

## Care & Health Improvement Programme Update

### Purpose of report

For information.

### Summary

1. This report provides an update on adult social care improvement matters and the Care and Health Improvement programmes.

### Recommendation

1. That the Improvement and Innovation Board is asked to note the report and provide direction and advice on the Care and Health and adult social care improvement programmes.

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## Background

1. This paper provides an update on adult social care and public health improvement support issues and an operational update on the Care and Health Improvement Programmes (CHIP).

## Care and Health Improvement Programme

2. The Care and Health Improvement Grant has now been agreed with the Department of Health (DHSC) in 2021/22 and is with the Department for final internal processes. The PowerPoint slides at Annex 1 were presented to the DHSC CHIP Grant Assurance Meeting in early September. It takes the format of a pilot Ministerial Report that will be used in future reporting quarterly reporting.
3. Improvement and Innovation Board will note that there are no targets set in this grant agreement, but there are linkages to the social care assurance discussions (see later) and a clear desire from the former Minister of State for Care to have greater direction, oversight and information from the Programme. We expect this to continue with the new Minister.

### *Other Programmes*

4. The LGA has secured a range of other agreements with the DHSC, NHS bodies, Public Health England and The Health Foundation to run a range of other adult social care and public health improvement support programmes. These are shown at Annex 2.

## Adult Social Care Improvement Update

### Reform

5. CHIP supports LGA policy colleagues to influence the direction and pace of reform, and some discussions have taken place with ministers and senior civil servants. Pending any longer-term decisions on funding, the social care sector continues to rely on one off and often hypothecated grants. We highlight the impact of this on the various areas of improvement work we do.
6. Alongside considerations of funding, we continue to work with partners on our vision of what a transformed and properly funded social care system might look like. What was set out in the LGA Green Paper<sup>1</sup> in 2018 is still highly relevant and creates a lot of common ground.

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<sup>1</sup> <https://www.local.gov.uk/lives-we-want-lead-lga-green-paper-adult-social-care>

7. The Government has recently made a number of announcements on the reform of adult social care. The Community Wellbeing Board is managing the policy response to those reforms. These include:
  - 7.1. Implementing a version of the Sir Andrew Dilnot reforms originally set out in the Care Act 2014;
  - 7.2. Proposing a Social Care White Paper for the autumn that is likely to set out the reforms to the adult social care system with particular reference the social care workforce, the use of care technologies and housing; and
  - 7.3. The integration of social care and health, through the proposals set out in the existing Health & Care Bill
  
8. A Delivery Board, with representatives from the LGA and others, has been established by DHSC to oversee the implementation of the Dilnot reforms. We have also been invited to co-produce the White Paper.

#### Assurance and improvement

9. CHIP works alongside policy in engaging with DHSC and the Care Quality Commission (CQC) in the design of regulation over local authority commissioning and delivery functions, through a senior group and a supporting design group. There has been an open exchange of ministerial and local government bottom lines. We have been especially keen to emphasise continued local accountability to elected members as the bedrock of “assurance”, not least because social care is now funded mostly from local taxation, and the continued role of sector led improvement.
10. Regarding improvement, we have been clear about its essential role and its track record, and this is supported by both DHSC and CQC.
11. CQC has worked with us in developing its own proposals for oversight, which seek to allow councils to continue to take responsibility for their own improvement and outcomes for local people, and to target more detailed scrutiny for places where it is needed.
12. We are in discussion with DHSC about their proposals for how and when intervention from the Secretary of State may happen.
13. The sector agrees with DHSC that all this will need a much-improved data offer, and recently we have discussed with them an outline for a rounded data and intelligence strategy.

#### Whole systems working

14. We continue to support a range of work for councils and their NHS partners focused on hospital admissions avoidance and effective discharge from hospital. This includes the development of a new High Impact Change Model for preventing avoidable admissions to hospitals and care homes, which is now in use, and the development of a similar model looking at homelessness and housing.

15. We are working with the NHS and central government on continued policies for hospital discharge, community-based support, and increasingly mental health services. Whilst supporting the continued bespoke funding for Discharge to Assess in order to avoid a cliff edge drop in funding in September, we are also working with the NHS to identify and address variation in
16. We are delivering an increasing number of bespoke support packages for local systems, often about discharge from hospital but increasingly around other issues like admissions to hospital. We continue to use the model of short (a day or half day) interventions for leadership teams, so that we can repeat them if needed, alongside longer peer reviews.

#### Integrated Care Systems and systems leadership

17. An increasing area of our work is now spent supporting councils to contribute to the integrated Care Systems. While the government has investigated significantly in preparing the NHS for the introduction of ICS there has been no similar investment in local authority development. We have secured a contribution to the NHS programme.
18. Learning from our recent series of events on the introduction of Integrated Care Systems has highlighted some concern from council Leaders, Chairs of Health & Wellbeing Boards and Chief Executives about the speed of their introduction and their own capacity to engage at pace with the new ICSs and ICPs.

#### Commissioning and provider markets

19. We are developing a dashboard for councils to self-assess their own positions on commissioning and market influence, which will support the other major piece of strategic work around helping councils go through a structured options appraisal process when planning their commissioning intentions.
20. We are also supporting councils and providers in specific areas such as a model for the cost of care, finding affordable insurance, and assessing provider viability.

#### Workforce

21. At present we are out to tender to develop a framework for strategic workforce planning, with the aim that this will be a live tool for use by councils together with their providers. This has emerged as an overall need following a series of regional workshops.
22. Alongside this, we are engaged in supporting councils to meet some immediate and acute workforce pressures, with providers saying it is worse than it has been for years. We have a menu of options including top tips for recruitment and retention, supporting wellbeing, and what commissioners can do to alleviate pressures. We are also engaged with DHSC on policy options relevant to this which can worsen or mitigate the risks, including isolation requirements, forbidding movement between settings, and the impact of mandatory vaccination.

Innovation and technology

23. Alongside the work with NHSX as described below, we are continuing to share good practice between councils, to support specific areas of innovation and redesign support, and to ensure that local authorities have their own space to discuss technology and innovation.
24. We continue to align our social care digital work alongside that of NHSx, who lead the DHSC in this area ensuring that we have a strong voice within NHSx and NHSD advocating for social care across their Programmes. We appoint the National Strategic Adviser within NHSx. The focus of our joint work is to:
  - 24.1. input and influence into the longer-term strategic planning for JUC ensuring the needs of adult social care are taken into account;
  - 24.2. support councils to sustainably adopt digital technology that transforms health and wellbeing for their residents; and
  - 24.3. inputting into NHSx submissions for the spending review, data strategy, social care reforms
25. In addition, we are in discussions with NHSD to restart and scale up the Social Care Digital Innovation Programme from next year.

Use of resources

26. Much of the targeted work has been to support authorities with acute financial pressures, along with other bespoke support to councils; it is noteworthy that increasingly the pressures and opportunities for savings are from working age adults which also has a dependency on transitions from children's services.
27. There has been some technical advice given on issues such as finance returns this year, and support to councils responding to the judgement concerning Norfolk's charging policy for working age adults.

Social Care Information Governance

28. There has been a significant increase in the range of social care information governance issues coming to the attention of the LGA particularly with regards to data sharing between health and care and the establishment of Integrated Care Systems.
29. The LGA has seats on the National Data Guardian Panel and the Health and Care Information Governance Group (both sponsored by NHSx) and has recently responded to the consultation on the draft NHS data strategy, '*Data Saves Lives*', to support the general thrust of the strategy and stress the need for a focus on prevention and for financial support to councils and care provider to implement the strategy.

Liberty Protection Safeguards (LPS)

30. Our work to support the introduction of LPS, a replacement of the Deprivation of Liberty Safeguards, is now gaining momentum. We are supporting the introduction across

Children's and Adult's Services and co-ordinating with the NHS, who will also implement the legislation.

31. The programme is closely linked to the DHSC consultation on the LPS regulations and its decision on a start date for the new legislation. Consultation is now expected in the late summer.

#### People with learning disabilities and autism

32. There continues to be a focus on the group in specialist hospitals, including helping to avoid admissions, facilitate discharge, build good community services, and commission in a person-centred way. We have been asked to support the work of the newly formed Board (chaired by the minister for social care) to oversee Building the Right Support as it is now called. We have also needed to support local government in its response to the CQC findings about restraint/seclusion/segregation in hospitals and care homes.
33. More generally we are focussing on rolling out a framework on commissioning support in a way that promotes independence and offers value for money.

#### Covid19

34. CHIP staff support to the Covid Response and Coordination Team ends in August. Continuing adult social care and public health covid-19 issues will be picked up within relevant parts of the CHIP Team with a resource identified to support those social care issues that don't have a natural home.
35. A key ongoing issue is vaccination: the implementation of the mandated scheme for care home staff, expectations of councils to support and report on take up and helping to build a delivery system for the autumn which has to combine completion of the first wave of vaccinations, boosters, and seasonal flu.
36. Other continued issues include infection control (continued funding and what is expected in areas such as visiting into care homes or staff movement between settings).

### **Public Health Improvement Update**

#### Public Health SLI

37. Further meetings with DHSC on a public health sector improvement offer have now taken place. The offer has been refined to focus more on priorities around healthy weight management, drugs and alcohol abuse, sexual health and smoking and strengthening relationships with the Office for Health Promotion (the replacement for PHE within DHSC). We have had confirmation from DHSC that this proposal will be put forward as part of the DHSC Spending Review submission.
38. The recent report from Carole Black on drugs and substance misuse supported the need for a sector improvement programme run by the LGA and this recommendation has been accepted by the Government.

Vaccination Support Programme

39. The LGA has been asked to support the national NHSE Vaccination Deployment Programme. It draws on local government expertise to encourage and promote vaccine take-up, including for underserved populations, with the objectives of:
- 39.1. Providing opportunities for enhanced understanding of local government and its further potential within the national vaccine programme;
  - 39.2. Supporting councils to engage with the vaccine programme at a regional/local/ICS level; and
  - 39.3. Supporting improved take up within the social care sector

Shaping Places for Healthier Lives

40. The Shaping Places for Healthier Lives programme delivered with The Health Foundation has now moved to its final stage. In this stage 5 councils (Bristol, Doncaster, Newham, Northumberland and Shropshire) will be supported and funded for three years to explore a system-wide approach to improving the wider determinants of health. The programme also includes a wider package of shared learning, events and learning exchanges for all local authorities.

Childhood Obesity

41. The Childhood Obesity (healthy weight) programme is now moving into its final year. Most councils have continued to develop their programme throughout Covid19, although some have struggled significantly given the pressures on public health departments. Learning from this will be taken forward into the next iteration of the Government's healthy weight strategy.

Equalities implications

42. The CHIP programme seeks to ensure EDI aims are met operationally, for example through recruitment practices, media accessibility, representation at events, meetings, project boards and procurement panels.

**Annex 1: Quarter 1 & 2 Ministerial Assurance Dashboard**

## 1: CHIP and our SLI approach

[The Care and Health Improvement Programme \(CHIP\)](#) is jointly led and delivered by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS).

CHIP provides support for social care, integration and health as well as the Building the Right Support Programme for people with learning disabilities and/or autism.

It supports lead members, health and wellbeing boards, officers and their teams working in social care and integration utilising a [Sector-led improvement \(SLI\)](#) approach which recognises that:

- councils are responsible for their own performance
- they are accountable locally, not nationally
- councils share collective responsibility for the performance of the sector as a whole

Priorities	
<b>Markets &amp; Commissioning:</b> Designing and shaping the local information, care, support and accommodation offer in a market that offers sustainability and choice; building on the SCCMR  Sustainable Care & Health Systems Developing collaborative, inclusive health and care systems incl. improved community support, good discharge from hospital and management of system pressures	<b>Strategic Workforce Planning:</b> Developing a valued and sustainable workforce who make it possible for people to live good and healthy lives in communities  Learning Disabilities & Autistic People Building the Right Support for people with a learning disability and/or autism; Supporting safeguarding practice during/post COVID-19; Support improvements in mental health services
Enablers	
<b>Finance &amp; Resources</b> Supporting councils to use data and intelligence to address variations in use of resources and provide bespoke support to the more financially challenged councils  <b>Leadership</b> Developing the political, professional, clinical and managerial collaborative leaders of healthier places cognisant of the Health and Care White Paper proposals  <b>Care Technology</b> Use of care technology to ensure that people are supported to live the lives they want (aligned to NHSx Joining Up Care programme)  <b>Public Health &amp; Prevention</b> Reduce population wide care and health inequalities and use of data and intelligence to address variations in performance  <b>COVID-19 Support</b> Response support to COVID-19 in adult social care (aligned to separate ADASS COVID-19 funding). Workstream ends September 2021, then embedded in other workstreams	

## 2: 2021/22 Quarter 1 delivery review

The focus of CHIP's core priorities this quarter:

<p><b>Sustainable Health &amp; Care Systems</b></p> <p>Our work here has centred around supporting systems to identify and implement good practice.</p> <p>This has seen the publication of a new tool (high impact change model) to share good practice around reducing preventable admissions to hospital and long-term care. This has attracted over 3,700 visits to the web page from our bulletin alone, generated 97 requests for copies of the tool, with 5 places asking for scoping work to support local systems. We are also developing a workshop support offer to help tailor the approach to local situations.</p>	<p><b>Strategic Workforce Planning</b></p> <p>Working with four councils on a workforce modelling and capacity planning tool. Significant interest from other regions/individual systems, suggesting a need for evidence based solutions to workforce capacity pressures. We will engage with other areas through a community of interest to explore this. The tool will help local areas maximise the impact of the current workforce, aid retention by helping to provide informed upskilling and career development opportunities and help support more targeted recruitment campaigns to bring in people with the right skills and values to deliver new models of care and support.</p> <p>Developed top tips to retention with the CPA which has encouraged providers to share further tips in retaining staff. With ADASS Workforce Network/EM Region, we are using these to develop a workforce community of practice as a platform for further idea/practice example sharing. We are hosting a webinar with the National Wellbeing Steering Group (30 Sep) to launch a new resource to help local areas to embed a wellbeing culture/share good practice examples from across the sector to support wellbeing, retention and workforce capacity, crucial elements to supporting workforce capacity.</p>
<p><b>Markets &amp; Commissioning</b></p> <p>We have developed draft tools to provide councils with evidence on the costs of delivering home care. The tools will enable councils to assess the impact of local factors on costs and provide a way to work with providers to agree costs of care and a fee structure. Testing gets underway shortly.</p> <p>The direct support we provided, and the external expertise we commissioned, for individual councils was well received and helped address a number of immediate challenges, such as:</p> <ul style="list-style-type: none"> <li>• a council to help prevent the closure of a local supported living/residential care provider.</li> <li>• a region and a separate council to create a roadmap to develop a greater scale and diversity of housing with care and support.</li> <li>• various councils to identify changes needed to improve access to required level of home care provision.</li> </ul> <p>It became clear from our work with councils that many are looking to make improvements in similar areas. We developed the idea of bringing like-minded councils together with external experts as part of a Structured Programme of support. Councils indicated they would be keen to be part of this and external partners, keen to provide their knowledge and expertise. The first programme will focus on Market Shaping (Oct) with c 10-15 commissioners.</p>	<p><b>Learning Disabilities &amp; Autistic People</b></p> <p>A programme of peer reviews has been organised with one each month across all regions. These will help local systems identify next steps in service delivery with a focus on ensuring that people in hospital/restrictive settings/at risk of admission, have plans to live in the community/alternatives to hospital, even in crisis.</p> <p>We are piloting a self assessment against the Better Lives for People with Learning Disabilities Improvement Framework (data and survey tools) with a London borough to encourage the development of better support for those with LD which leads to better outcomes for them. A number of councils/regions are interested in piloting this work. 23% of CHIP website visits on LD/Autism matters start by looking at this framework.</p>

## Key achievements elsewhere for CHIP

- Ongoing responses to national financial issues as and when required to ensure the key issues facing councils are clearly set out for Government and a legal way forward is identified: charging judgement; future of the ICF; concerns about the ASC-FR and RO guidance.
- Council demand for support on any number of financial and resourcing matters remains constant. We are engaged in 12 in depth pieces or work at present.
- Work in the topical/key area of safeguarding seen the publication/dissemination of key support materials including:
  - a paper on discriminatory abuse, the comments in which are leading to the formation of a reference group to consider how to improve identification and outcomes for adults with care and support needs (who experience discriminatory abuse)
  - a second [COVID-19 Adult safeguarding insight project](#) report building on the understanding of the impact of the pandemic on this area.
- Embedded local government input into NHSX strategy and key social care programmes: spending review bid, feedback to the data strategy, digital social care records programme which saw an increase in councils leading ICS bids for funding
- Designed a direct digital support programme for councils with NHSx. Outcomes include: strengthen capability on commissioning services, increase understanding of tech options and use, support resilient digital ecosystems, champion person-centred design.
- Delivered virtual induction event for new political and clinical leaders to support their development as effective place leaders of health and care and their role in influencing system, place and neighbourhood – 35 councillors attended
- Council self assessment against Better Lives for People with Learning Disabilities Improvement Framework pilots underway with a number of councils and regional expressing an interest and this webpage is a top hit.
- Digital regional leadership pilot underway in West Midlands. Early results show improved collaboration regarding data and cyber security with care providers, and approaches to care technology and digital strategy in local systems
- Publication of the Behavioural Insights toolkit, resources and guidance on the practical deliverables which councils can undertake to encourage compliance and vaccine uptake. There have been 1500 unique views of the resources – the second highest viewed page relating to COVID.

## Programme delivery overview

### Delivery status:

- While agreement to 2 months funding was very much welcomed and allowed CHIP to continue its scoped and ongoing work with councils, the lack of a full year agreement has had implications for longer term work commitments. This stop-start effect is difficult to reconcile with councils requesting support.
- Despite confirmation of 21/22 funding from the Department, the programme continues to operate at risk at end Q1 and potentially well into Q2.
- We are still experiencing the fallout following uncertainty over funding confirmation from DHSC. Further staff have left/will be leaving shortly and recruitment is underway in a number of areas to fill some critical gaps to ensure continued delivery of programme priorities.
- With proposals for a 3 year funding agreement this autumn, CHIP is keen to open up discussions about a future programme of support to the sector and utilise its evaluation budget to inform where funding can have the greatest impact.

### Our key activities for the next quarter

- Scope data-driven tool to support local systems assess performance in relation to discharge to assess and identify areas for improvement
- Launch the Career Academy Toolkit (developed by CHIP and the NW region). Identify test areas and share learning.
- Update Public Health risk tool/self assessment to reflect COVID context and provide support for its implementation
- Commission direct support for councils to support NHSX's ambitions for increasing the use of care technology
- Publish Homelessness and Safeguarding products to help councils identify appropriate interventions and resources, particularly where there are multiple and complex issues.
- Deliver another virtual Leadership Essentials two-day event for councillors and CCG colleagues designed to strengthen leadership[ capacity and capability as effective place leaders of health and care.
- Collaboration with government, councils, suppliers and care technologists to support the digital switchover enabling individuals able to receive uninterrupted, safe and secure care technology services to stay independent and well at home.
- Build a trusted, accessible 1 stop shop for all resources relating to COVID outbreak management, prevention and recovery.

## CHIP abstracts

	Rutland <i>Delivering DHSC priority work - Service Continuity and Care Market Review</i>	Sandwell Health & Care System <i>Sharing learning across the sector</i>
How identified?	Core Programme support following the Service Continuity and Care Market Review in winter 2020/21. CHIP support Rutland to prevent closure of a vital supported living / residential care provider	Core Programme following CHIP showcasing successes in another care and health system that Sandwell wanted to explore
What was the issue?	The council aware a large contract it had with a provider for a person in supported living was about to end and felt this would threaten the provider's viability. The council wanted support to help create a financial and contractual model that was sustainable and would prevent the provider having to close	Following a new hospital and integrated community centre there was a need to review Hospital Discharge Policy with focus on the 'right size' of the community provision, assessing level of community beds and if/how more people could be supported to return home after a hospital
Support offered?	Commissioned support from an associate with significant experience of social work practice, strategic commissioning and in a variety of social care roles. In addition, a CHIP colleague is providing 'peer support' to the lead commissioner.	Two-day peer review with team of senior NHS and local gov't leaders. The review worked with leaders and managers across the system, patient representatives, Healthwatch and care provider associations. The team produced recommendations that were used to develop a "100 day" action plan
Difference made?	The provider can continue to operate beyond the short term and the people living there are unaffected. The council better understands the detail of the financial arrangements it had in place with the provider and has new financial and contractual arrangements that provide a short-term solution	This will result in more people going home with the right support and reduced use of community beds; more effective use of data to drive improvement; and more patient/user engagement A Sandwell leader said the review "was a very true and honest representation of the current position ... we want to 'grab your hand off' with regards to future strategic and operational support"
Next steps?	Support recently ended, and the council is currently considering its future plans to create the financial and contractual conditions to support care providers. First step of this is expected to focus on a model for LD provision. CHIP will help with this planning and provide further support	Senior peer support, acting as a critical friend, to guide and challenge them to deliver the outcomes. Key is fostering the relationships and trust to drive improvements in outcomes and build a mature partnership and system improvements

## CHIP abstracts

	South East Region (ongoing work) <i>Inputting into strategic coordination of region</i>	Cornwall Council and Kernow CCG <i>Supporting council innovation and development</i>
How identified?	Core Programme: Strategic Workforce Planning regional workshop identified need to support developing a regional and/or local strategic workforce plans to inform reform and transformation to new models of care. Keen to look at good practice and inform steps towards the new ICS architecture	Core Programme identified the support following participation in the Small Supports programme to develop bespoke new providers in their local market. Engagement highlighted need to continue co-producing its plans
What was the issue?	Some councils/systems in the SE do not currently have a workforce plan. Others have a plan but it has not been co-produced with other key partners, such as Health, providers and / or people with lived experience. These plans are not helping to drive transformation in the way that DASS's had hoped	The need for confidence, objectivity, guidance and clarity in achieving good and appropriate use of the Community Discharge Grant was key. Ensuring MOU criteria was met whilst still being creative and maximising the investment into their local partnership was another important criteria
Support offered?	A draft workshop outline has been developed based on the discussions with the SE Workforce Network. Representatives from the NW and SW regions have agreed to feed in to the workshop to share learning from their own areas	Support provided in creative use of Community Discharge Grant bringing together local authority CCG, providers and User Led Organisation (ULO). A PATH planning session was facilitated to look at current position, priorities and next steps. Advice and support given to CCG around developing performance criteria.
Difference made?	The workshop will help participants to understand the process for developing a local workforce plan in collaboration with key partners, that helps to inform transformation. Also the importance of monitoring and review to ensure that the plan stays relevant and dynamic. Learning will be shared from other regions/local areas, including the benefits of having a strategic workforce plan and the lessons learned	CHIP's involvement has enabled new bespoke support providers to be developed in the local market and develop individualised services. They have started transitional work to ensure people are discharged from hospital making good use of the CDG in creating significant change and development of the market.
Next steps?	Next steps are to agree the workshop aims, deliverables and agenda, organise the online event and promote to the target audience	CHIP will continue support in market development and shaping, whilst realising sustainable providers to ensure people can remain in their community or return to it

## 4: CHIP's work with councils

At the end of **August**:

- CHIP has **completed 36** work packages, each with one or more councils
- A further **51 work packages are in progress**, each with one or more councils,
- This gives a total of **87 work packages** to date
- Another **27 work packages are under discussion**/pending start date – note that not all will be confirmed
- We have had **direct contact with 104 councils** to date

More widely:

- CHIP held **3 events** (webinars) for the ASC sector attracting **200 attendees** of which 107 were from councils

### How councils' support needs were identified

We are alerted to the need for a support discussion with councils in a number of ways. Analysis of discussions to date show that:

19%	identified through regular planned CHIP work including CHIA relationship management requested by councils directly or through a region
54%	recommended by an external partner eg DHSC, BCMs
10%	follows up on previous SLI activity with CHIP
17%	

## Breakdown of council work packages

The table shows completed, ongoing and pipeline activity each conducted with one or more councils **as at end of August 2021**.

Number of work packages under consideration is artificially low due to the need to manage expectations while funding agreements were not confirmed.

For Q1 and Q2 the numbers only include centrally provided bespoke support. Regionally provided support will be include from Q3 onwards.

CHIP workstreams	Under consideration	Agreed and pending start	In progress	Completed	Total
Markets & Commissioning	3	-	-	6	9
Strategic Workforce Planning	-	-	3	1	4
Sustainable Health & Care Systems	6	2	7	6	21
Learning Disabilities & Autistic People	1	-	17	2	20
Finance & Resources	1	-	6	8	15
Safeguarding	1	-	2	1	4
Mental Health	-	-	-	2	2
Leadership	6	3	7	3	19
Care Technology	1	-	3	-	4
Public Health & Prevention	1	1	4	5	11
COVID-19 support	1	-	-	1	2
Other (new managing risk work and co-production)	-	-	2	1	3
<b>Total:</b>	<b>21</b>	<b>6</b>	<b>51</b>	<b>36</b>	<b>114</b>

**Annex 2: Care & Health Improvement Programmes**

Programme	Grant description	Funder
Care and Health Improvement Programme (with ADASS)	Provide SLI support to councils across commissioning, workforce, systems design, LD/autism services, PH/prevention, leadership, service design and finance	DHSC and NHSx
Liberty Protection Safeguards	Support the implementation of LPS through: training support	DHSC
Better Care Fund Support Fund	Bespoke support on BCF and wider integrated care delivery including housing, preventing admissions, Home First and discharge to assess	Better Care Team (DHSC, NHSE/I, DLUHC)
Childhood Obesity	Supporting cross-sector action to tackle childhood obesity. Five projects: Birmingham, Bradford, Lewisham, Notts, and Pennine Lancashire	DHSC
Suicide Prevention	Bespoke support to councils to deliver suicide prevention initiatives, build capacity, tools and events	DHSC
Building the Right Support	Improving the commissioning of care and support for LD/autistic people. Focus on peer reviews, intensive support and work with local small supports organisations	NHSE/I
Place-based Partnerships Implementation Programme	Implementing place-based partnerships and developing population health management approaches	NHSE/I
System Transformation Peer Support Programme	ICSs and place-based partnerships, whole-system change	NHSE/I via NHS Provider
Shared Outcomes Fund	Discharge support model for those experiencing homeless; bespoke support, action learning sets, webinars	DLUHC/DHSC
Shaping Places for Healthier Lives	Support to create conditions for better health by funding local partnerships to take system-wide action on the wider determinants of health. Councils TBC	The Health Foundation
Social Care Vendor		NHSE/I