

Care and Health Improvement Programme 2018/19

Purpose of report

For information.

Summary

This report provides a brief overview of the Care and Health Improvement Programme priorities for 2018//19 and an update on its activities to achieve them.

Recommendations

That the Community Wellbeing Board note;

1. the agreed priorities for the Care and Health Improvement Programme and the high level activities that will be delivered for 2018/19;
2. the programme's recent notable achievements; and
3. progress on leading activities.

Action

Members to note the report and officers to take forward any member feedback.

Contact officer:	Andrew Hughes
Position:	Head of Care and Health Improvement Programme
Phone no:	07909 534 185
Email:	andrew.hughes@local.gov.uk

Care and Health Improvement Programme 2018/19

Background

1. The Care and Health Improvement Programme (CHIP) provides support to councils in England for social care, integration and health and digital improvement, as well as supporting the Transforming Care programme for people with learning disabilities and/or autism. It is the sector-led improvement programme for care and health, co-produced and delivered by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS).
2. CHIP is funded mainly by the Department of Health and Social Care (DHSC) with contributions from the NHS for some digital activity and Transforming Care. 2018/19 marks year two of the agreed three year programme.

Issues

3. DHSC has agreed to continue funding until March 2020 based on a set of priorities and our contribution to the Transforming Care Programme.
4. The three priorities are:
 - 4.1. risks and resources;
 - 4.2. care market quality and sustainability; and
 - 4.3. sustainable and integrated care and health systems.
5. The programme includes activity around: market and commissioning, financial risk, managing transfers of care, efficiency and sustainability, safeguarding, prevention and system leadership as well as BCF and integration with digital transformation embedded across the workstreams.
6. The following additional funding was also secured to:
 - 6.1. Support systems manage transfers of care by bringing together national partners to co-produce and co-deliver a support offer for councils and health partners experiencing challenges around delayed transfers of care and patient flow. This includes both a bespoke offer and universal support through national and regional events, access to an evidence base and weekly data collection and analysis. In addition, we are delivering an enhanced offer of diagnostic and sustainability support for the nine systems (across HWB footprints) which are experiencing the most challenges.

- 6.2. Support councils implement their ambitions for the Better Care Fund, including a Better Care Adviser Support Programme for the Better Care Support Team. This will also facilitate any BCF graduation support required and progress more advanced or integrated care systems.
7. Similarly we negotiated further three years' funding from NHS Digital to continue the [Social Care Digital Innovation Programme](#) into 2020/21. Designed to help councils develop local digital solutions to improve social care, the first wave of the programme in 2017/18 funded 19 innovative proposals. For 2018/19 a further 12 councils have been selected with proposal based around: efficiency and strengths-based approaches; managing markets and commissioning; and sustainable and integrated health and care systems.
8. Workforce was identified as a key issue for councils and at regional level. No additional funding was available and including this in the programme would have required de-prioritisation elsewhere. Negotiations with DHSC established that workforce Skills for Care is the responsible body in this area and CHIP should support its lead. Workforce activity will only be picked up where it is a significant part of our commissioning and integration activity. We are working closely with the LGA Workforce Team to address any workforce issues that arise.
9. CHIP's recent notable achievements include:
 - 9.1. Liaising with a wide range of agencies to support councils put in place contingency plans to ensure the continuity of care in the face of the potential collapse of Allied Healthcare. While these plans were not ultimately required, it has increased awareness and vigilance to provider failure in a very fragile care and support provider market. It will also contribute to emerging LGA wide plans to support councils in the event of provider failure. We also provided advice and support to central government on its handling of the issue and to ensure the local government perspective was represented and reflected in any subsequent action.
 - 9.2. Ongoing delivery of the Better Care Advisers/Multidisciplinary Consultants Support Programme on behalf of the Better Care Support Team, working with local systems to progress integration locally. Provided councils/partners with assistance to ensure all achieved a compliant Better Care Fund plan with additional support through the assurance and escalation process for those affected. We continue to engage in national negotiations to represent the local government perspective with central government and health and care stakeholders.
 - 9.3. Publication of the integrated commissioning for better outcomes framework, a practical tool to support councils and NHS commissioners improve commissioning outcomes. It covers four areas: building the foundations; taking a person-centred, place-based and outcomes-focused approach; shaping provision to support people, places and populations; and continuously raising the ambition.

- 9.4. Securing a revised Funding Transfer Agreement removing a barrier to funding flows from NHSE specialised commissioning to local systems. Model S75/256 agreements for use by local Transferring Care Partnerships have been finalised to address a further concern.
10. Milestone achieved. CHIP has now provided a level of support to all 150 councils with adult social care responsibilities whether through advice and guidance, one-to-one mentoring, tailored support to a council or local system, regional workshops or national events.
11. Key CHIP activities have progressed through:
 - 11.1. Research published as [*'Why not home? Why not now?'*](#) evidencing that delayed transfers of care are symptoms of wider efficiency problems including;
 - 11.1.1. improved ownership of the patient's journey and outcomes;
 - 11.1.2. leadership and staff behaviours that cross the boundaries between health and care and put the patient first;
 - 11.1.3. consistency in decision making; and
 - 11.1.4. measuring and focusing on the right things.
12. Completion of 12 out of 14 intensive delayed transfer of care diagnostics conducted as part of the national partners' (LGA, NHSE, MHCLG and DHSC) enhanced support offer led by CHIP. Feedback from these will inform the second half of the programme, reporting findings in the autumn on how to improve patient flow and reduce delayed transfers of care.
13. Weekly data collation and dissemination for delayed transfers of care to support regional and national discussions which has identified some of the key challenges facing local systems including: residential and nursing capacity, homecare capacity, housing availability
14. Support to a number of care and health integration initiatives such as:
 - 14.1. Piloted support tools as part of the Sizing the Prize intervention to help local areas identify the case for change and next steps for local integrated care; and
 - 14.2. Delivered three workshops around good council-NHS working as part of the Integrating Better Programme with a tool and case studies to follow.

- 14.3. Continuing work to capture local care market information on the provision of care for older people and those with learning disabilities. The resulting national dataset will inform thematic and trend identification. It will allow local and regional analysis and, along with bespoke support packages, will support councils to improve their social care commissioning, market position statements and plans for dealing with provider failure.
- 14.4. Ongoing facilitated risk self-assessment and bespoke support leading to a better understanding of strategic risks as well as user needs and motives. Plus tailored, facilitated sessions on financial risk as requested.
- 14.5. A tailored regional workshop on efficient use of resources focusing on managing demand and strengths based approaches. This model will be rolled out to other regions.
- 14.6. Finalisation of the Making Safeguarding Personal outcomes framework to enable DASSs and Safeguarding Adults Boards to identify their impact in helping people to keep safe, assess progress in implementing MSP and compare themselves with others.
- 14.7. An annual HWB Chair and Vice Chair Summit co-produced with NHS Clinical Commissioners, targeted political and clinical leaders in health and care attracting over 60 delegates.
- 14.8. Responsive system leadership development programme working with clinical and political leaders on policy and leadership challenges. Development of tailored regional networks to address local leadership issues.
- 14.9. Ongoing delivery of the system wide care and health peer challenge programme evolving the model to fit local needs including across multiple Health and Wellbeing Boards and different footprints
- 14.10. Supporting the Prevention at Scale programme and exploring the feasibility of larger scale interventions as the 12 test sites work to deliver their local initiatives. Tailored support alongside networks and a masterclass academy bringing all areas together to access the Leadership Centre, Public Health England and Design Council expertise.

- 14.11. Delivery of over 20 Prevention Matters training session for elected members to explore their role and the potential impact of a stronger focus on early intervention.
- 14.12. A national digital summit in collaboration with NHS Clinical Commissioners and with the support of NHS Providers. Seventy six delegates attended 'Delivering Health and Care in a Digital Age', including representatives from thirty one councils, to explore the opportunities for digital transformation and encouraging its adoption.
- 15. CHIP activities in development feature;
 - 15.1. guidance on contingency planning supported by processes and templates;
 - 15.2. programme of national and regional events to improve patient flow and reduce delayed discharge;
 - 15.3. peer review for those systems experiencing challenges around patient flow;
 - 15.4. refreshed Shaping Up to the Place and accompanying tools and support; a place based vision for a fully integrated care and health system co-produced by ADASS, NHS CC, NHS Confed and the LGA;
 - 15.5. twelve case studies and supporting materials on how local government and the NHS can work better together for NHSE's System Transformation Group;
 - 15.6. a collective approach to measuring value for money in adult social care;
 - 15.7. evidence base of sustainable approaches that demonstrate efficient use of resources;
 - 15.8. thematic studies on efficiency and sustainability to support sector led improvement;
 - 15.9. the NHS collaboration support programme developing existing support offers such as the facilitated integration toolkit and peer challenge for STPs and ICSs; and
 - 15.10. toolkit to support the commissioning of high quality care and support in the community for people with learning disabilities and/or autism.

Implications for Wales

- 16. There are no implications for Wales. Programme funding covers England only.

Financial Implications

- 17. DHSC has agreed to continue funding until March 2020 although with a reducing budget

18. The Transforming Care work is due to close by 31 March 2019.

Appendices

19. **Appendix 1 – Care and Health Improvement Programme 2018/19 slides.**

Next steps

20. That the Community Wellbeing Board notes the agreed priorities for the Care and Health Improvement Programme and the high level activities that will be delivered for 2018/19.