Care and Health Improvement Programme

Purpose
For information.

Summary
This report updates the Board on the £7.25 million Department of Health funded Care and Health Improvement Programme (CHIP) delivery against its priorities to:

1. Make social care more resilient;
2. Enable the development of effective care and health systems; and
3. Support the NHS’s Transforming Care Programme (former Winterbourne View).

The Programme is managing to deliver its agreed annual priorities, but

1. the fragility of the private and third sector social care markets;
2. rising delayed transfers of care numbers;
3. the significant under funding of social care; and
4. delays and problems in agreeing the Better Care Fund guidance for spending the additional £1 billion allocated in 2017/18 means that progress is set against a backdrop of an increasingly fragile system.

Discussions are underway with the Department of Health to make this a three-year rolling programme with a budget of c£20 million.

Recommendation
The IDeA Company Board note the report and provide direction as required.

Actions
As required.

Contact officer: Andrew Hughes
Position: Head of Care and Health Improvement
Phone no: 0207 664 3192
Email: andrew.hughes@local.gov.uk
Care and Health Improvement Programme

Background

1. Then LGA, Association of Directors of Adult Social Care (ADASS) and the Department of Health have been working in co-operation since 2012 on a range of social care improvement and health integration programmes as part of the LGA’s wider sector led-improvement (SLI) approach\(^1\) and ADASS’s regional branch structure. This has included discrete programmes focused on Health and Wellbeing Boards, the response to Winterbourne View, the implementation of the Care Act and more recently care and health integration and informatics.

2. The Programme recognises the current financial context for social care set out in the LGA’s *Adult social care funding: 2016 state of the nation report\(^2\)*, the aspirations set out in ADASS’s *Distinctive, Valued, Personal\(^3\)*, the critical issues relating to care market sustainability and the need to develop sustainable health and care systems. It also recognises the Government’s priorities and the forthcoming Green Paper, and feedback from the sector regarding the support it needs. The Programme builds on past successes, recognising where improvements and changes need to be made, but fundamentally continuing to support local areas to work together to meet local care and health needs.

3. Specifically, the Programme seeks to support local care and health economies to:

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Work streams</th>
</tr>
</thead>
</table>
| **1. Make social care more resilient**  | 1. To improve risk management and financial risk awareness  
2. To support resilience in adult safeguarding  
3. To refresh Commissioning for Better Outcomes for integrated services  
4. To promote sound market shaping and market position statements  
5. To promote efficiency, demand management and innovation approaches  
6. To support councils to improve delayed transfers of care attributable to social care |
| **2. Enable the development of effective care and health systems** | 1. To support the capacity and capability of systems leaders to enable integration  
2. To support places to deliver BCF and integration  
3. To support evidence-based decision making in prevention and early intervention |
4. The programme is funded by a £7.25 million annual grant from the Department of Health, and discussions are underway to make this a rolling three-year programme with a budget of £20 million. Additional funding, in the order of £1.5 million is made available from NHS Digital and NHS England.

**Next steps**

5. Members are asked to:

   5.1. Note the report and provide direction as required
## Summary of activities

- Published updated risk awareness sector-led improvement tool as the core methodology for ASC risks and linking it to other tools/offers. Most councils adopting the tool (council, CHIA feedback) while some ADASS regions are using it to identify area themes for support.
- Launched facilitated ASC risk awareness self-assessment support offer.
- Delivered facilitated, tailored sessions on financial risk – demand is high.
- High Impact Change Model (HICM) published and included in the BCF national conditions, demonstrating its significance in supporting local health and care systems.
- Took up coordinator responsibilities as part of Quality Matters Action Plan, leading on priority three: CBO
- Hosted national market shaping event on commissioning and planning social care delivery with Public Sector Transformation Academy/Whitehall and Industry Group. Over 70 commissioners and care providers attended.
- Coordinated national DTOCs support offer with national partners to help local systems improve patient flow and reduce delays being planned/developed.
- Completed first assessment for the North of England project to reduce delayed transfers of care. Work with NHSE, the Better Care Support Team, Newton Europe and health and care system leaders.
- Launched updated Social Care Digital Maturity Self-Assessment – 93 responses (at 9/6). (NHSD funded)
- Launched Digital Local Investment Programme in partnership with NHS Digital providing £750,000 to support digital activity across social care. 76 applications received for 15 funds of up to £50,000. (NHSD funded)

## Summary of insight gained

- Financial risk is inextricably linked with, and creating pressure on, other areas of ASC risk particularly workforce, markets, managing demand, prevention and commissioning. High demand for financial risk support demonstrating councils’ current focus on financial risks.
- Need a greater focus on integrated commissioning and more consideration of sustainability and operational issues in the use of CBO standards
- Concern amongst commissioners and providers about the cost of services, sustainability, personalisation, innovation and workforce.
- National focus on A&E and DTOCs can cause unhelpful behaviours that detract from patients and improving outcomes. More focus needed on collaborative working rather than integration, and empowering staff to have different conversations with each other and patients and users.
- Lack of understanding and trust between partner organisations, process focus rather than patient focus and complexity of systems and pathways are causes of delays to care transfers.
- Funding and resourcing issues remain a challenge for digital and information progress. In comparison with NHS funding streams, the Local Digital Investment Programme to councils is limited. (NHSD funded)

## Challenges and opportunities

- Concerns from providers and some councils that Trusted Assessors could add unfunded additional burdens.
- Development of the Trusted Assessor Guide shows low levels of awareness about the HICM amongst social care providers. Escalated as part of the planning with system partners.

## Status of work in priority areas

<table>
<thead>
<tr>
<th>Ref</th>
<th>Workstream</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>MoU Meeting intervention required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Risk Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>On track – no action required</td>
</tr>
<tr>
<td>1.2</td>
<td>Safeguarding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>On track – no action required</td>
</tr>
<tr>
<td>1.3</td>
<td>Commissioning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>On track – no action required</td>
</tr>
<tr>
<td>1.4</td>
<td>Market Shaping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>On track – no action required</td>
</tr>
<tr>
<td>1.5</td>
<td>Efficiency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>On track – no action required</td>
</tr>
<tr>
<td>1.6</td>
<td>Delayed Transfers of Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>On track – no action required</td>
</tr>
</tbody>
</table>
Notable activities this quarter

- Ongoing participation in national negotiations on iBCF, BCF graduation and BCF planning requirements.
- Delivered peer-led BCF support programme – 25 areas in progress.
- Continued support of STP activity including political leaders’ survey and publication of good practice.
- Delivered 2 Facilitated Integration Tool (FIT) workshops. Launched new finance module with CIPFA and other partners and finalised offer on information sharing.
- Delivered 7 Prevention Matters member training sessions.
- Bespoke support includes: ongoing political group mentoring for HWB Chairs; a HWB workshop; FIT workshop follow up; and ongoing development for a HWB.

Summary of insight gained

- Pressure from NHS partners for ‘their share’ of the iBCF is undermining relationships and causing delay in securing agreement on how to spend. Early indications are that up to a third of funding is directly on discharge-related activity.
- Councils want to spend the iBCF quickly and are prioritising maintaining social care budgets, with some reporting the funding not enough to return social care budgets to 2016/17 levels. The most common purchase is of more care packages, alongside discharge-related interventions (eg discharge to assess, step-down beds and trusted assessor), preventative/community provision, and market stabilisation.
- Rising concern at creeping performance management and controls on social care, with proliferation of dashboards and reporting requirements, many of which do not align. Councils recognise the importance of demonstrating impact, but prescriptive, repetitive reporting templates is stifling delivery and wasting resources.
- Ongoing concern by local areas about information sharing, raising the importance of the DH response to the Caldicott report on data sharing in health and care.
- Growing concern that the local government share of the £4.2 billion Paperless 2020 Programme is insufficient to meet needs at just 0.5% of the total
- Interest in prevention activities reflecting appetite for engaging in the prevention agenda amongst political leaders and HWBs. Research shows HWBs re-focussing on the wider determinants of health.

Challenges and opportunities

- Continued concern and confusion amongst local leaders at the lack of BCF guidance coupled with misleading NHS messages on the purpose of iBCF. These are causing delay for local leaders in the development of BCF plans and spending of iBCF. This includes councils spending at risk until plans are assured, which with the proliferation of surveys/data requests, on iBCF and DToCs especially, is creating bureaucratic burden.
- Concern growing at increasing performance management and controls on social care with the proliferation of dashboards and reporting requirements, many of which do not align. Councils recognise the importance of demonstrating impact, but prescriptive, repetitive reporting templates is stifling delivery and wasting resources.

Status of work in priority areas

<table>
<thead>
<tr>
<th>Ref</th>
<th>Workstream</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>MoU Meeting intervention required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Systems Leaders</td>
<td></td>
<td></td>
<td></td>
<td>On track – no action required</td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>Integration/BCF</td>
<td></td>
<td></td>
<td></td>
<td>On track – no action required</td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>Prevention</td>
<td></td>
<td></td>
<td></td>
<td>On track – no action required</td>
<td></td>
</tr>
</tbody>
</table>
Notable activities this quarter

- Planned joint approach with NHSE to enhance housing support offer through the LG regions.
- Delivered market shaping webinar to councils and partners with Oxford Brookes University (IPC).
- Published co-production toolkit for use by TCPs to ensure best practice in working with people and families.
- Co-produced national finance template with NHSE to establish funding position of councils enabling targeted support and continued national discussions.
- Provided finance support (via LGA finance advisers) to some council partners, including joint workshops with NHSE, to support work to unblock issues around the funding flows.
- Held roundtable with DASS's and finance leads to discuss funding/financial flows in response to councils' issues. Exploring creation of a national template for use by TCP partners (MoU/risk share agreement).
- Continued support of individual TCP/council discussions via LGA finance adviser.

Summary of insight gained

- Concern from TCPs at the impact of the Court of Appeal decision (MM & PJ) on the conditional discharge of restricted patients. We are organising a partner discussion to agree approach.

Challenges and opportunities

- Housing with support remains a key challenge for TCPs evidenced through the recent refresh of TCP plans which we have raised with NHSE. We have identified a coordinated approach employing regional LGA adviser posts with housing expertise (mapped to ADASS regions) to provide practical support to TCP partners.

Status of work in priority areas

<table>
<thead>
<tr>
<th>Ref</th>
<th>Workstream</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>MoU Meeting intervention required</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>TC Programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Delays due to resource contribution to NHSE re-focusing activity. Subsequent restructure has resolved. No action required.</td>
</tr>
</tbody>
</table>
Top achievements (up to 5)

- Updated ASC risk awareness sector-led improvement tool published and disseminated.
- Launched facilitated ASC risk awareness self-assessment support offer including workshops and action planning.
- Repositioned the tool in the sector as the overarching methodology with explicit links to other sector-led improvement tools as part of a suite of tools and offers to mitigate risks in ASC:
  - Majority of councils are opting to use the tool (feedback to inform updating and from CHIAs);
  - Used by some ADASS regions to identify area-wide risk themes and develop support.
- Surveys indicate that 65% of councils (137 responses) are using, or are planning to use risk tools.
- Ongoing delivery of individual, tailored sessions on financial risk facilitated by national adviser. Demand is high.

Examples of insight gained

- High demand for financial risk support demonstrating councils’ current focus. Sessions highlighting that financial risk is inextricably linked with, and creating pressure on, other areas of ASC risk particularly workforce, markets, managing demand, prevention and commissioning. New approaches/ways of working will be needed here to deliver necessary culture change over time.

Top activities for next quarter (up to 5)

- Increase take-up of risk awareness self-assessment offer and specialist support to manage/mitigate specific risks.
- Develop specialist support offer in risk domains of workforce and commissioning.
- Enhance mapping of SLI support offers to support CHIAs and PAs working on risk mitigation with councils.

Risks and issues

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Mitigation/Action required (by whom)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk/Issue</td>
<td>None reported</td>
<td></td>
</tr>
</tbody>
</table>
Top achievements (up to 5)

- Presented 2017/18 proposed work programme presented at ADASS Spring Seminar workshops for discussion. Feedback incorporated into proposals for ADASS Executive Council (end Jun) including Prevention, MSP and Safeguarding Adults report.
- Progressed MSP Temperature check recommendations:
  - MSP Resources for SABs and User engagement – documents drafted and circulated for feedback;
  - MSP briefing for Commissioning Training (Joint with Skills for Care) endorsed for publication;
  - MSP Safeguarding and Informatics telephone conference held – discussed specification for work to be commissioned in Q2.
- Reported initial findings of MSP survey of DASSs to ADASS Spring Seminar workshops which have been incorporated into 2017/18 CHIP. Final report signed off by ADASS Executive Council for circulation.
- Recruited adult safeguarding adviser. (Started mid-June.)

Examples of insight gained

- Reinforcement of the need to:
  - develop a national performance framework;
  - work with Principal Social Workers Network to look at potential means to support improvements in front line practice;
  - focus on links between QSGs (Quality Surveillance Groups) and SABs.

Top activities for next quarter (up to 5)

- Publish reports and resources: MSP for commissioning training and the audio-visual resource list.
- Commission dedicated support for the MSP national outcomes framework via ADASS.
- Contribute to the ‘Quality Matters’ launch and development of action plan.
- Finalise MSP resources for SABs and to support service user engagement.
- Agree the pilot sites to develop the ‘proof of concept’/ ‘testbed’ work described in the Prevention, MSP and Safeguarding Adults report.

Risks and issues

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Mitigation/Action required (by whom)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk/Issue</td>
<td>None reported</td>
<td></td>
</tr>
</tbody>
</table>

CHIP Lead: Simon Williams
Q1: Apr – Jun GREEN
### Top achievements (up to 5)

- Incorporated Birmingham University CBO evaluation findings into specification for the iCBO framework.
- Set up reference group of councils and CCGs to contribute to and support iCBO development.
- Conducted procurement process for compilation and authoring of Integrated Commissioning for Better Outcomes (iCBO) framework. (Commission to be awarded by end of June.)
- Shared findings and learning across ADASS regions. Presented at the national Health+Care Expo.

### Examples of insight gained

- Greater focus on integrated commissioning and more consideration of sustainability and operational issues needed in the use of CBO standards (learning from University of Birmingham evaluation).

### Top activities for next quarter (up to 5)

- Appoint and mobilise expert resourcing to coordinate and produce a redrafting of the initial iCBO framework with input from reference group and oversight from project group.
- Mobilise iCBO reference group ensuring adequate representation from users and carers via TLAP.
- Plan and commence testing phase in conjunction with NHSCC and ADASS regions.
- Plan and engage with relevant stakeholders for workshops to be held at NCASC and NHS Expo.

### Risks and issues

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Mitigation/Action required (by whom)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk/Issue</td>
<td>None reported</td>
<td></td>
</tr>
</tbody>
</table>
To promote sound market shaping and market position statements

CHIP Lead: Andrew Hughes

Q1: Apr – Jun GREEN

Top achievements (up to 5)

- Hosted national market shaping event with Public Sector Transformation Academy and Whitehall and Industry Group – over 70 council commissioners and care providers attended. Generated positive discussions about areas of difference on commissioning and planning social care delivery.
- Established task and finish group to plan a series of regional ‘mature conversation’ events for council commissioners and care providers. Set up in partnership with TLAP, United Kingdom Homecare Association, Registered Nursing Home Association, National Care Forum and ADASS.
- Led masterclass on Commissioning for Better Outcomes for new national Skills for Care commissioning qualification Commissioning for Wellbeing.
- Took up coordinator responsibilities as part of Quality Matters Action Plan, leading on priority three: Commissioning for Better Outcomes.

Examples of insight gained

- Market shaping event highlighted benefits of constructive dialogue on commissioning and planning social care delivery across the whole sector in current challenging environment. Explored areas of mutual concern such as cost of services, sustainability, personalisation, innovation and workforce, themes which will be considered for future regional events.
- Reiteration of the importance of a joined up approach between stakeholders to support good practice and optimise resources to agree shared, consistent messaging to inform a future scoping paper.

Top activities for next quarter (up to 5)

- Roll out regional programme for ‘mature conversations’ workshops for commissioners and providers.
- Continue contribution to senior commissioning qualification development with Skills for Care.
- Strengthen link between this workstream and NHSE Independent Care Sector programme.

Risks and issues

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Mitigation/Action required (by whom)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk/Issue</td>
<td>None reported</td>
<td></td>
</tr>
</tbody>
</table>
**1.5 To promote efficiency, demand management and innovation approaches**

**CHIP Lead:** Andrew Hughes

**Q1: Apr – Jun**

**GREEN**

### Top achievements (up to 5)

- Drafted report on findings from the ten areas participating in the Efficiency project following final visits. Examples of how councils are making savings through commissioning and market shaping, more collaborative working and better managing demand for services.
- Held first regional roundtable on the health and care system efficiency (with Newton Europe/CIPFA). Discussed findings and approaches for a more sustainable system. 19 health and care leaders attended NW event.

**Digital and information highlights (NHS Digital funded):**
- Launched updated Social Care Digital Maturity Self-Assessment – 93 responses (at 9/6).
- Launched Digital Local Investment Programme in partnership with NHS Digital providing £750,000 to support digital activity across social care. 76 applications received for 15 funds of up to £50,000.

### Examples of insight gained

- Concern from health and care leaders that national focus on A&E and DToCs sometimes results in unhelpful behaviours that detract from patients and improving outcomes. More focus needed on collaborative working rather than integration, and empowering staff to have different conversations with each other and patients and users. (Feedback from NW roundtable event will be explored at future events.)

**Digital and information insights (NHS Digital funded):**
- Funding and resourcing issues remain a challenge. In comparison with NHS funding streams, the Local Digital Investment Programme to councils is limited. The Social Care Programme Board highlighted the potential benefit of funding more of the bids than the current funding permits.

### Top activities for next quarter (up to 5)

- Publish Efficiency report, with findings included in the efficiency and sustainability best practice model.
- Publish write up of NW regional roundtable on the health and care system efficiency work.
- Hold further regional roundtables on the health and care system efficiency work.

**Digital and information forward look (NHS Digital funded):**
- Support councils using analysis from Social Care Digital Maturity Self-Assessment.
- Work with the 15 councils securing funding from Digital Local Investment Programme.

### Risks and issues

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Mitigation/Action required (by whom)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue</td>
<td>Delivery threat to social care digital self-assessment/Local Investment Programme as funding arrangements remain unconfirmed.</td>
<td>Being raised through existing Programme Board arrangements in NHS Digital. However, existing staff on secondment will need to end if not resolved imminently.</td>
</tr>
</tbody>
</table>
Top achievements (up to 5)

- Published updated High Impact Change Model (HICM). NHS included HICM in the BCF national conditions, demonstrating its significance in supporting local health and care systems.
- Coordinated national offer to help local systems improve patient flow and reduce delays being planned/developed with national partners. Includes input to Trusted Assessor Guide and other Quick Guides in partnership with ADASS and care providers.
- Scoped regional DToCs counting workshops to improve consistency of statistics. Joint planning with national partners underway.
- Scoped HICM workshops offer. Joint planning underway.
- Visited 6 of the most challenged systems as part of the national Hospital 2 Home team offering structured peer led discussions and follow up support.
- Worked on North of England DToCs project to reduce delayed transfers of care in a sustainable way with NHSE, the Better Care Support Team, Newton Europe and health and care system leaders. Completed Sheffield assessment and shared findings at partner summit. Co-designing joint implementation plan.

Examples of insight gained

- National peer led discussion visits have provided invaluable insight into factors that either support or inhibit improvement in delays. For example, the extent to which the social care market can respond to demand, workforce pressures, system leadership, person-centred and home first approaches to discharge.
- Concerns from providers and some councils that Trusted Assessors could add unfunded additional burdens.
- Engagement with providers on development of the Trusted Assessor Guide indicates potentially low levels of awareness about the HICM amongst social care providers. Escalated as part of the planning with system partners.
- Early findings from the work in Sheffield to reduce DToCs reported that around a third of people impacted by DToCs were awaiting a pathway to be allocated, a third were awaiting an intermediate, nursing or residential placement and a third needed support to go home. More importantly were the observed root causes of this, including a lack of understanding and trust between partner organisations, process focus rather than patient focus and complexity of systems and pathways.
- Lack of understanding and trust between partner organisations, process focus rather than patient focus and complexity of systems and pathways impacting on DToCs reduction. (Findings from Sheffield assessment/North of England DToCs project will be further tested in future assessments.)

Top activities for next quarter (up to 5)

- Roll out DToCs counting workshops offer.
- Roll out HICM workshops offer.
- Establish a pool of HICM expert advisers who can support delivery of the offer.
- Complete of phase two of the Hospital 2 Home visits, including best practice site visits.
- Continue use of CHIAs to offer direct or brokered improvement support.
- Hold workshop to share findings from North of England DToCs project to shape dissemination plan.
- Complete further DToC assessments in Cumbria and Fylde Coast and develop implementation plans.

Risks and issues

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Mitigation/Action required (by whom)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue</td>
<td>DToC outcomes need to benefit all councils in north and health and care systems nationally.</td>
<td>Work underway exploring options for tools and approaches which allow other areas to adopt learning.</td>
</tr>
</tbody>
</table>
### Top achievements (up to 5)

- Delivered bespoke support in four areas: ongoing political group mentoring for HWB Chairs in a combined authority/STP footprint; a HWB workshop in a London borough; follow up from a FIT workshop; and ongoing development for a HWB as a systems leader plus keynote speaker slot at Norfolk HWB event.
- Promoted Care and Health Induction session and Leadership Essentials programme in response to changes in care and health leadership and staffing re-shuffles following various elections.
- Finalised the local facilitated workshops offer on information sharing for senior officers/elected members across health and social care, aligning the digital /information sharing offer with the CHIP leadership offer.
- Collaborated with NHSCC/NHS Confed on joint working in 17/18 on integration and digital and information sharing opportunities/challenges. Delivered joint session at NHS Confed Conference.
- Jointly chaired National Social Care Advisory Group workshop on Paperless 2020 programmes and informing requirements for social care, focusing on four of the ten National Information Board domains.

### Examples of insight gained

- Information sharing, particularly in relation to governance arrangements, remains a concern by local areas raising the importance of the DH response to the Caldicott report on data sharing in health and care.
- Growing concern that the local government share of the £4.2 billion Paperless 2020 Programme is insufficient to meet needs at just 0.5% of the total.
- Continued significant activity in relation to shared care records at a local level. Investment remains a challenge.
- Business continuity arrangements were introduced at a local level following the recent NHS cyber-attack. Although not directly impacted, a number of councils removed access to NHS systems and quarantined NHSmail.

### Top activities for next quarter (up to 5)

- Deliver new political and clinical leader in Care and Health Induction session with NHS CC.
- Deliver bespoke leadership support in 3 areas.
- Hold senior level roundtable to coincide with NHS Expo focussing on integration and associated digital and information sharing opportunities/challenges in collaboration with NHSCC/NHS Confed.
- Finalise brief for local facilitated workshops and communicate offer to local areas.
- Deliver joint session with Harrow Council at NHS Expo (Sep).

### Risks and issues

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Mitigation/Action required (by whom)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk/Issue</td>
<td>None reported</td>
<td></td>
</tr>
</tbody>
</table>

**CHIP Lead:** Caroline Tapster  
**Q1:** Apr – Jun **GREEN**
Top achievements (up to 5)

- Participated in national negotiations on iBCF, BCF graduation and BCF planning requirements.
- Delivered peer-led BCF support programme – 25 areas in progress; developing offers on High Impact Change Model, BCF and evaluation.
- Supported new care models and STP activity including roundtable on STP governance with sector partners; survey of political leaders on STP experience; and publication of good practice on STPs.
- Delivered 2 Facilitated Integration Tool (FIT) workshops – Calderdale and Bradford. 2 others were postponed due to elections.
- Agreement of partners to extend piloting of system-wide care and health peer challenge following the evaluation workshop. Scoping underway with two areas.

Examples of insight gained

- Lack of BCF guidance and misleading NHS messages on the purpose of iBCF are creating confusion and delay for local leaders in the development of BCF plans and spending of iBCF. This includes councils spending at risk until plans are assured, as well as the proliferation of surveys/data requests, on iBCF and DToCs especially, creating bureaucratic burden. In particular, the pressure from NHS partners for ‘their share’ of the iBCF is undermining relationships and causing delay in securing agreement on how to spend; early indications are up to a third of funding is directly on discharge-related activity.
- Councils want to spend the iBCF quickly and are prioritising maintaining social care budgets, with some reporting the funding not enough to return social care budgets to 2016/17 levels. The most common purchase is of more care packages, alongside discharge-related interventions (eg discharge to assess, step-down beds and trusted assessor), preventative/community provision, and market stabilisation.
- Rising concern at creeping performance management and controls on social care, with proliferation of dashboards and reporting requirements, many of which do not align. Councils recognise the importance of demonstrating impact, but prescriptive, repetitive reporting templates is stifling delivery and wasting resources.

Top activities for next quarter (up to 5)

- Select BCF Graduation pilots with support programme planned for summer/autumn.
- Continued BCF support, assurance and graduation programmes.
- Develop resources/toolkits on system governance, political leadership, commissioning for integration, care models and evaluation for launch.
- Deliver up to 5 FITs.
- Pilot FIT Finance Module.

Risks and issues

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Mitigation/Action required (by whom)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue</td>
<td>Lack of BCF guidance undermining provision of support for local systems as areas delay planning or delivery.</td>
<td>Departmental pressure on NHSE to release guidance, give consistent messages about funding, and complete assurance process.</td>
</tr>
</tbody>
</table>
## Top achievements (up to 5)

- Finalised Prevention at Scale methodology/offer following successful national partner roundtable. Set up virtual reference group (representatives from ADPH/PHE/ADASS/NHSCL) and held discussion with the LGA Productivity Team.
- Delivered 7 Prevention Matters member training sessions.
- Refreshed Health in all Policies methodology. Coordinated peer-review by London ADPH prior to a re-launch.
- Continued work with ADPH (W Mids/E Mids) to develop an SLI framework for peer to peer challenge, based on the ADASS Risk Tool, which can be offered nationally.
- Produced Prevention/Early Intervention SLI Prospectus, in conjunction with LGA, ADPH and PHE.

## Examples of insight gained

- Strong appetite for engaging in the prevention agenda (prevention in its widest sense) amongst political leaders and HWBs demonstrated by the interest in Prevention Matters training. Also reflected in commissioned research showing that HWBs are re-focussing on the wider determinants of health. We are increasing our reach into places not previously engaged.
- Support offer framed by Prevention/Early Intervention SLI Prospectus within the existing local government SLI protocol, in readiness for the end of the public health ring fenced grant and PHE’s related assurance role. This is an area of interest at the moment. We are using the ADASS/TEASC model to support ADPH’s development including adapting the existing risk tool for public health. The System-Wide Care and Health peer challenge can encompass a prevention and HIAP focus.

## Top activities for next quarter (up to 5)

- Deliver 5 Prevention Matters member training sessions.
- Identify Prevention at Scale Test sites.
- Commission support package for Prevention at Scale Test sites.
- Develop public health SLI offer with W Mids/E Mids ADPH regions.
- Deliver public health peer training for members and officers for ADPH W Mids region.

## Risks and issues

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Mitigation/Action required (by whom)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk/Issue</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To support the Transforming Care programme

CHIP Lead: Simon Williams

Q1: Apr – Jun

AMBER – on track to deliver, but resourcing issues within the Transforming Care programme, while refocusing activity in discussion with NHSE, have led to some delays on distinct pieces of work. Work has taken place to agree structure of the team and resources needed to manage this.

Top achievements (up to 5)

- Planned joint approach with NHSE to enhance housing support offer through the LG regions. This will ensure a coordinated approach in response to one of the identified key challenges to the programme.
- Delivered market shaping webinar to councils and partners in partnership with Oxford Brookes University (IPC). Working with identified Transforming Care Partnerships (TCPs) to design facilitated action learning sets to support the development of learning disability market position statements and planning for market shaping activity.
- Published co-production toolkit for use by TCPs to ensure best practice in working with people and families.
- Co-produced national finance template in partnership with NHSE to establish funding position of councils enabling targeted support and continued national discussions.
- Provided finance support (via LGA finance advisers) to some council partners, including joint workshops with NHSE, to support work to unblock issues around the funding flows.
- Held roundtable with DASS’s and finance leads to discuss funding/financial flows in response to councils’ issues. Exploring creation of a national template for use by TCP partners (MoU/risk share agreement).
- Continued support of individual TCP/council discussions via LGA finance adviser.

Examples of insight gained

- Housing with support remains a key challenge for TCPs evidenced through the recent refresh of TCP plans; we have identified this as a key area of support with NHSE and identified a coordinated way forward through the regional LGA adviser posts; we aim to employ regional posts (mapped to ADASS regions) with housing expertise enabling practical support to TCP partners.
- TCPS raising concern about the impact of the Court of Appeal decision (MM & PJ) on the conditional discharge of restricted patients; discussion being organised with relevant partners including DH to agree a way forward and communicate implications to TCP partners.

Top activities for next quarter (up to 5)

- Commission guidance on Ordinary Residence/Responsible Commissioner providing clarity around complex cases where people have not been in the system for some time and where funding arrangements are unclear, causing delays in discharges; aim to publish in the next quarter.
- Identify TCPs for market shaping action learning sets in each of the TCP regions in partnership with regional leads; design bespoke action learning sets around TCP need; start learning sets.
- Recruit regional advisers (mapped to ADASS/local government regions) with housing expertise and AD for TC.
- Disseminate draft of commissioner/provider toolkit for feedback; aimed at supporting positive local relationships and ensuring care and support provision that can meet the needs of the TC group of people.
- Continue support around unblocking funding flow issues, utilising CHIA/LGA finance expertise where needed. ‘Model’ MoU/risk share agreement for use/adaptation by local partners.
- Co-produce empowerment steering group work-plan with the national group, now funding has been established.

Risks and issues

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Mitigation/Action required (by whom)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue</td>
<td>Key challenges identified by TCP/council partners in relation to housing development and the funding flows; this is impacting on ability to deliver and meet the ambitions of the programme.</td>
<td>Re-design of LGA support offer, with regional advisers to have expertise in housing. Continued work on the funding flows, including bespoke support, workshops and proposed development of an MoU/risk share agreement that can be utilised by local partners.</td>
</tr>
</tbody>
</table>