

Care and Health Integration Programme 2015/16

Purpose

To seek Board approval and direction on the broad range of activities and approach to the 2015/16 Care and Health Integration Programme.

Summary

Over the last three years the LGA has been delivering an increasing number of programmes, primarily sponsored by the Department of Health, aimed at bringing about leadership developments, improvement or implementation support in the areas of care and support, health and wellbeing, and service integration with health. The programmes include Winterbourne View, Health & Wellbeing and Better Care Fund (BCF).

We have been commissioned to continue these programmes in 2015/16. We have developed, with stakeholders, proposed objectives to help authorities to:

- i. improve outcomes for local people
- ii. deliver better quality health and care
- iii. embed health and wellbeing boards as place-based health and care leaders
- iv. make health and care sustainable locally
- v. increase public, regulator and government confidence in local health and care services.

We also plan to complete the transition to a single programme to ensure that we have a more coherent offer to councils, that it is firmly based on the sector-led improvement principles, to ensure that it is complementary to the LGA's policy objectives and to deliver this at a reduced cost.

Recommendations

The Improvement and Innovation Board is recommended to provide guidance and direction on the draft objectives, range, scope and direction of the programme for 2015/16.

Actions

This Board's direction and advice, and that of the Community Wellbeing Board (CWB), will be taken into account in the negotiations and agreements with the programme sponsors.

Contact officer:

Andrew Hughes

Position:

Head of Implementation Grant Funded Health Programmes

Phone:

020 7664 3192

Email:

andrew.hughes@local.gov.uk

Care and Health Integration Programme 2015/16

1. Background: Sector-Led Improvement (SLI) in Care and Health

- 1.1. SLI is firmly embedded within the wide, and growing, range of transformation and improvement programmes across the health and social care agenda. The LGA has been commissioned by the Departments of Health, and Communities and Local Government to support councils to achieve a number of transformational changes. These include implementing the Care Act reforms and BCF, and supporting SLI through our Towards Excellence in Adult Social Care (TEASC), Health and Wellbeing System Improvement Programme (HWSIP) and Winterbourne View Joint Improvement programmes. There is also on-going activity around Making Safeguarding Personal (MSP), systems resilience and delivering outcomes as well as personalisation, deprivation of liberty safeguards and mental health.
 - 1.2. This activity is complemented by, among many other developments, LGA support of the Integrated Care Pioneer programme that intends to expand in 2015, the Integrated Personal Commissioning programme and the New Models of Care Network. These are in addition to programmes such as the Year of Care Commissioning Model and also within the context of policy developments such as the LGA's 100 Days, the NHS Five Year Forward View, the Barker Commission, the 2015 Challenge Manifesto and the Dalton Review among many others.
 - 1.3. The principal programmes in 2014/15 were:
 - 1.3.1 BCF
 - 1.3.2 Care Act Implementation and Support Programme
 - 1.3.3 HWSIP
 - 1.3.4 Health and care informatics
 - 1.3.5 Integration and Public Sector Transformation Network
 - 1.3.6 MSP
 - 1.3.7 TEASC
 - 1.3.8 Winterbourne View Improvement Programme (joint with NHSE).
 - 1.4. The sector led improvement approach continues to support improved outcomes for and accountability to local communities as well as increased confidence from government, the sector and the public alike in the sector's ability to drive improvement itself. These benefits have also been achieved despite significant on-going reductions in government funding to councils.
 - 1.5. Each programme has developed independently, with a range of governance and delivery vehicles. All stakeholders have recognised the need to develop a more cohesive set of arrangements, particularly in the context of both the proliferation of support needs and how these increasingly blur the lines between programme boundaries. National policy developments too are promoting a more holistic approach across the agenda, for example the Five Year Forward View signalling a move towards place-based inspection and intervention activity, with coordination by regulators across a local health economy.
- ### **2. Taking forward the programmes as a single offer to the sector in 2015/16**
- 2.1. The Department of Health has asked the LGA, in discussion with stakeholders, to develop a programme for 2015/16 that would deliver a similar broad range of objectives.

- 2.2. The joint programmes in 2014/15 represented a first step towards developing a single overarching programme, underpinned by a joined-up approach and narrative. It is now considered the right time to take the programmes forward as a single programme with a more coherent offer to the sector.

Enhanced locally accountable systems leadership

- 2.3. The joint programmes are already demonstrating their credentials and strengths in leading and supporting the sector to achieve better outcomes, underpinned by a clear focus on strengthening the systems leadership role of health and wellbeing boards as the key local accountability mechanism for the health and wellbeing of local populations.
- 2.4. Bringing greater coherence to the programmes would provide opportunity to respond to sector needs, in particular to support health and wellbeing boards to develop the competence and capacity to act as the single commissioner of health and care services locally, and crucially to build the system's confidence in boards to deliver this.

Increased insight across the system

- 2.5. Councils are increasingly using the SLI approach to learn from each other, to address barriers to transformation and innovation as well as performance challenges, particularly in response to funding constraints. This rich source of insight into the sector includes activity ranging from peer support, performance comparison and self-assessment to mentoring, training and networks. In addition, collective assurance work, such as through the Care Act stocktakes, or advisory activity to influence policy and regulatory developments, are providing further opportunities for the sector itself to identify risks, understand issues and develop solutions.
- 2.6. This intelligence would help evidence the programmes' capabilities to the sector and funders, as well as inform ways to develop further the SLI approach. It would be possible, by taking a more disciplined approach to pooling and sharing intelligence, to take a more codified approach, which would increase consistency, enable the sector collectively to push for greater freedoms from data reporting or blanket assessment, and to urge greater transparency of government-held intelligence.
- 2.7. In addition, there is significant potential to take forward innovations such as the outcomes based commissioning framework through the TEASC network, or address existing challenges, such as how to embed isolated activity, for example Winterbourne View improvement. There would also be greater capacity to respond to new local demand or to occupy new change agenda, such as the introduction of the Dilnot recommendations.

Stronger, streamlined governance and accountability

- 2.8. The role of local government leaders, regional peers and local areas themselves is crucial in developing collaborative leadership at a system level, and in engendering localist partnership approaches. Accountability and governance arrangements currently include our Community Wellbeing Board, which is reshaping its members' roles to strengthen its leadership of key portfolio areas including integration, and the Health Transformation Task Group (HTTG). This latter group has continued to evolve in response to a changing landscape, to provide a mechanism for consultation and advocacy, and is increasingly becoming an operational partnership space. There are also governance vehicles for other NHS integration programmes as well as sub-national and regional networks.
- 2.9. There are multiple boards overseeing the delivery of each programme. As programmes have been established, there is increasing overlap in membership and delivery mechanisms, and

some partnership arrangements have become more unwieldy as membership and remit have extended. It is proposed therefore that we look to amalgamate these to create a more streamlined governance structure, which sets the direction and steers delivery across all programmes.

- 2.10. Such streamlined arrangements would enable a reframing around key stakeholders and outcomes rather than programme silos, bringing strategic coherence to narrative and approach. In this way, it would make possible a more systematic approach to driving SLI and sharing good practice. Councils, for example, could be viewed holistically across a range of policy areas but be supported by discrete elements of the programmes managed within a strategic framework. These revised arrangements would also provide a mechanism for the sector to commission its own SLI activity beyond grant-funded joint programme work.
- 2.11. Within such arrangements, the role of HTTG could evolve to encompass wider stakeholder groups, providing opportunities for widespread engagement and influencing. In addition, this stakeholder forum could be widened to encompass regional networks, which would both strengthen the governance around SLI approaches and feed greater alignment at a local and regional level.

Greater efficiency and capacity through a thematic programme management approach

- 2.12. The centrepiece of the SLI approach remains the peer-led improvement model, which local areas strongly support. They tell us too that they would like:
 - 2.12.1 support beyond diagnostic activity that builds their capacity and skills to achieve cultural, organisational and system-wide change
 - 2.12.2 more access to best practice, exemplars and hands-on advice, support and development, in particular receiving this from peers in a timely, flexible manner
 - 2.12.3 more opportunities to network, share learning and collaboratively develop solutions
 - 2.12.4 greater coordination across programmes and partners operating in a locality or region, and to use available resources to extend existing capacity.
- 2.13. From feedback, local areas – regardless of which programme they are accessing – tell us they would welcome advice and support around common issues including strengthening governance arrangements or developing risk sharing mechanisms, to help with financial modelling or workforce reconfiguration. It is proposed, therefore, that existing activity is grouped around three common themes to maximise benefit for local areas, backed by more systematic coordination and communication across programmes:
 - 2.13.1 leadership and governance: such as strengthening system leadership behaviours including shared visioning, risk-sharing, mitigation and contingency planning, and building confidence in the system
 - 2.13.2 finances and resources: such as joint efficiency developments, financial modelling of integrated care models, joint or shared commissioning models
 - 2.13.3 operational delivery development: such as around data sharing, workforce, multi-disciplinary working, care coordination, provider models, person-centred care and personalisation, and shifting resources to prevention and self-care.
- 2.14. This development would enable the peer-led approach to be expanded to include a wider range of discrete and interlocking packages of support using a ‘deep dive’ methodology, which brings additional operational capacity to support councils to implement their improvement or transformational plans. In this deepened peer support offer, peer reviewers

and facilitators will be able to call on this expert advice or support as needed, which where possible would be recruited from within the sector.

- 2.15. These proposals recognise that success often relies on strong relationships and commitment from colleagues across the system, backed by ad hoc arrangements, for example in inputting into the BCF assessment process, which increasing demands have strained. These proposals also acknowledge the reductions in capacity, including across NHS England, coupled with a growing number of requests for help that span the boundaries between programmes.
- 2.16. It is therefore proposed that a 'support' network is developed to underpin insight, advisory and improvement work in a more systematic way, improving coherence and connections. It is intended that this is about better supporting peers and regional leads to carry out their roles, as well as helping to identify and share better intelligence across the system. It is proposed that this 'support' network is developed using existing regional and specialist resources such as Principal Advisers, Care Act Adult Improvement Advisers and regional programme teams, in a light-touch way. The network would be intended to provide the connections across programmes and regions, improve coordination of support, and signposting to, and enhancing local resources, such as developing virtual networks on local issues.
- 2.17. Further, it is proposed that this 'support' network includes a more aligned central resource drawn from existing programmes, which could provide some project management functions such as coordinating responses to demand, sharing intelligence through internal networks or promoting awareness of activity, such as through a weekly bulletin.

3. 2015/16 Care and Health Integration Programme

- 3.1. It is therefore proposed that we develop a single programme for 2015/16 with a coherent focus point for local authorities with the objective of helping the sector to:
 - 3.1.1 improve outcomes for local people
 - 3.1.2 deliver better quality health and care
 - 3.1.3 embed health and wellbeing boards as place-based health and care leaders
 - 3.1.4 make care and health sustainable locally
 - 3.1.5 increase public, regulator and government confidence in local care and health services.
- 3.2. We would achieve this by developing a range of flexible improvement and support products (across the three domains of leadership and governance, finances and resources, and operational delivery) that will support:
 - 3.2.1 sustained and embedded sector-led improvement to deliver excellence in social care and health locally
 - 3.2.2 Health and Wellbeing Boards to be effective system leaders
 - 3.2.3 councils to implement and embed the Care Act reforms
 - 3.2.4 local areas to implement the Better Care Fund
 - 3.2.5 the Public Service Transformation Network to take a whole system approach to public services and funding
 - 3.2.6 the Integration Pioneers to remove barriers, promote confidence and spread good practice
 - 3.2.7 efforts to best use and share data and intelligence
 - 3.2.8 local areas to ensure those with learning disabilities are supported in their communities (Winterbourne View).

- 3.3. We would also support the development of an effective governance and delivery infrastructure at the regional level to ensure that the programme adequately focuses on local needs and that there is an effective feedback mechanism for local issues and concerns. We would look for regions to develop a single unified approach that will be supported through a single funding stream.

4. Conclusion and next steps

- 4.1. This paper will also be discussed at our CWB in February 2015. Discussions are also underway with key stakeholders, principally the Association of Directors of Adult Social Care, the Society of Local Authority Chief Executives and others over the coming weeks in order to develop the programme offer. We are also in on-going discussion with the Department of Health about their requirements and the total cost of the programme.
- 4.2. Final approval of the scope and costs of the programme is expected to be agreed in early March for a 1 April 2015 commencement.

5. Financial Implications

- 5.1. The cost of the programme will be fully met from Department of Health grants to the LGA.