

Agenda item No: 3

EAST MIDLANDS REGIONAL IMPROVEMENT AND EFFICIENCY PARTNERSHIP OFFICER BOARD MEETING: 16 JUNE 2008

Report of the Director

East Midlands Adult Social Care Joint Improvement Partnership Plan

1. Purpose of the report

- 1.1 To outline the attached report and content of the presentation by David Pearson, Director of Adult Services, Nottinghamshire County Council

2. Background

2.1 Introduction

- Adult Social Care is one of the service priorities of the East Midlands RIEP
- All Council services face the efficiency challenges of CSR 07 but Adult Social Care is a major spend area. CIPFA statistics for 2006/7 suggest the total expenditure on Adult Social Care by the nine upper tier local authorities in the East Midlands was £819 million. Adult Social Care is, therefore, a critical service for the achievement of improvements and greater efficiencies and necessitates significant attention if these gains are to be realised.
- It is also important to recognise the contribution of the adult social care workforce to the Regional economy and the need for it to expand and diversify to meet demographic pressures and changing expectations.
- The Joint Improvement Partnership (JIP) Plan brings together ambitious plans which are summarised in this report.

- 2.2 The attached report and presentation will outline drivers to develop a Joint Improvement Plan (JIP) and the financial investment support requested from EM RIEP to provide three Project Support Officers.

- 2.3 Agenda item 7 contains the outline business case for this project.

3. Recommendations

- 3.1 The Board note the attached report and presentation on behalf of the JIP Management board concerning the outline business case for Project 941.

3.2 The board note that further projects will be developed under the Adult Services JIP Plan and will have investment implications for EM RIEP.

Chris Allison

Director

East Midlands Regional Improvement & Efficiency Partnership

RIEP Board meetings/16 June 08/agenda item 3.doc

EAST MIDLANDS ADULT SOCIAL CARE JOINT IMPROVEMENT PARTNERSHIP PLAN

REPORT FOR THE EAST MIDLANDS REGIONAL IMPROVEMENT AND EFFICIENCY PARTNERSHIP

REPORT TO BE CONSIDERED BY EMASCJIP ON 13 JUNE 2008

Sallyanne Johnson, Chair

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- Safeguarding
- Health, Wellbeing and Quality of Life
- Learning Disabilities
- Improving Procurement & Cross Cutting Work

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EAST MIDLANDS ADULT SOCIAL CARE JOINT IMPROVEMENT PARTNERSHIP PLAN

1. Introduction

- 1.1 Adult Social Care is one of the service priorities of the East Midlands RIEP
- 1.2 All Council services face the efficiency challenges of CSR 07 but Adult Social Care is a major spend area. CIPFA statistics for 2006/7 suggest the total expenditure on Adult Social Care by the nine upper tier local authorities in the East Midlands was £819 million. Adult Social Care is, therefore, a critical service for the achievement of improvements and greater efficiencies and necessitates significant attention if these gains are to be realised.
- 1.3 It is also important to recognise the contribution of the adult social care workforce to the Regional economy and the need for it to expand and diversify to meet demographic pressures and changing expectations.
- 1.4 The Joint Improvement Partnership (JIP) Plan brings together ambitious plans which are summarised in this report.

2. The Policy Challenges

- 2.1 Demographic trends, together with an increase in conditions such as dementia, and greater public expectations, have added to the financial pressures faced by the nine Adult Social Services Authorities.
- 2.2 Performance is variable. There are two three star Councils, two one star Councils and the remainder are two star. A regional priority is to ensure that all Councils are at least two star Adult Social Services Authorities (or the equivalent under the new performance monitoring arrangements) or better by 2010/11.
- 2.3 The 'Putting People First' Concordat, published in December 2007, requires a new approach to the delivery of Adult Social Care; the changes will be much more radical than those brought about with the introduction of Community Care in the early 1990s.
- 2.4 The transformation will need regional support in order to swiftly maximise the benefits and improve outcomes for citizens.
- 2.5 There is a broad consensus that personalisation through individuals having their own budget to arrange the most appropriate support will assist people to:
 - Live independently whenever possible
 - Stay healthy and recover quickly from illness
 - Retain maximum dignity and respect
 - Participate as active and equal citizens, both economically and socially
 - Have the best quality of life, irrespective of illness or disability
- 2.6 There is an increasing recognition that a focus only on people with the highest levels of social care need is not the most effective approach. Prevention and early intervention should help to tackle inequalities, promote social inclusion and also be more cost effective in the longer term.
- 2.7 In some parts of the East Midlands, self funders are a very large percentage of the people who use Social Care services. It is now generally accepted that they should also have access to advice and information.

- 2.8 Recent developments such as Joint Strategic Needs Assessment (a statutory duty since April 2008) and Local Area Agreements have encouraged partnership working and community development initiatives to achieve solutions better able to meet the aspirations of citizens and make more effective use of scarce resources.
- 2.9 The Adult Social Care proposals assume efficiencies will be achieved through radical service re-design, especially the personalisation transformation changes. There are, nevertheless, some specific plans to improve procurement and support cross cutting improvements in commissioning, leadership and workforce planning.
- 2.10 The transformation is much bigger than Adult Social Care. It cannot be achieved without the wider involvement of the nine Councils and the contribution of Districts. Whilst the focus is on vulnerable adults, they should have access to a broad range of advice, information and support to enable inclusion and enhance citizenship.
- 2.11 Adult Social Care increasingly recognises its wider role in health, well being and improving the quality of life and working in partnership with Districts, and a range of local, regional and national agencies. Everyone should win through this approach – more focus on prevention and early intervention will improve outcomes and be cost effective in the longer term; partners will also benefit through the resources and expertise social care brings to these broader agendas.

3 The Priorities

3.1 The JIP Plan has been completely revised to reflect the newly agreed priorities of:

- Personalisation
- Safeguarding
- Health, Well Being and Quality of Life
- Learning Disabilities

There are also some cross cutting themes including improved procurement and support to leadership and workforce planning.

3.2 Why have these priorities been selected and how do they relate to one another? 'Putting People First', and the required transformation, necessitates personalisation being the top priority. With individuals having their own budgets, and greater choice and control, it will be essential to strengthen safeguarding. Health, Well Being and Quality of life reflect the broader agenda and the importance of partnerships. Learning disabilities has been included as 'Valuing People Now' and the transfer of commissioning to local authorities require specific projects. Efficiencies will be achieved through service re-design but improving procurement is also necessary. Workforce and leadership developments are critical cross cutting activities which underpin the Plan. Successful delivery will make a significant contribution to improving outcomes for vulnerable citizens in the East Midlands.

3.3 The Plan should be seen as **ONE COHERENT PLAN**. The programme approach will aid delivery but the projects all contribute to the overall aims of improving outcomes for individuals and achieving greater efficiencies. Co-ordination will be achieved through the close working of the Programme Chairs, all regional Directors of Adult Social Services, and the quarterly meetings of the East Midlands Adult Social Care Joint Improvement Partnership.

3.4 The Plan will also contribute to the achievement of a number of the 26 East Midlands Regional Improvement and Efficiency targets (see later section).

3.5 Each section of the Plan is introduced before the summary of the specific programmes. The JIP Plan will evolve as needs become even clearer in the light of preliminary work. It may also be necessary to add some national Department of Health 'must dos', possibly supported by badged funding.

4 Partnership Development of the Plan

4.1 The Regional priorities and the draft JIP Plan have been developed through the strong partnerships in the East Midlands.

4.2 The main partners are ADASS (Association of Directors of Adult Social Services), CSIP (Care Service Improvement Partnership), CSED (Care Service Efficiency Delivery), East Midlands Centre of Excellence, Skills for Care, Government Office for the East Midlands (GOEM), East Midlands Public Health, the Commission for Social Care Inspection (CSCI) and the Improvement and Development Agency for Local Government (IDeA).

5 An Infrastructure for Delivery

5.1 It is intended to ensure delivery of the Plan through a project management approach.

5.2 Programme Boards will be established for:

- Personalisation
- Safeguarding
- Health , Well Being and Quality of Life
- Learning Disabilities
- Improving Procurement
- Cross Cutting Improvement

5.3 Each Board will be chaired by a Director of Adult Social Services who will sponsor the work.

5.4 They will report on progress and variations to their plans to the quarterly meetings of the East Midlands Adult Social Care Joint Improvement Partnership.

6 Funding

6.1 It is expected that the JIP Plan proposals will be funded from:

- The EM RIEP and sub regional IEP's
- CSIP and Department of Health (DH) Regional Presence funding (amounts still to be decided)
- CSED funding
- Badged DH improvement funding for one star Councils
- Regional allocation of the Social Care Reform Grant (£200k for each of the next three year – years two & three subject to confirmation)
- Contributions from Local Councils (Social Care Reform Grant, mainstream funding, staff secondment /contribution of expertise).

6.2 It is recognised that RIEP bids will require a business case, including return on investment, and Project Initiation Documents (PIDS). Mietool is being used to assist with the assessment and monitoring of projects.

6.3 The Project Support Officers will be prioritised so the programme infrastructure can be put in place as effective project management is crucial.

6.4 A strategic view will be taken on the most appropriate of the various funding sources.

- 6.5 Some of the projects need further refinement This will be co-ordinated by the Programme Boards who will also ensure that there are viable detailed costed project plans before commencement.
- 6.6 An initial task for the Programme Boards will be to profile the cost of each project as some will only require a relatively small sum this financial year but the bulk will be needed in year 2 and some in year 3. It may also be necessary to prioritise individual projects or the scope of the work if insufficient funding is available.
- 6.7 CSED is to allocate 1.5 Consultants to the East Midlands to support the programme.
- 6.8 In addition if EM RIEP commits to one CSED consultant (cost £90k) they will provide a second at no cost. This bringing the total of CSED consultants available to 3.5. This will be subject of a Business Case.

7 Management of the Programmes

- 7.1 In order to manage the ambitious programmes within the JIP Plan effectively it is considered essential that there is a common structure of Programme Boards for each programme, with clear terms of reference, chaired by a Director of Adult Social Services and there is sufficient project management capacity.
- 7.2 Therefore a bid is being made to the EM RIEP Regional Programme for three Project Support Officers – one for the Personalisation programme, one to be shared by the safeguarding, Health and well being and one to be shared by the learning disabilities and procurement and cross cutting programmes.

**East Midlands Regional
Improvement & Efficiency Partnership
– 26 Targets**

Better Outcomes for People and Places

TARGETS	JIP PLAN CONTRIBUTION
1. All stretch targets established under the LAA/MAA regime need to demonstrate a <i>minimum level of 80% achievement across the range for each LAA/MAA</i> by 2011.	Relevant, especially to adult health & well being and tackling exclusion & promoting equality indicators within LAA
2. All relevant authorities should be at <i>level 2 or better</i> in Adult Services by the end of 2010/11	Essential to achievement of this target
5. Citizen Engagement - Civic Participation in the local area will be improving as measured by the National Indicator 3 between 2008-11.	Personalisation transformation should contribute to increasing citizen engagement
7. Improve regional performance against an agreed sub set of national targets set (the region will agree this sub set and the targets	Should be relevant

Capacity Building

TARGETS	JIP PLAN TARGETS
8. All authorities at Equalities Standard Level Three or better by 2010/11.	Indirect contribution
9. 60% of councils will have achieved the member development charter by 2010/11.	Leadership includes development & support of Adult Social Care Elected Members Network
10. The average number of days lost through sickness will be best quartile.	Cultural transformation as part of the Personalisation Programme should make a contribution

Efficiency

TARGETS	JIP PLAN CONTRIBUTION
12. Aggregate achievement of targets set under performance indicator NI 179 (efficiency) by end of 2010/11, estimated to be £384m per annum	Transformation service re-design and Improving Procurement work will make a useful contribution
13. <u>Each</u> authority to have made significant contributions to efficiency as evidenced by NI 179	See No 12
14. 80% of authorities to have <u>over</u> achieved this target as described in NI 179	See No 12

Driving Self Improvement of Authorities and Partnership

TARGETS	JIP PLAN CONTRIBUTION
16. No failing authorities by the end of 2008/09 as measured by the new CAA regime so reducing the gap between the poorer and the best	The Plan will assist in raising standards and achieving more consistency across the Region
17. More authorities on average than other regions in the top two categories	See No 16
18. All authorities will have a positive rating attached to LAA partnership working, as assessed by CAA	See No 16
19. No authority scoring less than 3 overall on use of Resources by the end of 2010/11.	Service re-design as part of the transformation work plus improving procurement will contribute to this target.
20. All authorities to be classed as 'improving well or better' on the Direction of Travel assessment by the end of 2011.	The Plan will make an important contribution
23. All authorities to have achieved ratings of <i>Amber/Green</i> on their annual area risk assessments for each area covered by a LAA.	Should make an important contribution

Innovation and Transformation

TARGETS	JIP PLAN CONTRIBUTION
24. The satisfaction rate with East Midlands authorities will be <i>improving</i> , as measured by the new National Survey of Public Views on Local Services (National indicator 5 overall/general satisfaction with local area) between 2008-2011	Transformation work should improve satisfaction rates for Adult Social Care
25. 100% of councils will have undertaken a Business Improvement Training Programme	The programme will involve service redesign to facilitate the Personalisation agenda
26. The region will capture £142m of business improvement savings over 3 years	Service re-design and improved procurement will make a contribution

NATIONAL OUTCOMES FOR ADULT SOCIAL CARE

1. Improve health & emotional well-being (Every Child Matters 1)
2. Freedom from discrimination & harassment (ECM 2)
3. Improved quality of life (Enjoy & achieve –ECM 3)
4. Making a positive contribution(ECM 4)
5. Economic well-being (ECM 5)
6. Exercise choice & control
7. Personal dignity
- (8. Leadership)
- (9. Commissioning & use of resources)

RELEVANT INDICATORS FROM THE NATIONAL INDICATOR SET (NIS)

N1 120	All-age all cause mortality rate
N1 121	Mortality rate from all circulatory diseases at ages under 75
NI 122	Mortality from all cancers at ages under 75
NI 123	Stopping smoking
N1 124	People with a long-term condition supported to be independent & in control of their condition
N1 125	Achieving independence for older people through rehabilitation/intermediate care
N1 126	Early access for women to Maternity services
N1 129	End of life care – access to appropriate care enabling people to be able to choose to die at home
N1 130	Social Care clients receiving Self Directed Support per 100,000 population
N1 131	Delayed transfers of care
N1 132	Timeliness of social care assessment (all adults)
N1 133	Timeliness of social care packages following assessment
N1 134	The number of emergency bed days per head of weighted population
N1 135	Carers receiving needs assessment or review & a specific carer's service, or advice & information
N1 136	People supported to live independently through social services (all adults)
N1 141	Percentage of vulnerable people achieving independent living
N1 142	Percentage of vulnerable people who are supported to maintain independent living
N1 145	Adults with learning disabilities in employment
N1 146	Adults with learning disabilities in settled accommodation
N1 150	Adults in contact with secondary mental health services in employment

Indicative Funding Summary

Programme	Project	Potential Funding Requirement 08/11 £'s	Funding Profile 08/09	Funding Source To be completed
Personalisation	1.1	150,000	70,000	Reform Grant
	1.2	300,000	100,000	Reform Grant
	1.3	100,000		Reform Grant
	1.4	0		
Safeguarding	2.1	20,000		
	2.2	20,000		
	2.3	5,000		
Health, Wellbeing & quality of life	3.1	40,000		
	3.2	65,000		
	3.3	15,000		
	3.4	0		
	3.5	20,000		
Learning Disabilities	4.1	0		
	4.2	20,000		
	4.3	85,000		
	4.4	10,000		
Procurement & Cross Cutting	5.1	50,000	50,000	Develop business case to EM RIEP Regional Programme
	5.2	50,000	50,000	Develop business case to EM RIEP Regional Programme
	5.3	0		
	5.4	0		
	5.5			
	5.6			
Programme Support		100,000	100,000	EM RIEP Regional Programme
TOTAL				

Personalisation Programme

PRIORITY	DESCRIPTION	NATIONAL OUTCOMES
PERSONALISATION	People will have much more choice & control through support plans that are person centred & outcome focused	Increased choice & control (6) plus 3,4,5 & 7

Overseen by East Midlands Personalisation Programme Project Board to be established and accountable to the East Midlands Joint Improvement Partnership under the direction of Ian Anderson DASS Lincolnshire CC.

Objectives of EMPPPB

1. To provide a regional support and focus to Local Authority implementation plans for “Putting People First” supported by the Social Care Reform Grant.
2. To draw together the work of the various Regional Bodies responsible for service development and improvement and for workforce planning and development wherever they relate to the personalisation agenda.
3. To oversee and evaluate draft project proposals and make recommendations for approval to the JIP.
4. To provide a facility for commissioning new personalisation initiatives as the national programme is rolled out and local implementation plans are developed.
5. To make the most efficient and effective use of resources by commissioning services at a regional level wherever this is appropriate and ensuring that there is no unnecessary duplication.

SUMMARY

DELIVERABLE	PROJECT	LEAD	SPONSOR
Support work on changing the culture of the whole system across Commissioners, Providers & Service Recipients, the Third Sector and all key stakeholders & to develop the Strategic Planning role of the Regional Self-Directed Support Network.	1.1	Philip Douglas, CSIP	Ian Anderson, DASS, Lincs
Regional & Sub-Regional work on development of advice, information, mediated support and brokerage, particularly at early intervention stage	1.2	Philip Douglas	Ian Anderson
Personalisation initiatives with the NHS e.g. participation in the National ‘Staying in Control’ Pilot Project for extending personalisation in the NHS and work related to the Darzi Report	1.3	Philip Douglas	Ian Anderson
Develop with Skills for Care a Regional Workforce Development Programme for Personalisation across all LAs & Third Sector & Independent Sector providers. Complete work on embedding Department of Health Guidance on Independence, Risk and Choice.	1.4	Philip Douglas	Ian Anderson

Safeguarding Programme

PRIORITY	DESCRIPTION	NATIONAL OUTCOMES
SAFEGUARDING	People are effectively safeguarded against abuse, neglect or poor treatment	Freedom from discrimination & harassment (2) plus 3,6 & 7

Overseen by East Midlands Safeguarding Programme Board to be established and accountable to the East Midlands Joint Improvement Partnership under the direction of Sallyanne Johnson, DASS, Nottingham

Objectives of the Safeguarding Programme Board

1. To support work that strengthens arrangements to safeguard vulnerable people against abuse, neglect or poor treatment.
2. Draw on evidence of effective practice across the Country, as well as within the Region and develop ways of sharing this information.
3. Link with the review of 'No Secrets' and prepare for the roll out of future policy developments.
4. Promote more effective partnership working to strengthen safeguarding and improve standards and consistency across the East Midlands.

DELIVERABLE	PROJECT	LEAD	SPONSOR
Development of a) A self assessment tool (timeliness, outcome of investigations etc) drawing on best practice nationally and within the East Midlands. b) A quality assurance / accountability structure / template from frontline staff through to Safeguarding Boards and Members.	2.1	David Jones, CSIP	Sallyanne Johnson, DASS, Nottingham
Plan a launch conference to raise the profile of safeguarding in the Region followed by sessions for partners to promote more effective Multi Agency Public Protection Arrangements (MAPPA) and inter professional collaboration on Adult Safeguarding Boards	2.2	David Jones	Sallyanne Johnson
Improve standards and consistency of practice in managing medication in residential & domiciliary care	2.3	Liz Hodgson, CSCI & David Jones, CSIP	CSCI with CSIP

Well Being and Quality of Life Programme

PRIORITY	DESCRIPTION	NATIONAL OUTCOMES
HEALTH, WELLBEING & QUALITY OF LIFE	Improve the physical, mental & social well-being of everyone & reduce the gap between the most and least healthy	Improved health & emotional well-being (1) plus 3 & 7

Overseen by East Midlands Health, Well Being and Quality of Life Programme Board to be established and accountable to the East Midlands Joint Improvement Partnership under the direction of David Pearson, DASS, Nottinghamshire CC.

Objectives of the Health, Well Being and Quality of Life Programme Board

1. To improve outcomes for vulnerable people in the East Midlands (in line with the seven national outcomes) through supporting the development of universal services commissioned and delivered by a wide range of partners.
2. Support work on improving the physical, mental and social well being of citizens in the East Midlands and reduce the gap between the most and least healthy.
3. Work with Public Health, other NHS colleagues and partners to identify evidence of initiatives which have had a significant impact and could be replicated in the Region.
4. Identify the contribution Adult Social Care can make with partners to improve outcomes.
5. Ensure 'Putting People First', the forthcoming New Deal for Carers and other national policy initiatives are incorporated into the specific improvement projects.
6. To ensure contribution of local stakeholders to the Dementia Strategy consultation and assist in local implementation

DELIVERABLE	PROJECT	LEAD	SPONSOR
Assist Local Authorities to develop strategies for the improvement of health, well being & quality of life through utilising work on evidence based high impacts	3.1	David Jones, CSIP	David Pearson, DASS, Nottinghamshire
Work with the NHS on high impact evidenced based interventions in localities to achieve better health and well being e.g. joint work on long term conditions	3.2	Seconded NHS manager plus LA reps	David Pearson
Extension of Dignity in Care work in residential & nursing homes and linking with personalisation developments	3.3	Cheryl George & Marion Gee, CSIP	David Pearson
Promoting learning from POPPS and related initiatives through events and support local application	3.4	Marion Gee, CSIP	David Pearson
Develop models of support for carers in line with personalisation transformation – strengthen links with NHS (care managed & non care managed; also to reflect diversity)	3.5	Paul Mansfield & Regional Carer Leads	David Pearson

Relevant NIS performance indicators: 120, 121, 122, 123, 124, 125, 129, 135 (Details at end of Plan)

Learning Disabilities Programme

PRIORITY	DESCRIPTION	NATIONAL OUTCOMES
LEARNING DISABILITIES NB See Priority 1 for work on personalisation	Supporting people with learning disabilities to live an ordinary life in the community alongside their fellow citizens	Improved quality of life (3) plus 1,2,4,5 ,6 & 7 Valuing People Now vision 2008-11

Overseen by the East Midlands Learning Disabilities Programme Board to be established and accountable to the East Midlands Regional Adult Social Care Joint Improvement Partnership under the direction of Mick Connell, DASS Leicestershire County Council.

Objectives of the Learning Disabilities Programme

1. To support the implementation of 'Valuing People Now' (DH 2008) with key deliverables relating to the five key priority areas - :
 - Improving Health
 - Improving people's housing situation
 - What people do during the day and evening – enhancing social inclusion
 - Making it happen
2. Support LA's to work towards two new cross government performance Indicators relating to settled accommodation and adults with learning disability in employment.
3. Ensure the closure of remaining NHS Campus provision by 31 March 2010 target set in the White Paper Our Health Our Care Our Say (DH 2006)
4. Support the commissioning of high quality services which provide positive outcomes and value for money for people with the most complex needs within their local area.
5. To oversee and evaluate draft project proposals and make recommendations for approval to the JIP
6. To monitor the progress of projects and achievement against deliverables within the JIP

DELIVERABLE	LEAD	SPONSOR
Support preparation for transfer of commissioning and associated budgets from the NHS to Las	PCT & LA Commissioners	Mick Connell, DASS, Leicestershire
Assist with work to close the 260 NHS Campus beds in the Region	PCTs	Dave Marsden - SHA
Increase number of people with learning disabilities in paid employment.	Helen Mycock, CSIP	Mick Connell
Increase number of people with learning disabilities in settled accommodation. To include continuation of High Costs Placement Project and exploring new types of housing and support models.	Helen Mycock	Mick Connell
Assist with development of Regional specification for commissioning of specialist healthcare and the Learning Disabilities contribution to the Darzi Review to improve access to health care for people with Learning Disabilities	Helen Mycock	Dave Marsden
Support work on provision of Health Action Plans (HAPS)	Helen Mycock	Dave Marsden

and annual health checks to improve access to health care		
Support the development of new models of person centred support and service provision for all people currently in receipt of LA day services (Linked to personalisation)	Helen Mycock	Mick Connell
Opportunity for all people in contact with services to be supported to have a Person Centred Plan (PCP)	Helen Mycock	Mick Connell
Implementation plan for Valuing People Now via the development of Local Overarching Joint Strategies for People with Learning Disabilities (to incorporate Learning Disabilities commissioning strategies and other related strategies / plans)	Helen Mycock	Mick Connell
All Learning Disability Partnership Boards (LDPBs) to undertake a systematic review against good practice guidance	Helen Mycock	Mick Connell

Relevant NIS performance indicators: 145, 146 (Details at end of Plan)

Procurement & Cross Cutting Programme

Priority	DESCRIPTION	NATIONAL OUTCOMES
CROSS CUTTING		Leadership (8) & Commissioning & use of resources (9)

Overseen by East Midlands Improving Procurement Programme Board established and accountable to the East Midlands Joint Improvement Partnership under the direction of Mick Connell, DASS, Leicestershire CC.

Objectives of the Programme

1. To support improved procurement through developing Regional capacity / expertise
2. To implement various projects to achieve better value for money and high quality from high volume suppliers within the East Midlands
3. To support other programmes to achieve greater efficiency through service transformation (In line with 'Putting People First') and re-commissioning.

DELIVERABLE	PROJECT	LEAD	SPONSOR
Extend the Learning Disabilities High Cost Placement Project for an additional year. Roll out the care costing tool and apply the approach to other younger adult groups	5.1		Mick Connell, DASS, Leicestershire
Support improvement of residential care and nursing home procurement, drawing on fee modelling work	5.2		Mick Connell
Support improvement of domiciliary procurement (to be linked with Intermediate Care & Re-Ablement) [to cross refer to Personalisation Programme]	5.3		Mick Connell
Roll out of Community Equipment Model	5.4		Mick Connell

Further support to development of workforce plans – LA & Joint Plans with the NHS	5.5	Grace Wood, Skills for Care	David Pearson, DASS, Notts & Simon White, DASS, Northants
Leadership development for <ul style="list-style-type: none"> • ADs with NHS Peers • Continuing Support to Regional Elected • Member Network with IDeA, including • use of 'Must Knows' for Lead Members 	5.6		David Pearson & Simon White