

# Council Improvement Profiles

LOCAL AUTHORITY : CHESHIRE WEST & CHESTER

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For 2015/16, the Borough performs particularly well in the views of service users and carers. Of the 12 measures based on survey results, ten performed better than the England average, the remaining two being close. Most of the measures are showing improvement on previous results.

Of the 25 measures where performance can be compared to other Authorities, 16 are better than the national average. These include the overall satisfaction of users and carers who use services; the proportion of people and carers using self-directed support; and the proportion of users who feel safe. Only four measures are below average and these largely reflect nationally recognised pressures in the system.

## Meeting the challenges

In October, the Council expressed its concern at the growing crisis in social care, which it noted had lost £4.6bn funding nationally since 2011 when demand is increasing and plans to use its new precept powers to improve services and develop a new model of delivery.

## Social Care as part of corporate strategy

Early in 2016 the council completed wide public consultation on its key priorities over the four year period to 2020. From this came ten outcome plans, including one for the provision of compassionate care that supports the independence of older people and vulnerable adults.

Transforming adult social care has support from the Authority's Public Services Reform Team. There are four key programme areas based around culture, behaviour change and community empowerment; integration with the NHS; personalisation of care and support; and complex dependency. Wired together these form elements of the council's overall strategy for modernising adult social care - the West Cheshire Offer.

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## **Working closely with health**

### **Delays in discharge - rapid response and reablement pilot**

Agreement was reached during the year for a joint Rapid Response and Re-ablement project between the council and a major district general hospital to develop a single support pathway to improve performance in managing speedier discharges from hospital.

### **Joint residential care contract**

The Council has worked closely with its CCG partners to design a new contract for the provision of registered residential care. Worth £27m a year over three years, the contract covers the full range of residential and nursing care, including dementia care, and NHS continuing health care for those with long term conditions or complex needs.

### **Complex dependency programme**

In January 2016 the council began a pilot programme to review support for adults with complex dependency issues. Following analysis, 65 were selected for allocation to a complex dependency case worker. A key aspect is to ensure the co-ordination of other specialised services such as housing, homelessness, drug and alcohol, mental health services

### **Mental health summit**

November saw the council and its NHS partners arrange a mental health summit which brought together providers, professionals and service users to generate commitment to establishing a mental health partnership board. The new board will be pivotal in co-ordinating action and drawing service user input into developing the mental health priority of the Health and Wellbeing Strategy and Five Year Forward View.

## **Better Care Fund**

The minimum specified pooled allocation for the Cheshire West and Chester Health and Wellbeing Board footprint for 2016/17 was £24.8m. Further additional health and social care resources of £66.8m were pooled in 2016/17 as part of the Cheshire West and Chester BCF to support the integration of health and social care between the council and the CCGs.

## **The Cheshire Care Record**

This joint project was rolled out across Cheshire during 2016. It is a summary of the care and support received by an individual from both NHS and social care.

## **Keeping people safe**

### **Safeguarding adults**

New Domestic Violence and Abuse and Hate Crime and Preventing Vulnerable People from Being Drawn into Extremism strategies have been published. Six sub-groups support the work of the LSB each led by one of the key partner agencies. A new group is the multi-agency Channel Group, which seeks to identify, protect and support people vulnerable to extremist propaganda.

## **Preventing falls**

For 2014/15, falls accounted for nearly 1600 hospital admissions for our residents aged 65 or over, with almost 400 hospital admissions for fractured hips. A Falls Prevention Strategy which aims to reduce the incidence and impact of falls amongst older people was launched for public consultation in October, ready for the strategy to be rolled out in 2017.

## **Working with and for our communities**

**The new Healthwatch contract** In conjunction with Cheshire East council, a new Healthwatch contract has been designed to provide for the first time a consistent service across the two boroughs, incorporating the formerly separate NHS complaints advocacy service.

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**The Local Offer** This comprehensive information website is now live and provides an on-line directory of all services in the Borough, including factsheets and information not only from the council but a wide range of public, private and third sector providers. The site will be continually updated and developed to take account of new information and advances in technology.

**The Access City Award** In November, Chester became the first British City to win the European Access City Award in recognition of the council's efforts to make it easier for older and disabled people to gain access to public areas and have plans for further improvements. 43 cities submitted applications with a European Panel making the decision from amongst the shortlist of seven. The award reflects the strong partnership between the council and the Borough's disabled community.

## Transforming care for vulnerable people

### The West Cheshire Offer

Supported corporately, this is a new programme to ensure that people are always assisted to live the best life they can rather than fitting them into traditional and expensive services. Key objectives will be to develop the community and voluntary sectors to provide local, flexible support and to commission more improved solutions for people to manage their own care, remain independent longer and provide better outcomes for people requiring support.

### Early intervention and prevention

**commissioning** The council has embarked on a new model for commissioning early intervention and prevention services focusing on supporting residents to be as independent and as well as possible, for as long as possible. The new model is based on three tiers covering universal services; targeted early intervention and prevention services; and specialised services such as reablement. Over £1m has been allocated to support the model,

divided equally between the base budget and precept funding. The intention is to have a new contract in place from October 2017 with a single co-ordinating agency for each tier.

**A new dementia strategy** The council has committed to improving services for people with dementia and their families. Promoting dementia friendly communities and organising multi-agency training has been followed by a new three year strategy. Based on the five key principles of prevention; diagnosing well; living well; supporting well; and planning well, consultation on the strategy began in the autumn.

### The Brightlife Project

This Big Lottery Funded project to identify and support older people who are isolated has made much progress in the past year. Run by a third sector led multi-agency partnership, which includes the council, Brightlife is commissioning a range of projects in those areas of the borough highlighted by research as having particular needs. The development of a social prescribing model and generating innovative local projects are key features.

### Providing support for carers

In October, a carer led project group was established to come up with proposals for ensuring that the practical needs of those presently receiving care are identified and planned for when the carer can no longer provide care. This is the "Who will care after I'm gone initiative." In addition over £500000 was allocated from the BCF to support carers breaks. The Council's Carers Lead Liaison Officer post has become permanent, is involved with around 30 groups and forums and has so far dealt with over 70 referrals for one to one support.

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