

REPORT TO: Health and Wellbeing Board

Date of Meeting: May 31st 2016

Report of: Guy Kilminster, Cheshire Pioneer Interim Director

Subject/Title: The Cheshire Integrated Health and Care Pioneer Programme

1 Report Summary

- 1.1 The Cheshire Integrated Health and Care Pioneer is now in its third year. There is a need to revisit the aspirations and running of the Programme in the light of the requirement to draft Sustainability and Transformation Plans and with developments in Caring Together, Connecting Care and the West Cheshire Way over the last three years. Similarly we need to determine that the partners through the Cheshire East and Cheshire West and Chester Health and Wellbeing Boards are willing to reaffirm their support to continue as a Pioneer area and the commitment of resources to support its implementation for the remainder of the Programme.
- 1.2 The Report summarises last year's costs, achievements and challenges, sets out proposed budget requirements for 2016 - 17 and options for appointing to the post of Pioneer Director.

2 Recommendations

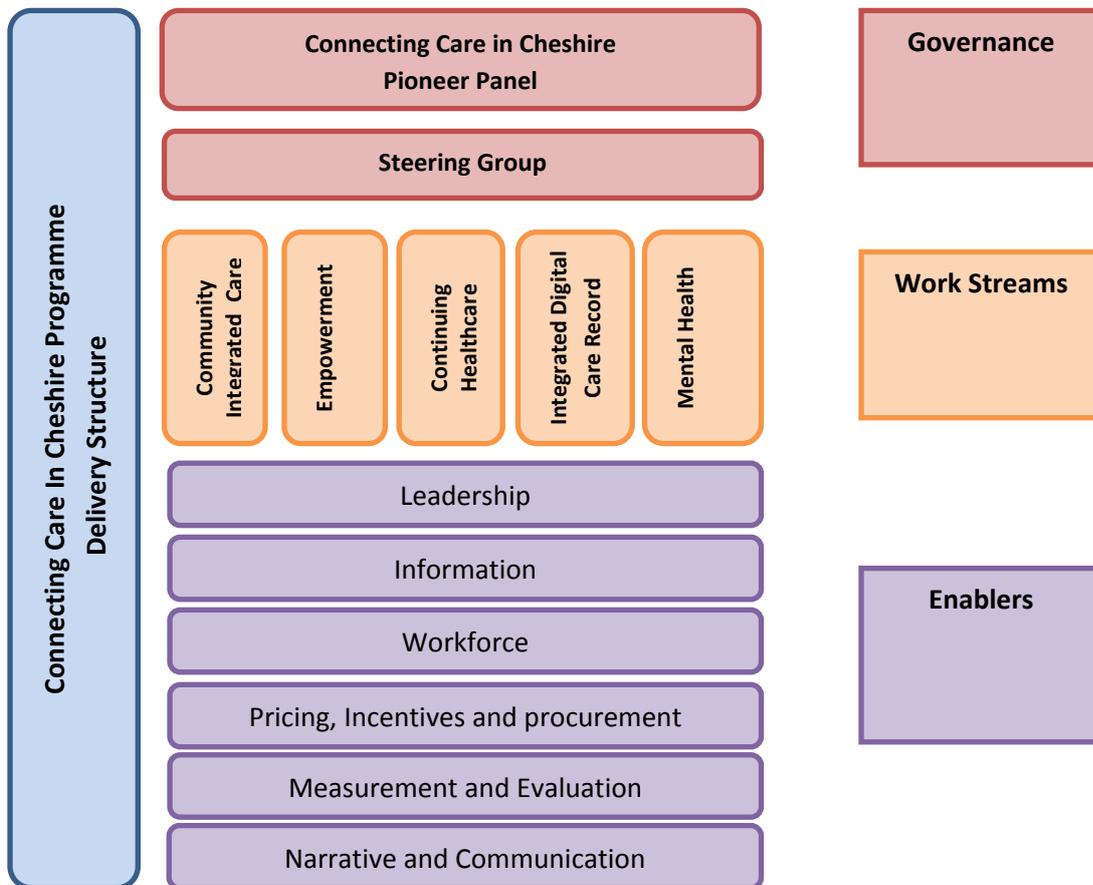
- 2.1 That the Health and Wellbeing Board notes the background to, achievements and costs of the Programme for 2015 – 2016.
- 2.2 That the Health and Wellbeing Board reaffirms its commitment to retaining Pioneer status as part of the transformation of health and care across Cheshire Programme and recommends to the Partner organisations that they support the budget commitments for 2016 – 2017.
- 2.3 That the Health and Wellbeing Board considers and agrees the preferred arrangements for the post of Director.

3 Reasons for Recommendations

- 3.1 To ensure that the Cheshire Integrated Health and Care Pioneer can continue to add value to the Health and Care transformation activity across Cheshire.

4 Background and Options

- 4.1 NHS England launched the Pioneer initiative in 2013 and Cheshire East and Cheshire West and Chester’s Health and Wellbeing Boards agreed to submit a combined bid to become a Pioneer area (See Appendix One). This was successful and the Pioneer Programme went live in April 2014.
- 4.2 The underpinning principle of the Pioneer submission was that the Cheshire Pioneer would support the three local health and care transformation Programmes, **The West Cheshire Way**, **Caring Together** and **Connecting Care**, where it was sensible to do something once across all three Programmes. It would also facilitate sharing and learning across the local programmes.
- 4.3 The Pioneer Programme work-stream model is illustrated below:



- 4.4 Key achievements in 2015 – 2016 were the work to deliver the Cheshire Care Record, an integrated digital care record allowing clinicians and social workers to access patient/client data. This went live in April and will have all relevant data flowing into it by July. The Mental Health Commissioning Review is making good progress with a joint strategic needs assessment developed by the two Public Health Teams, a Service Mapping workshop held and the Children’s Strategy drafted. We have also been progressing a number of workforce related projects with external funding secured to develop a Career and Engagement Hub and a

Connecting, Learning and Improvement Academy. In addition support from Skills for Care, Skills for Health and the Local Government Association was secured to facilitate the Pioneer’s use of the Workforce Repository and Planning Toolkit and to develop the narrative for change to use with the workforce as part of the conversations about transformation and doing things differently. Finally we have utilised support from the Leadership Centre to review and improve systems leadership across the Cheshire Pioneer. This is ongoing.

- 4.5 The Pioneer Panel agreed in May 2015 to an operational budget for the Pioneer Programme of £113,111, based on the costs of the Programme Director and administrative support, with a 10% additional amount for activity costs. The total costs incurred for the year were £72,483 (the difference being due to the Director leaving in October and there not being any recharge made from Cheshire East for the interim Director’s time (see para 4.6 below)). These costs have been covered by a one off grant of £100,000 from NHS England received in December 2015 to be used towards Pioneer costs in 2015-2016, so no costs have been incurred by partner organisations.
- 4.6 It should be noted that the Director role has only been covered on a three day a week basis since the end of October 2015. The cost of this to the year end (2015 – 2016) was £15,950. However, Cheshire East Council’s Director of Public Health agreed not to recharge the Pioneer partners for any contributions to this cost, nor to recover it from the NHS England monies. This was conditional on the Pioneer Panel agreeing that the resultant underspend on the £100,000 is used to support the Workforce Development work-stream (up to £9,500) and the Mental health commissioning review work (up to £18,000), which the Panel agreed at its meeting on 9th March 2016.
- 4.7 For 2016 – 2017 the Director arrangement needs to be reviewed given that the seconded Programme Director post-holder left in October 2015 and the interim cover from Cheshire East Council was initially agreed to the end of March 2016. The tables below summarises the budget implications for partners based on i) a full time Director and ii) a three day a week Director.

i) Full Time Director

		2016/17 Pioneer Budget – Full Time Director & Administrative Officer + 10% Contingency			
Partner Organisation	Approximate Population	Cost of 50% of Total	Cost of Population Element	Plus 10% for General Expenditure	Total 2016/17 Contribution

					by Partner
Cheshire East Council	370,100	£8,569	£13,308	£2,188	£24,065
Cheshire West and Chester Council	330,200	£8,569	£11,874	£2,044	£22,487
NHS Eastern Cheshire CCG	201,000	£8,569	£7,228	£1,580	£17,376
NHS South Cheshire CCG	173,000	£8,569	£6,221	£1,479	£16,269
NHS Vale Royal CCG	102,500	£8,569	£3,686	£1,225	£13,480
NHS West Cheshire CCG	253,000	£8,569	£9,098	£1,767	£19,433
Proposed Total		£51,414	£51,414	£10,283	£113,111
		£102,828			

ii) Part Time Director (3 days a week)

Partner Organisation	Approximate Population	Cost of 50% of Total	Cost of Population Element	Plus 10% for General Expenditure	Total Estimated 2016/17 Contribution by Partner
Cheshire East Council	370,100	£5,505	£8,550	£1,405	£15,460
Cheshire West and Chester Council	330,200	£5,505	£7,628	£1,313	£14,446
NHS Eastern Cheshire CCG	201,000	£5,505	£4,643	£1,015	£11,163
NHS South Cheshire CCG	173,000	£5,505	£3,996	£950	£10,452
NHS Vale Royal CCG	102,500	£5,505	£2,368	£787	£8,660
NHS West Cheshire CCG	253,000	£5,505	£5,845	£1,135	£12,485
Proposed Total		£33,030	£33,030	£6,606	£72,666

4.8 The current interim Director arrangement needs to be revisited for 2016 – 2017 and a decision made as to whether or not a Programme Director is to be appointed on a full time basis for the remaining three years of the Pioneer initiative. The Administrative Assistant's existing secondment arrangement runs until the end of March 2017. The options are:

- A – Recruit a full time Programme Director
- B – Recruit a part time Programme Director
- C – Continue or revisit an interim arrangement
- D – Explore the potential for the sub-regional Programme Office to pick up the responsibilities of the Programme Director.

All of the above options will require partners to continue to contribute to the costs on the basis of the population split in the table above.

- 4.9 A critical issue related to this decision is the need to review the commitment of all partners to retaining Pioneer status and utilising the Programme to add value to the Transformation programmes (West Cheshire Way, Connecting care and Caring Together) and the relationship of the Pioneer to the discussions regarding devolution and more recently the requirement to prepare sustainability and transformation plans. At the Pioneer Panel meeting on 9th March it was agreed that the aspirations of the Pioneer bid as submitted in 2013 need reviewing to ensure that they are still relevant.
- 4.10 With the pressures in the system faced by all partners, there is evidently an issue regarding the capacity of some to engage in the Pioneer work-streams. This is hampering progress and puts at risk our ability to report to NHS England on Pioneer achievements (as opposed to individual Transformation Programme achievements). However working on a Pioneer footprint (or 'Pioneer Plus' – see 4.12 below) offers significant opportunities to join things up more effectively and efficiently and provide alternative transformation solutions to those feasible within individual CGG footprints.
- 4.11 The Board's view on our future commitment to being a Pioneer would be welcomed and a decision on whether we remain committed to the aspirations of being a Pioneer when the bid was submitted. The Pioneer Steering Group considered the question at its meeting on 6th April and those present agreed that there is still value in working as a Pioneer, in particular in relation to the Integrated Community Teams, Empowerment, Workforce transformation (and we have financial resources allocated to facilitate this) and Digital Services development. Some Pioneer initiatives such as the roll out of the Cheshire Care Record and the Mental Health Commissioning Review also need ongoing support through to their conclusion.
- 4.12 If a commitment remains, there is the opportunity to explore engaging with Warrington and Wirral to explore a 'Pioneer Plus' arrangement, whereby Warrington and Wirral colleagues join in some of the work-stream activity where it is helpful / useful for them to do so. Already there has been some engagement with the Workforce Development work-stream from Warrington Council and with the Mental Health Review work-stream from Warrington CCG.
- 4.13 Assuming an ongoing commitment to the Pioneer Programme, the Panel are asked to consider the above and determine their preferred way forward in relation to the role of the Director and in consequence the budget arrangements for 2016 – 2017.

5 Access to Information

- 5.1 The background papers relating to this report can be inspected by contacting the report writer:

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