

Sector-led Improvement for Care and Health

Purpose of report

For discussion.

Summary

The Care and Health Improvement Programme is sector-led improvement for adult social care and the integration of care and health services, delivered in partnership with the Association of Directors of Adult Social Care (ADASS) and funded by the Department of Health. The programme draws heavily on sector-led improvement in its approach and the wider support available from the LGA.

The programme has now secured a three-year funding arrangement with the Department of Health and we are working with the sector to redefine the scope of the offer, although this broadly remains unchanged from previous years with an emphasis on the sustainability of social care and the integration of services with the NHS.

Recommendations

Improvement and Innovation Board members are asked to:

1. Note the progress being made with the re-shaping of the Care and Health Improvement Programme to focus on the sustainability of social care and the integration of services with the NHS.
2. Provide direction on the scope of the activity and offer to the sector, to inform negotiations with the Department of Health.

Contact officer:

Andrew Hughes

Position:

Head of Care and Health Improvement Programme

Phone no:

0207 664 3192

Email:

andrew.hughes@local.gov.uk

Sector-led Improvement for Care and Health

Background

The State of Social Care and Health Integration

1. Councils will have managed reductions to their core funding totalling £16 billion between 2010 and 2020. Councils are protecting adult social care but it is increasingly impossible for the service to be immune from the impact of reductions on this scale. We estimate that local government faces a funding gap of £5.8 billion by 2020. £1 billion of this is attributable to adult social care and includes only the unavoidable cost of demography, inflation and the National Living Wage. This figure excludes other significant pressures, including the potential costs associated with 'sleep-ins', as well as any resources to address unmet need. In addition to the £5.8 billion gap, a minimum of £1.3 billion is required now, and in future years, to stabilise the adult social care provider market.
2. The Government's response to the challenge of adult social care funding in recent years has been short-term and incremental in nature. The consequences of under-funding include an ever more fragile provider market, growing unmet need, further strain on informal carers, less investment in prevention, continued pressure on an already overstretched care workforce, and a decrease in social care's ability to help mitigate demand pressures on the NHS.
3. The unhelpful emphasis has given rise to a major and unwarranted focus on councils' role in reducing 'delayed transfers of care' (DTOC). Associated messages from Government and NHS England risk undoing the vital work that care and health have been doing together in local areas.
4. Councils are committed to reducing DTOC and work closely with local health and care provider partners to get people out of hospital and back into the community. Any suggestion, implied or otherwise, that councils do not take this responsibility seriously is deeply unhelpful and damaging to local relationships.

Care and Health Improvement Programme

5. The Care and Health Improvement Programme (CHIP) is sector-led improvement for adult social care and the integration of care and health services. The Programme is funded by the Department of Health through a memorandum of understanding and delivered in partnership with the Association of Directors of Adult Services (ADASS) and increasingly with input from NHS bodies. The tri-partite arrangement forms an essential co-production component of the Programme, in terms of governance, oversight and enabling local delivery.

6. The Programme recognises the current financial context for social care set out in the LGA's *Adult social care funding: 2017 state of the nation report*¹, the aspirations set out in ADASS's *Distinctive, Valued, Personal*², the critical issues relating to care market sustainability and the need to develop sustainable health and care systems.
7. The Programme has adopted the sector-led improvement protocols and principles for the work:
 - 7.1. **Councils are responsible for their own performance and improvement** and for leading the delivery of improved outcomes for local people in their area;
 - 7.2. **Councils are primarily accountable to local communities** and stronger accountability through increased transparency helps local people drive further improvement;
 - 7.3. **Councils have a collective responsibility** for the performance of the sector as a whole; and
 - 7.4. The **role of the LGA is to maintain an overview** of the performance of the local government sector in order to identify potential performance challenges and opportunities, and to provide tools and support to help councils take advantage of the approach.
8. The Programme draws heavily on sector-led improvement in its approach and the wider support available from the LGA. Specifically, the Programme seeks to support local care and health economies as follows:

Priorities	Work streams
1. Make social care more resilient	<ol style="list-style-type: none"> 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

¹ <https://www.local.gov.uk/adult-social-care-funding-state-nation-october-2017>

² <https://www.adass.org.uk/media/4475/distinctive-valued-personal-adass-march-2015-1.pdf>

Priorities	Work streams
2. Enable the development of effective care and health systems	<ol style="list-style-type: none"> 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
3. Participate in the Transforming Care Programme	<ol style="list-style-type: none"> 1. To support the Transforming Care programme

Issues

9. The Programme requires updating to adapt to a rolling three-year programme being funded by the Department of Health. The grant available to deliver the programme over the next three years is expected to decline by 10 per cent across the period.
10. In discussions with representatives from across the sector, and with other sector bodies such as Skills for Care and Social Care Institute for Excellence, the key areas of concern are focused on:
 - 10.1. **Market failure and the need for councils to make contingency arrangements**
The potential for care provider market failure is considered to have increased significantly over the last 18 months and a growing number of councils have experienced providers 'handing back' contracts they can no longer afford to deliver.
 - 10.2. **Delayed transfers of care**
Delayed transfers of care (DTOC) out of hospitals as a result of social care issues, while comprising about 1/3 of the total number, have increased quickly in recent years. Much of this is to do with pressures in the provider market and the funding available to councils.
 - 10.3. **Integration**
While the debate about whether the integration of social care and health will generate savings continues, it remains a priority in order to provide improved patient focused services. Issues concerning funding arrangements through the Better Care Fund and Improved Better Care Fund in relation to DTOC have caused relationship problems at a local level, delaying this improvement.
 - 10.4. **Workforce**
The social care workforce, particularly for care providers, remains a significant concern in light of Brexit and reduced funding. While improvement activity for

the provider workforce is the responsibility of other agencies, this programme needs to ensure that there is an available workforce for the services being commissioned.

11. These discussions have also highlighted that while the overarching priorities are the right ones, there needs to be some reframing and rebalancing of the workstreams and offer to the sector in order to address the identified concerns.
12. In particular there is a need to give more emphasis to support councils:
 - 12.1. with more bespoke support and fewer generic tools and guidance;
 - 12.2. with their arrangements for commissioning for quality services and contingency planning in the event of a market failure;
 - 12.3. to address DTOC, within the context of the Better Care Fund, and ensure care pathways provide patient centred care;
 - 12.4. with efforts to prevent and manage demand for services, to be more efficient and harness innovation; and to
 - 12.5. identify the management information to support local decision making.

Implications for Wales

13. This report has no implications for Wales as the work is funded by the English Department of Health for the benefit of English local authorities only. However, we have shared specific learning from the Programme, for example on financial risk management, and all of our material is available online for Welsh councils, if required.

Financial Implications

14. The total value of the Programme in 2017/18 is £10.074 million.
15. Most of the cost of this Programme is covered by a grant from the Department of Health to the LGA and ADASS. In 2017/18 the initial grant was £7.274 million, expected to reduce to c£6.7 million in 2019/20. In 2017/18 an additional £1 million is to be made available to support delayed transfers of care.
16. In addition a further £1.8 million in 2017/18 and £1.6 million in 2018/19 is provided by NHS Digital to support work on digital innovations and data sharing across care and health. NHS England also makes a small contribution to our work in relation to transforming care for people with learning disabilities and autism.

Next steps

17. We will continue to discuss the requirements for this sector-led improvement work with councils and associated professional organisations over the course of the autumn. A submission will be made to the Department of Health in late December 2017 with approval expected in January/February 2018.