

# East Midlands Improvement and Efficiency Partnership



## Joint Improvement Partnership: Councillor Involvement ▼

### East Midlands Improvement and Efficiency Partnership Case Studies

The East Midlands Improvement & Efficiency Partnership is committed to celebrating the successful, innovative and imaginative project work that exists in the East Midlands region.

The EM IEP Support Team publish case studies showing how East Midlands councils are improving services, and delivering significant improvements and efficiencies.

The case studies are intended to inspire councils in the region, and indeed nationally, to transform services and benefit from the processes developed by those councils that have pioneered the way forward.

### The Issue ▼

The Association of Directors of Adult Social Services (ADASS) agreed with the government to operate a Joint Improvement Partnership (JIP) in each region to support improvement in adult social care. Each region has a JIP programme led by directors of adult social services and a national Joint Improvement Programme Board monitors delivery of the regional programmes.

Significant changes in government policy, worrying demographic trends, a dramatic increase in conditions such as dementia, greater public expectations and tough efficiency drivers meant that radical changes were inevitable in the delivery of social care services.

Activity was already under way in the East Midlands JIP however, it was decided that priorities needed to be redefined, activity sharpened and, most importantly, that the programme needed to have more councillor involvement. The government's policies for improvement in local council services placed an emphasis

on sector led programmes. The new agenda for social care, required more involvement of individuals in their care. Councillors with a lead responsibility for social care will have a greater responsibility for representing service users and for delivering appropriate services. They need to be closely involved in the development of new policies and

programmes.

The JIP decided to 'refresh' its plans, to clearly define priorities and work with the Regional Improvement and Efficiency Partnership (RIEP) in the East Midlands to strengthen governance arrangements and to foster more councillor involvement at all levels.

### What they did? ▾

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All nine Directors of Adult Social Services (DASS) from the region worked together, with involvement from key stakeholders and agencies, to revise the JIP plan, structure and ensure that it addressed both current and future needs.

The JIP Executive acts as an overarching programme board to oversee improvement work under the umbrella of the East Midlands Improvement and Efficiency Partnership (EMIEP). The JIP Executive comprises all the DASSs, Department of Health's (DH) Deputy Regional Director of Social Care and Local Partnerships for East Midlands, representatives from government office, the EMEIP and the NHS. It was set up to commission and monitor work undertaken through a number of programme boards.

Seven programme boards were set up and named to give direction to the work they were to carry out. Names were made more simple and focused on the nature of the

work rather than the previous broad titles. For example, the Health, Well-being and Quality of Life Board was replaced with the Prevention and Early Intervention Programme Board. The seven programmes boards are:

- Personalisation
- Prevention and Early Intervention
- Safeguarding and Dignity
- Market Development
- Valuing People Now
- Workforce and Leadership
- Performance

Each board is chaired by a DASS. The Executive also set up new programme and project management arrangements which required a Project Initiation Document (PID) for each funded project and a senior manager sponsor to oversee the project and report back to the relevant programme board.

Councillors were keen to take a more active part in the work of the JIP and took the opportunity offered by restructuring to formally embed greater councillor involvement.

The JIP is a partnership group, led by East Midlands ADASS with support from DH's adult social care team. The majority of funding in the East Midlands has been allocated by DH and the NHS. The JIP also receives some funding from the EMIEP and reports on these projects to the EMIEP Board, which is a councillor board. The JIP found when it submitted its first plans to the EMIEP Board for approval that councillors did not feel they had enough knowledge about the plans to accept them. They knew from experience that involving councillors in projects at a late stage often caused projects to stall or to be rejected. Councillors, rightly, wanted to know about projects and plans in detail and be assured that they could be delivered. Without early involvement where these issues could be discussed and alternatives considered, it was not easy for councillors to have ownership of the plans.

Deciding where in the structure councillors should fit to make the best use of their time was not easy. The EMIEP has a regional and a sub-regional structure. The JIP has a regional structure. Whilst it was important to have councillors' views on individual projects, this would be time consuming and difficult

to operate logistically. The DASSs spent time talking with individual councillors with adult social care portfolios. They also spoke with groups of councillors through the Member Networks (which are explained below) and councillors themselves had the opportunity to speak with each other and come to a consensus. It was important to have a structure that was acceptable to councillors and was operable throughout a widespread region.

It was agreed that a councillor with a social care portfolio should sit on each project board. Everyone was keen that there should be cross-fertilisation between local councils however due to the geographical spread, this was not always practical. Where possible, rather than sit on the project board operating in their own area and chaired by their own DASS, councillors with particular areas of expertise or experience chose to sit on the appropriate board. Where this has operated, it has been very valuable. It means that some councillors are travelling across the region and getting a whole region view rather than just a local one.

Sitting on the project boards meant that councillors were involved in the thinking and creative stages of plans and at every stage as projects moved through the system. When plans finally reached the EMIEP Board with a request for financial approval, everyone was assured

that they had been challenged and changed where necessary.

An Adult Social Care Member Network has also been established. Councillors with responsibility for adult social care and those with a remit for scrutiny meet quarterly to discuss issues throughout the region. The network is supported by officers who supply regular briefings on government policies and 'hot' issues, including key tasks for lead councillors, but the network is a discussion forum for councillors alone. Councillors sitting on programme boards report back to the member network at each meeting.

The JIP Executive Group invited the member network to nominate a 'regional champion' from among its number to attend the JIP Executive Group as an observer and also to attend the EMIEP in the same capacity to improve the flow of information between the JIP, the EMIEP and the member network. The EMIEP has regional champions

for a number of work streams but the many changes taking place in adult social care and the large budget (£819m for the region) meant that appointing an adult social care champion was a priority and one of the first nominations to be made. The role of the champion and their representation in all elements of the structure mean that they are actively involved in regional planning and able to discuss all the issues with other councillors.

The new structure means that there is a named councillor actively involved with each element of the JIP's work programme and able to report progress to other councillors. There is also a free flow of information between the EMIEP, the JIP and the member network and opportunity for councillors to discuss issues between themselves and with officers.

The system is now structured to be councillor led and to ensure that councillors have involvement at every level of planning.

## The Impact ▾

One of the immediate impacts of the new system is that projects and plans are challenged and improved at an early stage. They are more likely to succeed because they have input from both councillors and officers.

Officers can be confident that when a project reaches the stage of seeking funding approval it is likely to have been through a stringent process of checks and challenges and is more likely to be approved. The EMIEP is confident that councillors across the region have a good understanding of how money is spent and are confident that IEP programmes are relevant. There is generally a more robust link between councillors and the adult social care agenda.

Involving councillors in setting priorities has also had a positive effect. Councillors are the representatives of the local community and their priorities are, by implication, the priorities of local people. Whilst there is still close consultation with local communities, it is a clear advantage to have

councillors involved at a regional level.

The biggest changes have probably been for the councillors themselves. In addition to their own areas, they now take a regional view. The cross-fertilisation created by councillor representation on JIP programme boards outside their area has been hugely beneficial in this respect. The member network is generally considered to be a very effective group where differences in politics are acknowledged but assist rather than hamper progress through positive challenge.

It took time for everyone to adjust to the change in culture that accompanied greater councillor involvement but there is now general agreement that the new structure is positive and more cost effective. Ideas for future development include getting councillors involved in peer support.

The new Comprehensive Area Assessment (CAA regime will mean a greater link with partners and with the Local Area Agreement (LAA).

## Barriers and challenges ▾

The main challenge faced by the JIP was to have its plans challenged by the EMIEP member led board. Councillors often take a different point of view or are not convinced

of a project's merit because they are not aware of the issues raised in early discussions and decisions. With active councillor involvement at all levels, this problem was

overcome but it took time for both officers and councillors to settle in to the new culture.

Another difficulty is the geographical spread of the region. Initially there were problems scheduling meetings. Councillors are busy and it is often difficult to find a time to fit their schedules, especially where several councillors are involved. Add to this the fact that councillors are travelling to different districts for programme board meetings and the problem is multiplied. This has been largely overcome by scheduling meetings a long time in advance and making sure that everyone is

aware of the dates, inevitably some problems still arise.

Other than getting used to a culture change and the geographical spread of councillors there have been very few barriers or challenges to the new system.

The JIP is still working on ways to feed back the views of the Member Network into the system. The benefits of councillors having their own space in which to discuss issues and exchange views is recognised by all but at present there is no mechanism for those views to be fed back into the structure

## Lessons ▾

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The process of change has been relatively smooth and appreciated on the whole by both councillors and officers. The main lesson to be learnt is that true early engagement is very important. Seeking the opinions of councillors, looking for their advice and acting on it has changed the complexion of the work. It is not something that can be short-circuited.

The new structure in the East Midlands is working well at present but will be tested in the coming months. If you are considering how to get more councillor involvement in your JIP or other structures it is worth considering the following points made by the East Midlands team:

- **Do not try to rush the process.**

It is important to understand how councillors feel about the structures and what they would like to see. Allow councillors time to discuss the issues between themselves so that a robust and workable structure is implemented.

- **Be flexible.** Structures may not be neat and tidy but have to be practical. Councillors have very busy diaries and may not be able to make meetings at conventional times or at short notice.

- **Fix your meeting dates well in advance.**

- **When setting up your structure consider that true early engagement is vital.** Time and resources can be wasted by officers

if councillors challenge plans at a late stage. It is in everyone's interests to engage fully all the way through the structure.

- **Communicate.** The greater the flow of information between councillors and officers and between different parts of the structure the more likely it is that there will be a robust and successful

outcome.

- **If there is not already a Member Network, consider setting one up.** It is important for councillors with similar responsibilities to have time to talk with each other to get a regional view of issues and to understand each other's perspectives.

## Data / evidence ▾

One of the reasons for refreshing the JIP was to make it fitter for the new CAA regime. Joint consideration of plans and projects by officers and councillors will make it easier to talk with partners and should lead to better outcomes. The JIP is working towards the following indicators from the national data set.

- 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 and a specific carer's service, or advice and 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

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**Useful websites:**

East Midlands Improvement and Efficiency Partnership  
[www.eastmidlandsiep.gov.uk](http://www.eastmidlandsiep.gov.uk)

The National Joint Improvement Partnership Strategy  
[www.csip.org.uk/silo/files/jip-strategy.pdf](http://www.csip.org.uk/silo/files/jip-strategy.pdf)

The National Improvement Strategy for Social Care  
<http://www.dhcarenetworks.org.uk/index.cfm>

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