



Changing The Care Services Improvement Partnership

A summary of the changes agreed to the nationally coordinated programmes and Regional Development Centres April 2008

Care Services Improvement Partnership **CSIP**

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Introduction

The Department of Health (DH) and the Strategic Health Authorities (SHAs) have implemented changes to the Care Services Improvement Partnership's role and way of working. This document gives a summary of the changes agreed following a thorough review of CSIP's eight regional development centres (RDCs) and nationally coordinated programmes that come under its auspices. The value of CSIP's programmes has been recognised and their role in supporting improvement across and beyond health and social care remains pivotal to the effective delivery of an ambitious policy agenda.

The new arrangements mean that the Care Services Improvement Partnership has become a partnership of four core national improvement programmes, delivered regionally through eight Regional Development Centres.

The purpose of this document is to ensure that commissioners, service providers and other key partners and stakeholders are aware of these changes, their benefits and implications.

This summary sets out:

- The context of the DH programme to strengthen its regional presence and the SHA National Programmes Review; and
- What you should expect from the RDCs and the nationally coordinated programmes in the future.

CSIP's role and way of working

Summary of the changes and their benefits

In 2007/08, the SHA Review of National Programmes made recommendations about the future organisational arrangements for CSIP. The DH Regional Presence Programme has also had a significant impact on CSIP's working arrangements.

The following key changes have been agreed with the SHAs and the Department of Health:

Clear accountability – The RDCs are hosted by their relevant SHA. They have dual accountability to the SHAs and the Department of Health, reflecting their core funding arrangements. On a day-to-day basis RDCs are accountable to their SHAs. They also have an accountability to the director of the national support office (see page 5) for discharging their responsibilities for work commissioned centrally and for ensuring they contribute to nationally agreed programmes.

The work of the RDCs is commissioned by their two major customers with the opportunity for RDCs to develop their business and expand their customer base in the future in a way that is consistent with their overall remit.

Government Offices for the Regions – Overall, the role of the RDCs is to support the delivery of DH policy priorities at a national, regional and local level to bring about improvements in health and well-being. They work in partnership with DH, the NHS, Government Offices and local government to promote and support the improvement and innovation of local services through:

- Developing the capacity and capability to achieve improvements in delivery;
- Supporting policy implementation; and
- Supporting the development of policy.

Regionally led – Eight Regional Development Centres ensure a strong emphasis on regional priorities¹. National coordination is supported by a small central team – the national support office – which enables the SHAs and DH to work together on common priorities for supporting delivery.

Four Programmes – The RDCs activity is focused and consolidated into four core programmes – social care, NIMHE (mental health), children and young people, and health and social care criminal justice.

Social care programmes include work on older people, learning disabilities and the CSIP networks.

Commitment to integration and partnerships – The RDCs continue to model and promote an integrated way of working across health, social care and the wider public sector; an approach that is focused on, and responsive to, the practical and organisational challenges of driving whole system change.

Local focus – This includes developing effective relationships with the regional joint improvement partnerships (JIPS) and the Regional Improvement and Efficiency Partnerships (RIEPs). Once they are in post, the RDCs will support the Deputy Director for Social Care and Care Partnerships in each region on the policy implementation of Transforming Social Care (see page 7).

Four nationally coordinated programmes, delivered regionally

The national programmes take a whole systems approach to supporting policy implementation, encouraging the integration of health and social care wherever this produces better outcomes.

Core priorities for the four programme areas include:

Social Care Programmes

- **Putting people first** – including extending the personalisation agenda, prevention and early intervention and improving efficiency;
- **Dementia** – developing and implementing the first ever National Dementia Strategy;

1 It should be noted that there is one RDC covering the North East, Yorkshire and Humber. South East RDC is jointly accountable to South Central SHA and South East Coast SHA.

- **Dignity** – ensuring dignity is at the heart of all care and support, particularly for older people;
- Supporting the implementation of **Valuing People Now**;
- **Carers** – Supporting the implementation of the revised Prime Minister’s Strategy for Carers and the work of the Standing Commission on Carers; and
- **No Secrets** – developing and implementing the policy update.

The National Institute for Mental Health in England (NIMHE)

NIMHE supports improvements in mental health and mental health services. The following priorities for nationally coordinated action have been agreed for 2008/09:

- Supporting effective commissioning and system reform;
- Improving access to psychological therapies;
- Delivering race and gender equalities;
- Promoting mental well-being and social inclusion;
- Redesigning specialist mental health services, and
- Implementing mental health legislation.

Children and families

- Supporting Child and Adolescent Mental Health (CAMHs) policy objectives as indicated by the DH funded programme; and
- Working with regional partners and the SHA on locally delivered priorities including, but not exclusively, maternity, disability and safeguarding.

Health and Social Care Criminal Justice

The main emphasis is on supporting the implementation of the Offender Health Strategy and the Bradley Review (due out Autumn 08) as well as:

- Partnership development support around commissioning and joint strategic needs assessment;
- Provider development and support – offering support and guidance on delivering the Carter Review;
- Joint Information systems and governance; and
- Workforce training and planning – developing mental health awareness training to criminal justice system staff.

Wider context and key developments

Change plans for Regional Development Centres

From April 2008, SHAs took on hosting arrangements for the RDCs. Each SHA/RDC has developed a change plan in consultation with DH and each SHA has nominated a lead to oversee the development and delivery of these plans. The change plans set out a clear understanding of the roles and responsibilities of RDCs. Each plan outlines how the RDC will continue to support working across the NHS and social care, engaging with local government and the government office network.

RDCs and SHAs will keep key partners and stakeholders informed of progress on a regular basis.

Role of the national support office

The functions of the national support office have been agreed with the SHAs and DH. It will be a small team of around 10-12 staff. The national support office will:

- Act as the interface between RDCs, SHAs and DH to negotiate agreements, for example, where a national approach is required;
- Facilitate the collective working of RDCs to maximise effective integration of regional activity and resource;
- Achieve consistent delivery for nationally initiated programmes where a common approach across SHAs is beneficial (e.g. mental health legislation);
- Ensure shared learning and support in order to achieve added value and avoid “reinventing the wheel”;
- Commission nationally at the request of RDCs where single national procurement is appropriate; and
- Avoid isolation of staff working in complex, high profile delivery areas.

The establishment of this small team will take place in April 2008. It will be aligned with the business support function for the implementation of the regional presence project (see *below*) to ensure consistency in approach, maximise efficiency and simplify business management arrangements for external partners.

Funding arrangements

To implement the review recommendations, a set of principles regarding funding arrangements has been agreed. This will achieve maximum devolution of funding and guarantees an orderly transition to the new arrangements:

- Regarding funding from the NHS bundle, wherever possible, funding should be allocated to SHAs on a weighted capitation basis for local determination of its use;
- Where there is a continued argument for national coordination of a piece of work, funding should be allocated to one SHA for their RDC to manage the work on behalf of the whole system;
- Where CSIP receives funding for commissions from the DH (e.g. its work funded by the DH Social Care, Local Government & Health Care Partnerships Directorate), the national support office will take on a coordinating role in 2008/09, but there will be maximum devolution of funds to individual RDCs to deliver the work. We will look to devolve responsibility for the commissioning of DH programmes to the regional tier in a way that is consistent with the objectives of the regional presence programme and the delivery of DH policy objectives; and
- The national support office is accountable to the SHAs for delivering NHS Bundle funded programmes of work through the RDCs and national programmes.

It is important to recognise that approximately one third of income derives from sources other than the NHS Bundle (primarily from the DH). One of the significant benefits of the RDCs is their ability, at an operational level, to bring these two funding streams together and coordinate support across the local health and social care sector (see *diagram on p8*).

Strengthening the DH regional presence

The implementation of the DH Regional Presence Project will enable the RDCs to develop their role in supporting policy delivery, as part of the extended DH regional presence. Key developments in implementing the DH's recommendations, and how these relate to the RDCs' role, are summarised below:

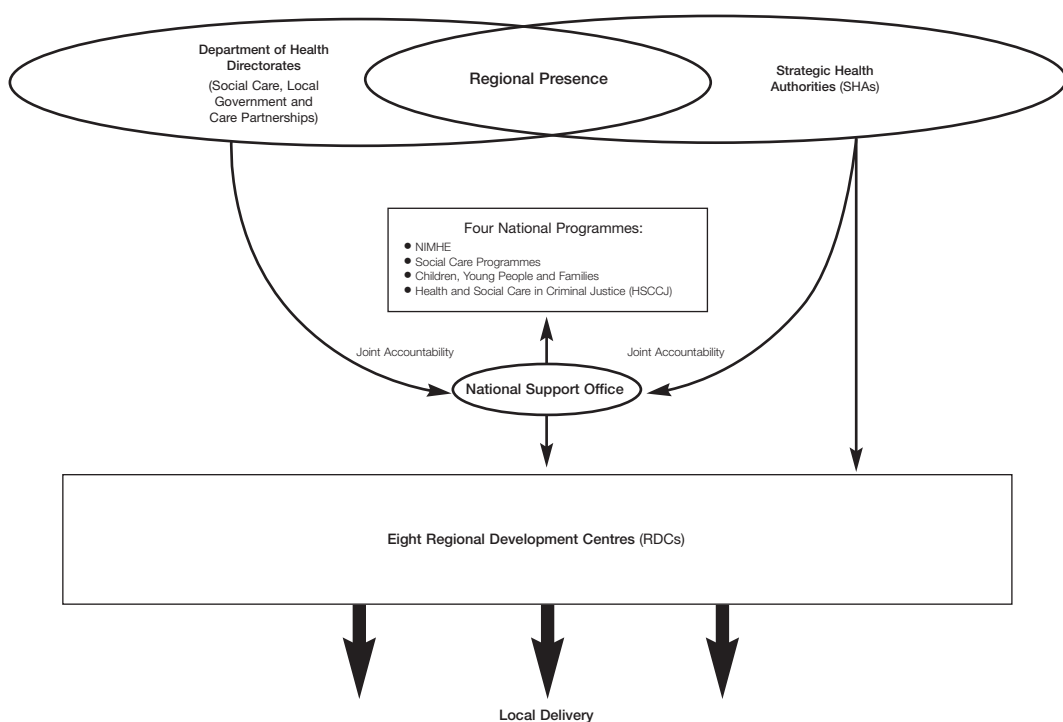
Building social care capacity in the regions The DH's regional presence will be strengthened through additional capacity and capability within each of the Government Offices for the Regions (GOs) building on the existing Regional Public Health Group (RPHG) capacity. The Department of Health is currently recruiting 9 posts (one per GO) for the role of Deputy Regional Directors for Social Care and Care Partnerships. Their responsibility will include overseeing the delivery arrangements for transforming social care at a regional level.

The RDCs are working closely with the DH to ensure business continuity for the social care programme while the new roles are established. Further developments will be communicated over the next six months.

Embedding regional policy delivery support in DH business planning A small commissioning function within the DH Business Partnering team will be created to streamline the commissioning of policy delivery support across the DH business planning framework. As set out previously (page 6), this function will be aligned with the national support office. The structure of this function and details of this alignment are currently being developed.

Further information

CSIP Commissioning Arrangements: transition model 08/09:



CSIP Regions:

1 North East, Yorkshire and Humber

2 North West

3 East Midlands

4 West Midlands

5 Eastern

6 London

7 South East

8 South West



Contact

Department of Health www.dh.gov.uk

Office of the SHAs www.osha.nhs.uk

CSIP www.csip.org.uk