

## **2015/16 Care and Health Improvement and Integration Programme and Better Care Fund Update**

### **Purpose of report**

To seek Board approval and direction on the broad range and approach to the 2015/16 Care and Health Integrated 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 & support, health & wellbeing and service integration with health. The programmes include Winterbourne View, Health & Wellbeing and Better Care Fund.

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

- Improve outcomes for local people
- Deliver better quality health and care
- Embed health and wellbeing boards as place-based health and care leaders
- Make health and care sustainable locally
- 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 principals, to ensure that it is complimentary to the LGA's policy objectives and to deliver this at a reduced cost.

### **Recommendations**

- Members of the Community Wellbeing Board are recommended to provide guidance and direction of the draft objectives, range, scope and direction of the programme for 2015/16, and
- Note the update on the Better Care Fund.

### **Actions**

Following this Board's direction and advice, and that of Improvement and Innovation, these will be taken into account in the negotiations and agreements with the programme sponsors.

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# **2015/16 Care and Health Improvement and Integration Programme and Better Care Fund Update**

## **1. Background: Sector Led Improvement in Care and Health**

- 1.1. Sector-led improvement 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 these transformational changes. These include implementing the Care Act reforms and BCF, and supporting SLI through TEASC, HWSIP and Winterbourne View Joint Improvement programmes. There is also on-going activity around Making Safeguarding Personal, 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, which 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 100 Days, the NHS Five Year Forward View, Barker Commission, the 2015 Challenge Manifesto and the Dalton Review, among many others.
- 1.3. The principal programmes in 2014/15 were:
  - Better Care Fund (BCF);
  - Care Act Implementation and Support Programme;
  - Health and Wellbeing System Improvement Programme (HWSIP);
  - Health and care informatics; and
  - Integration and Public Sector Transformation Network;
  - Making Safeguarding Personal (MSP)
  - Towards Excellence in Adult Social Care (TEASC); and
  - Winterbourne View Improvement Programme (joint with NHSE)
- 1.4. The sector led improvement (SLI) 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 DH 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 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 solution.
- 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 agendas, 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 the community wellbeing board (CWB), 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 mechanism, to help with financial modelling or workforce reconfiguration. It is proposed, therefore, that existing activity is group 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. They also acknowledge the reductions in capacity, including across NHS England, coupled with a growing number of requests for help that spans 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. An outline of how these elements could fit together is attached as an appendix.

### **3. 2015/16 Care and Health Integration Programme**

- 3.1. It is therefore proposed that we develop a single programme with a coherent focus point for local authorities with the objective of helping the sector to **improve outcomes for local people**;
- Deliver better quality health and care;
  - Embed health and wellbeing boards as place-based health and care leaders;
  - Make care and health sustainable locally; and
  - Use sector-led improvement to increase public, regulator and government confidence in local care and health services.
- 3.2. **Appendix 1** sets out the draft objectives and work packages to deliver the programme. Specifically we will:
- 3.2.1 Continue to promote sector-led improvement to deliver excellence in social care and health locally;
  - 3.2.2 Support Health and Wellbeing Boards to be effective system leaders;
  - 3.2.3 Help authorities to implement and embed the Care Act reforms;
  - 3.2.4 Support local areas to implement the Better Care Fund and prepare for the following year;
  - 3.2.5 Promote Public Service Transformation Network to take a whole system approach to public services and funding;
  - 3.2.6 Work with the Integration Pioneers to remove barriers, promote confidence and spread good practice;
  - 3.2.7 Promote efforts to best use and share data and intelligence;
  - 3.2.8 Work with local areas to ensure those with learning disabilities are supported in their communities; and
  - 3.2.9 Support effective regional networks based around the ADASS regions to provide peer-to-peer support and improvement.

- 3.3. We would achieve this by developing a range of flexible improvement and support products (across the three domains of leadership & governance, finances & resources and operational delivery) that will support improvement and integration.
- 3.4. Additionally, we will 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. Discussions are also underway with key stakeholders, principally the Association of Directors of Adult Social Care, 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 DH about their requirements and the total cost of the programme.
- 4.2. Final approval on the scope and costs of the programme is expected to be agreed in early March for a 1 April commencement.

#### **5. Financial Implications**

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

#### **6. Better Care Fund Update**

- 6.1. All plans have been approved following the BCF Programme Board. A handful of areas have accepted an offer of continued support to improve and implement their plans
- 6.2. A programme of implementation support has been commissioned to support implementation for all areas through to April. This includes regional workshops, how-to guides and an online knowledge-sharing platform.
- 6.3. Further guidance will be issued shortly outlining the operationalization process through 2015/16
- 6.4. Ministers have decided that the BCF Task Force will continue throughout 2015/16 to support areas with implementation. Ann Radmore has been appointed the Programme Director, taking over from Andrew Ridley.

## Appendix 1: Programme Strategic Ambition and Objectives

The strategic ambition of the programme is to ***improve outcomes for local people by helping the sector*** to:

Objectives	Sub-objective	Work packages <i>[with partner]</i>
<b><i>Deliver better quality care and health</i></b>	<ul style="list-style-type: none"> <li>• To support a joined up and consistent approach to the delivery of health and social care services</li> <li>• To support the effective implementation of the Care Act 2014</li> <li>• To facilitate joined-up working across partners and providers to support the effective presentation and delivery of data across the health and social care sectors</li> </ul>	<ul style="list-style-type: none"> <li>✓ Regional care and health integration network</li> <li>✓ HWB/BCF action learning sets</li> <li>✓ CA joint programme management office</li> <li>✓ CA local authority readiness</li> <li>✓ CA implementation support</li> <li>✓ CA support to care providers</li> <li>✓ CA Informatics implementation <i>[DH/ADASS]</i></li> <li>✓ Citizen Online <i>[DH/ADASS]</i></li> <li>✓ Information and Advice Services <i>[DH/ADASS]</i></li> <li>✓ National Information Board (NIB) <i>[ADASS]</i></li> <li>✓ Integration and Pioneers informatics</li> <li>✓ Information governance</li> <li>✓ Technology and IT Suppliers <i>[DH/ADASS/HSCIC]</i></li> <li>✓ Standards for Social Care including Open APIs</li> <li>✓ Informatics engagement and communications <i>[ADASS]</i></li> </ul>
<b><i>Embed health and wellbeing boards as place based health and care leaders</i></b>	<ul style="list-style-type: none"> <li>• To influence and develop the role of HWBB to better support the integration of health and social care services</li> <li>• To support the development of HWBB leadership</li> </ul>	<ul style="list-style-type: none"> <li>✓ HWB peer challenge</li> <li>✓ HWB and provider engagement</li> <li>✓ Effective HWBBs</li> <li>✓ HWB Leadership Essentials</li> </ul>
<b><i>Make care and health sustainable</i></b>	<ul style="list-style-type: none"> <li>• To support the preparation and application of resilience measures</li> </ul>	<ul style="list-style-type: none"> <li>✓ Support resilience</li> <li>✓ Winter pressures</li> </ul>

Objectives	Sub-objective	Work packages <i>[with partner]</i>
<b><i>locally</i></b>	<ul style="list-style-type: none"> <li>• To ensure that services for the vulnerable and at risk of harm are protected</li> <li>• To support councils overcome barriers in the care of learning disabilities and mental health conditions</li> </ul>	<ul style="list-style-type: none"> <li>✓ Safeguarding</li> <li>✓ Deprivation of Liberty Safeguards</li> <li>✓ Transforming care for learning disabilities</li> <li>✓ Specialist procurement for learning disabilities</li> <li>✓ Learning disabilities market development and shaping</li> </ul>
<b><i>Use sector led improvement to enable local authorities to increase public, regulator and government confidence in local care and services</i></b>	<ul style="list-style-type: none"> <li>• To identify potential risk of under performance and offer support</li> <li>• To provide bespoke support to councils as required to assist in the achievement of national and local targets</li> <li>• To identify and share good practice to support improvement</li> </ul>	<ul style="list-style-type: none"> <li>✓ Risk management</li> <li>✓ Care and health improvement and implementation advisers</li> <li>✓ Regional peer challenge development</li> <li>✓ Care and health improvement integration bespoke support</li> <li>✓ Bespoke support (follow up work across HWB, CA, BCF etc.)</li> <li>✓ Use of resources</li> <li>✓ Development of local accounts</li> <li>✓ Annual reports (data collection in core elements)</li> </ul>
<b>Our internal objectives are to:</b>	<ul style="list-style-type: none"> <li>• To make the best contribution to service improvement and policy development</li> <li>• To run an effective PMO to support the delivery of the HSC objectives, including reporting to partners and timely and relevant communications to all stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>✓ Leadership</li> <li>✓ Business Support</li> <li>✓ Communications</li> <li>✓ Programme Management</li> </ul>