

Care and Health Improvement Programme 2016/17 and beyond

Purpose

To seek Board approval and direction on the broad range of activities and approach to the Care and Health Improvement Programme for 2016/17 and beyond.

Summary

Over the last four years the LGA has been delivering an increasing range of activity (the Care and Health Improvement Programme – CHIP), 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. We are now preparing to develop this programme for 2016/17 and beyond.

In developing the programme, we are actively seeking the view of LGA Boards (this Board and the Community Wellbeing Portfolio), senior stakeholders across the sector including local authority Lead Members, Chief Executives and Directors of Adult Social Care, the Association of Directors of Social Services (ADASS), NHS Confederation and Clinical Commissioners and sponsors. The **attached** presentation forms the basis of that discussion with them.

The discussion proposals for the programme seek to complete the transition from individual programmes to a single, more simplified, offer for the sector positioned around the key areas of leadership, integration, core service delivery (commissioning, markets and safeguarding) and managing risks and resilience.

Final proposals will be agreed in early 2016 by this Board and the Community Wellbeing Portfolio and for submission to the Department of Health.

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 2016/17 and beyond.

Actions

This Board's direction and advice, and that of the Community Wellbeing Portfolio, will be taken into account in the negotiations and agreements with the programme sponsors and this Board will be kept informed.

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Care and Health Improvement Programme 2016/17 and beyond

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

1. SLI is now firmly embedded within the wide, and growing, range of transformation and improvement programmes across the social care and health agenda. Over the last year the CHIP has successfully supported Health and Wellbeing Boards and councils to:
 - 1.1. develop the place based leadership role of Health and Wellbeing Boards
 - 1.2. support the planning and delivery process for the Better Care Fund
 - 1.3. implement the Care Act's social care reforms
 - 1.4. improve the assessment and management of risks and resilience
 - 1.5. support local authorities and their local NHS colleagues to handle the winter pressure demands on services.
2. Much of this work is underpinned by the work and protocols developed and directed by the Towards Excellence in Adult Social Care Board over the last four years, as the basis of strengthening SLI in this area.

The current adult social care environment

3. The pressures on the adult social care system are well known and documented. The LGA has been lobbying strongly and successfully to recognise and address them. The most significant features of the adult social care environment are:
 - 3.1. an older population with more complex needs over a longer period
 - 3.2. increasing fragility and less resilience in all parts of the system
 - 3.3. overall spend reducing but with high learning disability spend
 - 3.4. increasing financial pressures on the local government sector (estimated at £700 million per year) that are mirrored in the NHS
 - 3.5. long-term issues (leadership, commissioning, workforce, etc) that persist and restrict ability to change or implement policy
 - 3.6. agreed drive towards further integration and end-to-end planning to improve services but unlikely to address cost pressures
 - 3.7. focus on devolution and local solutions to national issues
 - 3.8. little new policy on the way but a possible future five-year 'vision' for social care.

The proposed CHIP

4. The **attached** slide pack (**Appendix A**) presents our discussion proposals on the future of the CHIP. It is the basis of a series of iterative conversations with all parts of the sector in order to develop a shared vision of how we should take this work forward. The key features of the discussion proposals are:

Developing a stronger SLI approach
5. Previous years' programmes have been led by the implantation of the Care Act and the introduction of the Better Care Fund. As these topics, while still significant, are moving towards a business as usual approach, it allows us to strengthen the sector-led improvement approach within the programme. Feedback from the sector and the Department of Health both welcome this shift.

Whole care and health economy approach

6. There is agreement that integration of prevention, care and health services is important to improve the client's/patient's experience and quality of care. It is also perhaps a partial solution to addressing funding concerns but in no way can it address all the funding pressures on the system.
7. Integration requires close working with NHS colleagues and we are in discussions with the NHS Confederation and Clinical Commissioners to develop an approach to peer challenge that would take a strategic look across both health and care. We are also exploring other areas where we can work more closely with NHS colleagues to address issues of joint concern. Where we work with these organisations this work would be jointly badged.

More focused offer on core concerns

8. Feedback from conversations with regional leads and from external evaluation has highlighted that there is an undisputed need for the programme but that its offer should focus more on the core concerns that inhibit further integration and are barriers to improvement and change. We are therefore exploring how we can provide a more focused offer in the areas of:
 - 8.1. systems leadership
 - 8.2. commissioning and market shaping
 - 8.3. risks, resilience and sustainability
 - 8.4. quality and safety.
9. Responding to calls for a more focus support and improvement programme will inevitably mean that our current offer is reduced in the breadth of the areas addressed. In taking this approach, we will look to work with and support those organisations that are better placed to address these issues.

Tailored approach according to needs

10. We propose that the programme will have a universal offer available to all and this offer will primarily address the identified core concerns. It would build on the range of material developed so far and support the uptake and use of this through local and regional networks that take policy into practice in a practical way that meet local requirements and share best practice. We would also propose to secure a fund to provide bespoke support as needed.

New approach to peer challenge

11. We are also proposing to develop a new Strategic Health and Adult Social Care Peer Challenge that would replace the current Health and Wellbeing and Commissioning Peer Challenges. This new peer challenge would take a strategic look across the whole care and health economy in an area in much the same way as a Corporate Peer Challenge does but with a focus on health and care and how local partners are working together to address issues.
12. If approved, such an approach would be developed over the next 12 months and then rolled out to all areas over a four-year period that would need to be linked to other peer challenges.

Conclusion and next steps

13. This paper will also be discussed at our Community Wellbeing Portfolio. Discussions are also underway with key stakeholders, principally ADASS, the Society of Local Authority Chief Executives, NHS Confederation and Clinical Commissioners 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 its requirements and the total cost of the programme.
14. Final approval of the scope and costs of the programme is expected to be agreed in early 2016 for a 1 April 2016 commencement.

Financial Implications

15. The cost of the programme will be fully met from Department of Health grants to the LGA. We are also seeking to secure a multi-year funding settlement that reflects the scale of the issues and time required to address them, economies and efficiencies within the programme and the multi-year approach to the proposed Strategic Health and Adult Social Care Peer Challenge.