so that our message is more tailored towards an appropriate audience, we believe we could save over £200,000
- **Public Health Campaigns:** We will create an environment that promotes the public health of the borough, encouraging health eating and active lifestyles. We will explore using our planning powers to review the provision of takeaway outlets, and to optimise the use of green spaces for activities. We will also promote issues of active travel and the use of our local leisure facilities.
- **BRIO Leisure:** We will continue to develop our partnership with BRIO Leisure to deliver high-quality leisure facilities across Cheshire West and Chester. This partnership is underpinned by a 15-year contract to support long-term planning and sustainability for supporting residents to exercise regularly. We have also identified £9 million worth of investment to support the continued development and improvement of these facilities, through the Ellesmere Port Sports Village and Northwich Memorial Court.
- **Changes to our Staff Structure:** In order to protect the funding available for the delivery of services, we are planning to make reductions to our Public Health Team. Some of these services have been integrated with other departments, and we believe we can save over £450,000.
- **Develop the use of greenspaces:** We want to encourage residents to seek enjoyment from open spaces; this will require Commissioners to work closely with colleagues in other departments to review the use of green-spaces, and encourage more activities to be held that can contribute to physical and mental wellbeing.



What will success look like?

Appendix 2.0 sets out in full detail the current performance for services against our measures, but our ambition is that by 2020 we will see improvements for the following measures:

1. We want to commission services and campaigns that support residents to live healthy lifestyles, including a reduction in excess weight in adults.
2. We want to create environments and services that support local adults to be more physically active.
3. We want to reduce the number of alcohol related admissions to hospital (per 100,000 of the population).
4. We want to reduce the prevalence of smoking at the age of 15 for local children and young people.
5. Reduce the healthy life expectancy gap between the most deprived and least deprived wards across the Borough.



Our Enablers to Seamless Care

Beyond delivering these three outcomes, it is important as a Commissioning Organisation that we also create the market conditions that support high-quality services, these conditions include:

- High quality and safe services;
- Providing integrated care alongside health partners;
- Promoting choice and control for residents;

More information on these enablers is contained in the following pages:

Enabler 01

Delivering High Quality Services

The services that we provide support some of the most vulnerable people across our Borough, and we have a moral responsibility to make sure that they are safe and secure through the services we provide. This includes delivering safeguarding services to protect service users, and developing targeted services for specific social problems such as domestic abuse.

However, one of the most effective mechanisms in promoting safety and security for service users is by ensuring that services are delivered to a high-standard and monitored appropriately. The first-step in addressing these issues is by taking a pro-active approach towards quality assurance, and by recruiting and retaining a high-quality workforce to deliver these services.

What we will deliver, and what will change?

- **Ethical Care Charter:** We will look to implement the Unison Ethical Care Charter; this charter includes a number of practical recommendations to improve the quality of conditions for the local workforce delivering care at home services. This includes minimising the travel time for staff and providing consistent staff for service users. This will help to recruit and retain high-quality staff to deliver these services.
- **Supporting Staff Development:** We will build on our existing foundations to ensure that we train and retain first-class social workers to deliver the best quality services. However, we will also have to make some savings on through workforce savings, approximately £340,000 by reducing the management functions and administration surrounding social work staff.
- **Invest in additional Demand:** We recognise that there will always be instances when we need to invest additional resources into services to meet the demands that are placed on them. Therefore, we've committed to invest a further £4 million into services for adults with learning disabilities, based upon the rising number of people that we are supporting, and to protect high-quality services.



Enabler 02

We will work with local partners to provide joined-up care designed around residents needs:

Why is this important?

The challenging context that exists across the health and social care economy is too broad to be addressed by one partner in isolation, and the issues of finance, demographics and legislation require an integrated response across Cheshire West and Chester, our local Clinical Commissioning Groups, and the providers of health and social care services.

By working in a more joined up fashion with our NHS partners it is hoped that we will be able to reduce duplication whilst moving resources into more preventative services. More importantly, this process gives us an opportunity to design our services around the needs of local residents, improving both the consistency and quality of care and support across the Borough.

What we will deliver, and what will change?

- **Better Care Fund:** We will continue to refine and develop our Better Care Fund, a joint budget that is currently worth £24million and spent on a range of health and social care services. By pooling our resources in this way, it is hoped that we can take a more integrated approach towards the services that we commission.
- **Discharge to Assess:** We are working with NHS partners to implement a new assessment process for professionals to ensure that residents receive the appropriate support to leave hospital. This approach is designed to support independence following discharge, and to minimise admissions into long-term care. This will include improving our 'step-down' care facilities, and assessing people's needs at the right stage of discharge. It is hoped that this approach will lead to savings of £450,000.
- **Frontline Staff Integration:** By 2020 the majority of our social care workforce will be jointly based with NHS staff. This will include a single access point for services in the



community, and joint teams delivering services based from GP practices. These teams will coordinate their services and budgets around the needs of residents, preventing hospital admissions and supporting hospital discharges.

- **Commissioning Staff Integration:** We believe that a number of the services we purchase could be combined with NHS partners, this would create an opportunity for shared roles and jobs across organisations. This would remove duplication in the commissioning process, and would result in staff savings of about £200,000.

Enabler 03

We intend to support residents to have more choice and control.

Why is this important?

It would be wrong for us to think that we know what our residents always want, and therefore, it is important that the services we provide are flexible enough to allow residents to make their own decisions. Currently, 19% of social care users have the option of purchasing and shaping their own care through a Direct Payment, and this figure is growing year on year.

To enable residents to make the most of these freedoms it is important that we promote a diverse and competitive market place for them to purchase services directly from, that we provide adequate and meaningful information to support informed decision making, and that we have the appropriate mechanisms in place to administer and monitor these processes.

What we will deliver, and what will change?

- **Promotion of Direct Payments:** We will continue to promote the use of direct payments in the borough, and look to increase the number of people who have more direct control over their services. We will also continue to develop the markets, supporting social enterprises and smaller providers to deliver services. These smaller organisations play a vital role in ensuring that there is genuine choice for residents.
 - **Integrated Personalised Commissioning:** We have been selected as one of nine Government Pilot sites for our IPC programme. This programme is designed to extend the use and remit of Direct Payments for clients with Mental Health needs. Through this initiative we are working to develop a consistent approach to assessing needs and allocating resources across health and social care, creating integrated personal budgets that can be spent on either type of service.
 - **Promoting the Local Offer:** Under the Care Act Cheshire West and Chester have launched our Local Offer Website www.westcheshirelocaloffer.co.uk/kb5/cheshirewestandchester/directory/adult.page.
- This website acts as a 'one-stop shop' for providing information on local services, and reviews regarding their quality. This website will continue to be promoted over coming years so that more residents have access to appropriate information to support their care choices.
- **Brokerage:** One of the most important services we provide is our Brokerage Function. This service supports residents in using their Direct Payments and setting up appropriate arrangements to support their needs. We currently have these services delivered by two local providers; Age UK Cheshire and Cheshire Centre for Independent Living. Alongside these contracts, there is a small internal team that also supports residents in developing arrangements for their care. It is our intention to rationalise these services into one consistent service.
 - **West Cheshire Offer:** The West Cheshire Offer will bring together a number of Council, Partner and community services with the single aim of enabling independence and wellbeing through person centred support.

Appendix 1.0

Performance, Outcomes and Ambition Parameters for Commissioners

This commissioning intentions document has been designed to support an evidence based approach to Commissioning, ensuring that Cheshire West and Chester are informed of the performance of commissioned services, and the contribution that they make towards the wider delivery of the Council's Priority Outcomes. Whilst this document outlines the ambition that partners are working towards by 2020, this appendix provides further information on the outcome specific targets that the local authority is working towards over the next four years.

The outcomes listed below are not exhaustive, but are instead designed to provide an overview of performance and ambition for the next four years.

Note: The information in the tables was accurate at the point of publication (summer 2016), and will be refreshed on an annual basis to ensure that it remains both timely and relevant. The monitoring of these outcomes will be managed through the Council's approach to Outcome Plans, to ensure a consistent approach across all ten priority outcomes.

Outcome 01: Vulnerable Adults and Older People are Compassionately Supported to Lead Fulfilled and Independent Lives.

No	Outcome Measure	Current Performance	2020 Target
1	We are committed to support more Carers through the provision of information and advice, or by signposting them to appropriate Universal Services.	1,810	3,000
2	We want to support more adults with a learning disability to live in their own home, or to live with their family.	88%	90%
3	We want to support a higher proportion of adults in contact with secondary mental health services to live independently or without support.	69% north west average.	80%
4	We want to support more adults with a learning disability to be in paid employment.	5.5% north west average.	6%
5	We want to support a higher proportion of Adults in contact with secondary mental health services in paid employment	5.3% north west average.	6.7%
6	We want to reduce the level of long term support needs that are met by admission to residential and nursing care homes (over 65 populations, per 100,000).	474	374
7	We want to reduce the injuries due to falls in the borough for residents.	1,683	1,603
8	We want to increase the use of assistive technology to Increased use of assistive technology, by extending the installation of equipment in resident's home.	418	2,100

Appendix 1.0

Performance, Outcomes and Ambition Parameters for Commissioners

Outcome 02: Vulnerable Adults and Children Feel Safe and are Protected.

No	Outcome Measure	Current Performance	2020 Target
1	We want to support all care leavers with appropriate transition services. One of the most important aspects of this is making sure that they have appropriate and suitable accommodation.	87.4%	100%
2	We want to reduce the percentage of domestic abuse incidents that are repeat referrals (occurring within 12 months of the original incident).	18%	10%
3	We want to make sure that Children in Care are supported with health assessments to identify potential issues and need.	83%	95%
4	We want to increase the proportion of residents that use adult social care services and feel safe. This is a vitally important measure that demonstrates service users' experiences.	76%	80%
5	We want to increase the percentage of positive outcomes for vulnerable adults following a safeguarding investigation.	55%	65%
6	We want to increase the rate of completed safeguarding referrals in the year.	126 per 100,000	231 per 100,000

Outcome 03: Vibrant and Healthy Communities with Inclusive Leisure, Heritage and Culture Opportunities.

No	Outcome Measure	Current Performance	2020 Target
1	We want to commission services and campaigns that support residents to live healthy lifestyles, including a reduction in excess weight in adults.	64.6%	60%
2	We want to create environments and services that support local adults to be more physically active.	63.9%	68%
3	We want to reduce the number of alcohol related admissions to hospital (per 100,000 of the population).	561	450
4	We want to reduce the prevalence of smoking at the age of 15 for local children and young people.	6.8%	4.5%
5	Reduce the healthy life expectancy gap between the most deprived and least deprived wards across the Borough.	Men - 9.7 years Women - 8.1 years	Men - 8.9 years Women - 7.3

Appendix 2.0

Financial Parameters of Commissioning

The commissioning intentions of any organisation are largely shaped by the operating context within which they operate. Our Commissioning Intentions: Seamless Care, Closer to Home contains information on the policy and legislative context in which we operate. However, there is also a requirement to provide clarity regarding the financial context for Commissioners over the next four years.

From 2016-2020, Cheshire West and Chester Council is required to save £57 million (approximately 17% of our net budget), and we have developed a full four-year budget plan to address this gap and manage our financial challenges in a strategic manner. Whilst this level of saving is shared across the full breadth of Council services and departments, it does have a direct impact upon the Outcomes that are outlined within this document.

The tables below are designed to provide an indication to the public, providers and partners about the scale of savings that will be required for commissioners over coming years, and the indicative approaches that we will take to deliver them:

Outcome 01: Vulnerable Adults and Older People are Compassionately Supported to Lead Fulfilled and Independent Lives.

No	Heading	Description	Financial Impact (£)
1	Invest in further support for rising numbers of adults with learning disabilities	More young people are now moving into adulthood with a learning disability. To meet this rising demand, the Council will invest to ensure high quality support is in place.	+4.727m
2	Support people discharged from hospital to return home	Providing support to return home, rather than moving to long term care facilities. Delivered by improving step-down care and assessing individual needs at the right stage of rehabilitation.	-0.450m
3	Review in-house care services	Review of reablement, respite care, step up/down support and mental health outreach services to ensure services are focused correctly and efficient.	-0.947m
4	Social care staff review	Savings delivered by re-modelling care management using workload data and by streamlining administration.	-0.993m
5	Ensure that care packages are designed in the most cost effective way	The Council will work with clients to ensure care needs are met in the most cost effective way.	-3.183m
6	Review services provided by voluntary and community sector organisations	These services are of growing importance to the sector, and the Council will work with partners to ensure duplication is reduced and support is well-targeted.	-0.300m

Appendix 2.0

Financial Parameters of Commissioning

In the Local Government Finance Settlement, central government recognised the significant pressures faced by councils in relation to adult social care and confirmed that for each of the next 4 years they have an option to raise an additional precept on council tax bills of 2% to enable significant levels of additional investment to be directed towards this area of great need. The additional funding raised must be used entirely for adult social care.

In recognition of the significant pressures on adult social care in this Borough, the Council accepted the Government offer for 2016-17 and raised additional funding of £2.936m, to be fully

invested in supporting adult social care. The additional funding is to be utilised to fund the estimated impact of demographic and inflation pressures, to maintain and protect core adult social care services, to support health and social care integration and the wider health and social care economy and to enable investment in preventative services and key manifesto priorities.

The Council is also intending to raise the Adult Social Care precept each year to 2019-20. This will raise additional funds of £12.747m over the period 2016-20 to be invested in adult social care.

No	Heading	Description	Financial Impact (£)
7	Direct more individuals to support and advice in the community	Creating a single point of access to health and social care will ensure staff are better equipped to direct clients towards voluntary and community sector groups, who may be more suited to client needs than costly care packages.	-0.400m
8	Introduce a charge for people who want to defer the cost of their care	Where individuals are able to meet the costs of their care, the Council can offer to defer payment and recover costs from their estate when they die.	-0.079m
9	Reshape the Council's care provider policy	Explore whether Vivo Care Choices can generate income by selling specialist services.	-1.232m
10	Make efficiencies through sexual health and substance misuse contracts	The Council will achieve efficiencies in future contracts, which could be achieved by considered a single provider, or exploring opportunities to purchase the service at scale with the wider sub-region.	-2.194m
11	Transport Efficiencies	Save costs through retendering the community transport provision.	-0.100m
12	Joint commissioning with health promoting information, support and advisory services	Combining services, staff with health sector.	-0.300m
13	Additional funding to meet growth in demand for services for older people.	Additional funding will meet for demand for older people, including support for people and families living with dementia related illnesses	+0.684m
14	Additional Social Care growth to utilise the social care precept funding	Funding will allow investment in transformational activities while funding existing social care pressures.	+7.978m
TOTAL			+3.211m

As you can see from the table above, Commissioners at Cheshire West and Chester are planning to deliver a net investment of £3.211m by 2020 for this outcome. The biggest area of investment for this outcome is the growth of social care to utilise social care precept funding, and the biggest financial saving will be made by ensuring care packages are delivered in the most cost

effective way. The financial profiling for these changes are that in 2016/17 there will be investment of £5.142m and savings of £4.094m, a net change of +£1.048m. Whilst from 2017 through to 2020 we will save £7.235m whilst providing new investment of £9.398m, a net change of +£2.163m.

Appendix 2.0

Financial Parameters of Commissioning

Outcome 02: Vulnerable Adults and Children Feel Safe and are Protected.

No	Heading	Description	Financial Impact (£)
1	Invest additional money into services for children in care	Additional funding directed to 'children in care' services.	+0.900m
2	Extend support to prevent children entering into care	The Council is trialling a new team in children's social care that provides intensive support at times of crisis and reduce need for ongoing support.	-0.540m
3	Review children and family services	Service review to explore new models of working, remodel the workforce, sharing emergency duty team with another Council.	-0.773m
4	Share our fostering recruitment and adoption services with other councils	The Council will look to share the costs of foster care recruitment with other councils in the region to achieve efficiencies.	-0.660m
5	Make smarter purchasing choices for private sector fostering placements	Exploring buying foster care placements in bulk rather than buying at individual set rates.	-0.200m
6	Review adult safeguarding services	Review safeguarding functions to explore joining up relevant services and working more closely with partner agencies.	-0.100m
7	Conduct a full redesign of children's social care	A review to consider alternative models of social care to ensure safe and effective practice across the borough. Options include sharing the service with another council and scaling up preventative practice and health contributions to the cost of supporting children in care.	-3.175m
TOTAL			-4.548m

As you can see from the table above, Commissioners at Cheshire West and Chester are planning to deliver a net saving of £4.548m by 2020 for this outcome. The biggest area of investment for this outcome is additional funding to support children in care, and the biggest financial saving will be made by redesigning

children's social care. The financial profiling for these changes are that in 2016/17 there will be investment of £1.296m and savings of £1.279m, a net change of £+0.017m. Whilst from 2017 through to 2020 we will save £5.115m whilst providing new investment of £0.550m, a net change of £-4.565m.

Appendix 2.0

Financial Parameters of Commissioning

Outcome 03: Vibrant and Healthy Communities with Inclusive Leisure, Heritage and Culture Opportunities.

No	Heading	Description	Financial Impact (£)
1	A new approach for cultural services.	Review of cultural services to understand whether they offer value for money.	-0.745m
2	Review of tourist information services	Review of tourist information services, moving towards a digital approach.	-0.150m
3	Efficiencies in the Public Health team	There will be a reduction in the team but also a saving on discretionary spend that will allow re-investment back into Council services that improve health and wellbeing	-0.535m
4	Better targeted lifestyle advice services	Better targeting of drinking, smoking, obesity, exercise services with a focus on provision to deprived communities with reduced provision elsewhere.	-0.828m
5	A single provider for health checks	A review of contracts relating to health checks.	-0.300m
6	Review of health protection	Review of health protection to manage and prevent healthcare acquired infection contracts to deliver efficiencies.	-0.070m
7	Reduce leisure facilities management payments	Reduce the payments made for management of the borough's leisure facilities, following benefits realised from investment in new facilities, operating efficiencies and an increase in income generation.	-0.700m
8	Cease the New Homes Bonus Community Fund	The Council currently sets aside 20% of the NHB to allocate to Parish Councils and non Parished areas. Due to funding reductions the Council will cease this payment subject to consultation.	-1.843m
TOTAL			-5.171m

As you can see from the table above, Commissioners at Cheshire West and Chester are planning to deliver a net saving of £5.171m by 2020 for this outcome. The biggest financial saving will be made by ceasing the New Homes Bonus community fund. The financial profiling for

these changes are that in 2016/17 there will be investment of £0.075m and savings of £2.785m, a net change of £-2.710m. Whilst from 2017 through to 2020 we will save £2.556m whilst providing new investment of £0.095m, a net change of £-2.461m.

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