

*Initial Discussion Draft*

# Care and Health Improvement Programme

2016/17 and Beyond

October 2015

# Purpose

## SLIDE DECK TO STIMULATE DISCUSSION

- To start the conversation on the CHIP for 2016/17 and beyond
- To develop views on:
  - the narrative and justification for our programme
  - the programme objectives and outcomes
  - how this fits with wider sector-led improvement (SLI) and policy initiatives
- To stimulate further engagement with key partners on focus the programme and approach

# The environment

- Older population with more complex needs over a longer period
- Increasing fragility and less resilience in all parts of the system
- Learning disability spend higher and a new approach needed
- Long-term issues (*leadership, commissioning, workforce, etc*) persisting and restricting ability to change or implement policy
- Increasing financial pressures on the local government sector (estimated at £700 million per year) that are mirrored in the NHS
- Agreed drive towards further integration and end-to-end planning
- Focus on devolution and local solutions to national issues
- Little new policy on the way: possible 5 year '*vision*' for social care
- "*A successful NHS requires successful social care*"

# Feedback from regional discussions

- The programme addresses current and immediate needs
- The right mix of components but the balance needs adjusting
- The Care Act needs re-scoping to address systemic concerns
- Confusion about the BCF offer, how to access it, and its '*NHS*' style
- Variable engagement in NHS activities – Vanguards, Pioneers, etc
- Regional SLI working for risk management and peer review
- Transforming Care works but is separate. This is seen as OK
- Care and Health Improvement Advisers and bespoke support are helpful and well regarded
- There are enough tools available, need support to use them

# Feedback from external evaluation

- 'Jewels in the crown' of existing programmes:
  - Leadership Essentials
  - Regional learning networks
  - Care and Health Improvement Advisers
  - Peer challenges
  - Seeding networks and relations
- Tangible successes include:
  - Confidence in Better Care plans
  - Cultural change and support for leadership beyond councils
  - Care Act work and programme
- The need for CHIP is uncontested but:
  - Too many 'offers' with overlapping issues/findings/approaches
  - Opportunity for a more coherent offer and clarity of purpose

# *Initial* discussion proposals and desired outcomes

# A draft narrative

## Narrative:

- Social care and health are increasingly collaborating to develop services, prevent demand, improve outcomes for adults and to do so in a financially sustainable way. Concerns for specific client groups are also at the fore. For example, spend on learning disabilities is significantly higher and there is a strong desire to move towards new models of more integrated and client empowered care, and meeting the needs of all through their life course.
- Significant long-standing barriers (*funding flows, system wide leadership, commissioning, resilience, workforce and information exchange*) block further integration, increase costs and act to make the care and health systems fragile.
- SLI is a cost efficient co-production approach that effectively supports those facing significant challenges and promotes improvement, innovation and change.

# A draft vision

## **Vision:**

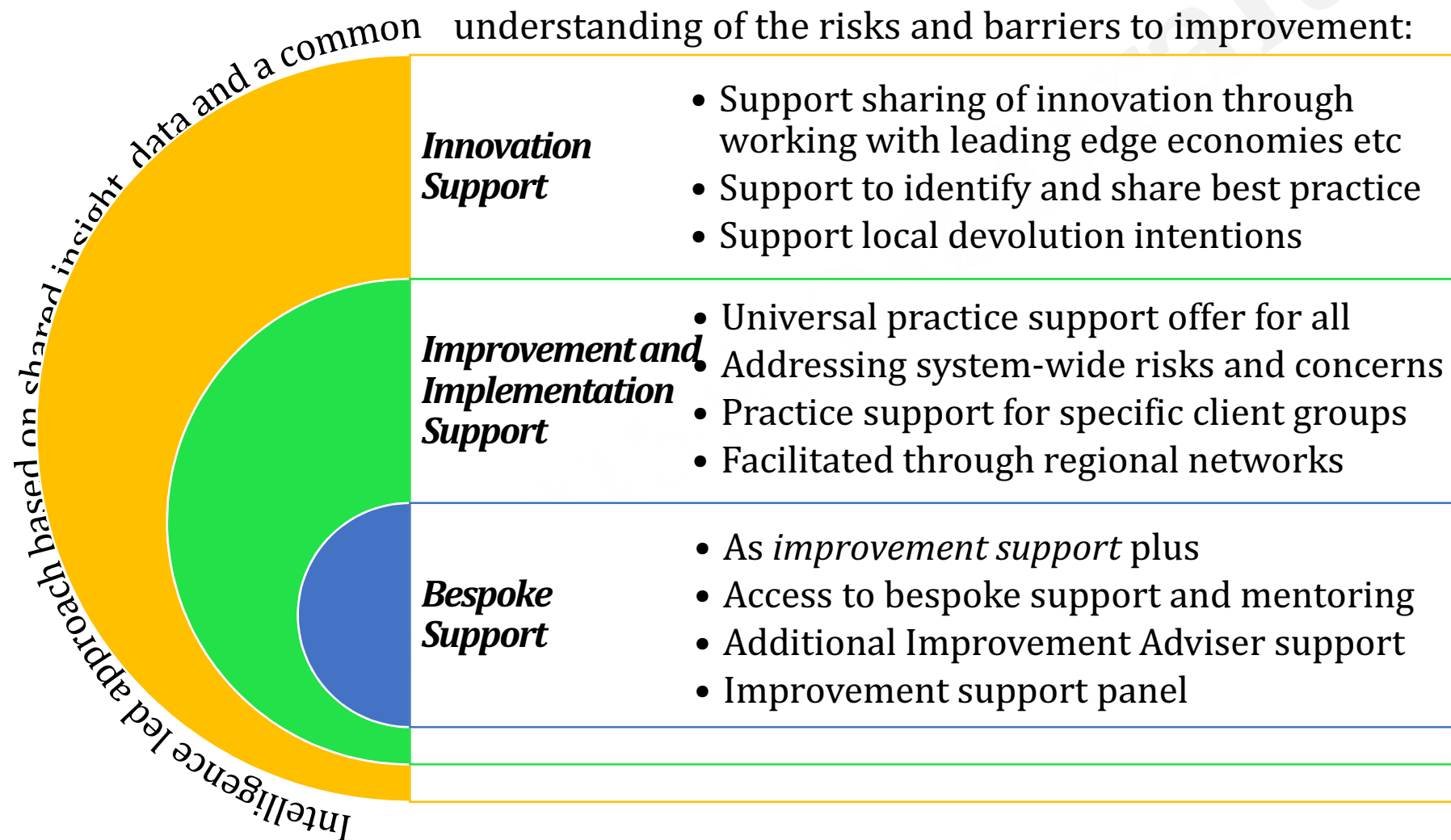
Work with partners to support local care and health economies to overcome the barriers to:

- integrating services
- ensuring quality and safety
- sustainability and resilience
- improving efficiency

so that the outcomes for local people are better



# Support according to needs



# Outcomes framework

- **Outcomes for local care and health economies:** Supporting local partners to...



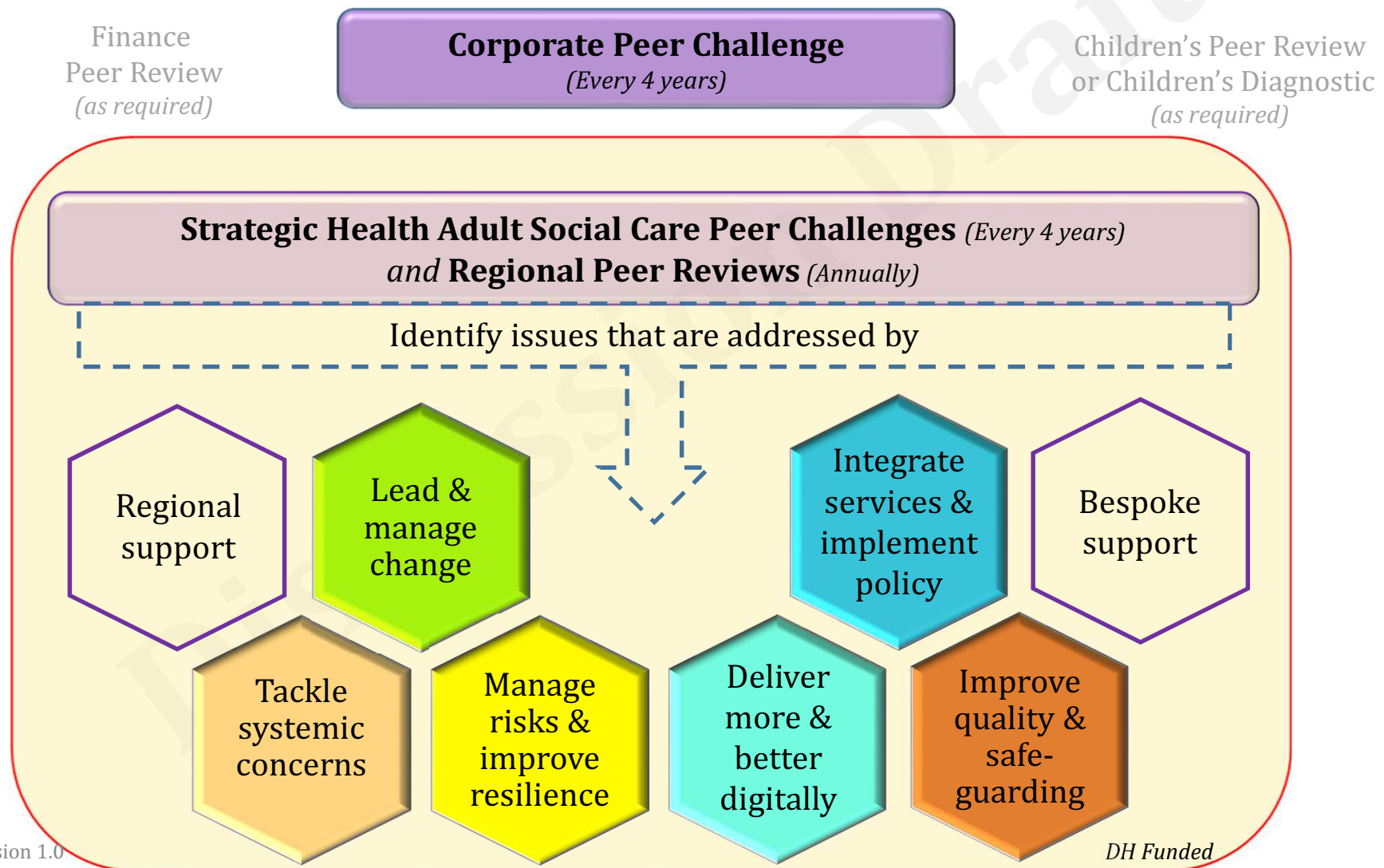
- **Outcomes for councils:** *The LGA will ...*



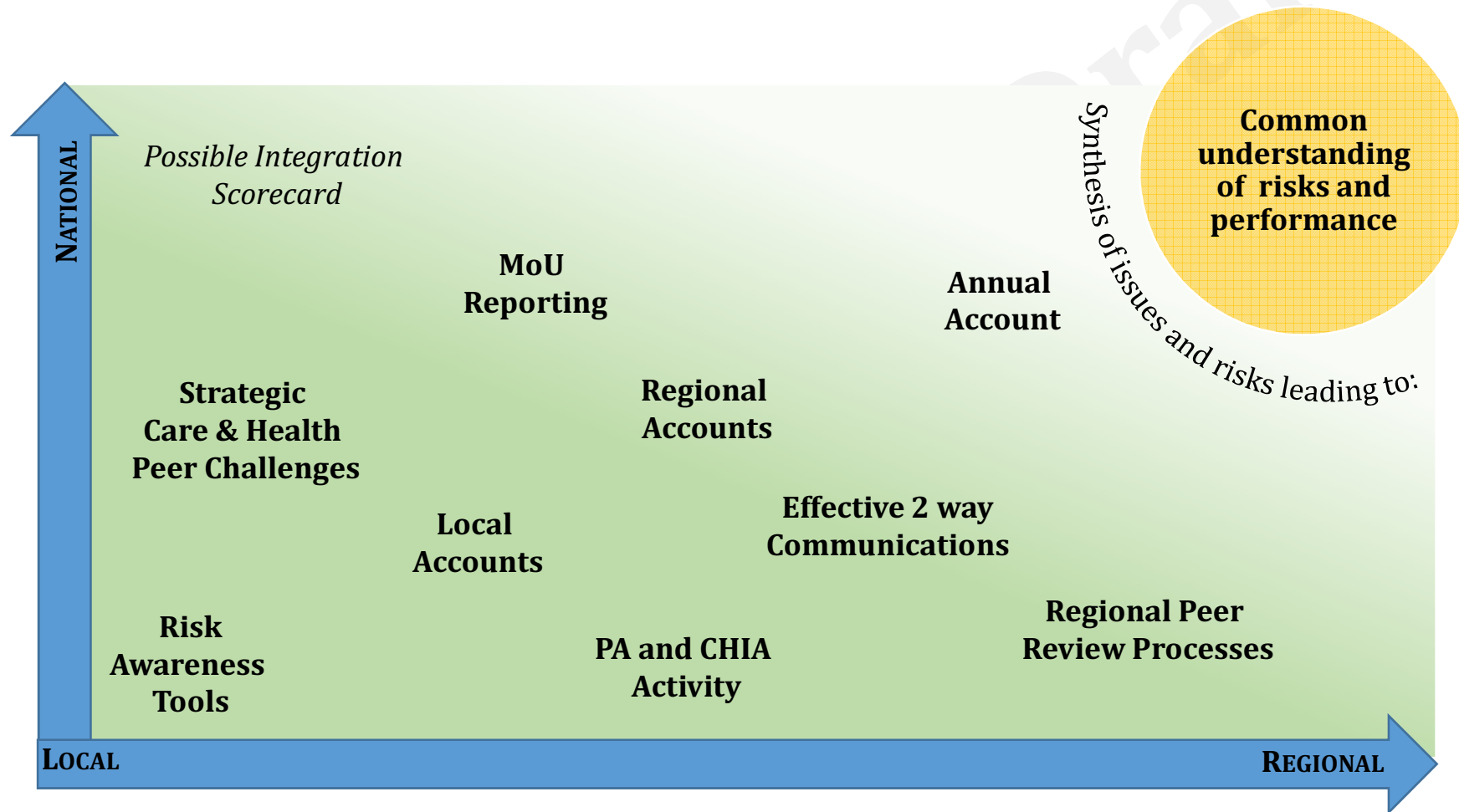
# Outcomes and enablers

		Outcomes								
Primary Enablers		Programme Primary Outcomes						Develop	Influence/Support	
	<i>Examples of possible offers to LG (to be developed):</i>	Systems Leadership	Integration & Policy	Systemic Concerns	Risks & Resilience	Digital/ Informatics	Safeguarding & quality	Prevention & Public Health	Workforce	Devolution
	Co-Production	Leadership Essentials		Health & Care Peer Challenges		NIB		Health in Every Policy	Work with SfC	
	Risk Management		Risk Awareness Tool							Devolution risks tool
	Support into practice	Regional Networks	Regional Network	Regional Network			Regional SAB Networks	Engage with ADPH networks		
	Tools & Approaches		CA/BCF Stocktake	PMS Self Assessment	Annual & Local Accounts	Road Map				Risk Awareness Tool

# Within an overall SLI Architecture



# Confidence reporting framework



# Perspective: What will members see?

- Support to developing leadership skills through Leadership Essentials
- Seeding the local networks that will make a difference
- Capacity at a regional level to understand issues, progress integration approaches and share learning
- Briefings and events that develop knowledge and thought leadership
- Peer review and peer support
- Bespoke support for people and places as needed

# Perspective: What will Chief Execs see?

- Support to developing leadership skills across social care and health
- Additional regional capacity to understand issues, progress integration approaches, implement policy and share learning and best practice
- Support from Care and Health Improvement Advisers
- Bespoke support for people and places as required
- Access and insight from policy makers

# Perspective: What will DASSs see?

- Capacity at local and regional level to:
  - identify and address risks
  - share learning and best practice
  - progress integration and policy approaches
  - co-ordinate regional activity
- Support from Care and Health Improvement Advisers
- Support to regional networks of senior managers to put policy into practice, address systemic concerns and improve
- Bespoke support for people and place as needed