

LOCAL GOVERNMENT & PUBLIC INVOLVEMENT IN HEALTH ACT: DRAFT GOVERNMENT GUIDANCE – BRIEFING TO BENPCT

1 Background

The Local Government and Public Involvement in Health Act received Royal Assent on October 30th 2007. The Government has therefore issued statutory guidance on the details of the Act [and complementary non-statutory guidance on the details of developing Local Area Agreements (LAAs)] much of which has important implications for the way in which PCTs operate:

- In terms of involvement with Local Area Agreements
- Requirement to produce a Joint Strategic Needs Assessment (JSNA); and
- Involving representatives of “local persons” (where local persons covers both organisations and local people)

The guidance originates from the Communities Department (which is the responsible government department, inter alia, for local government) and reflects the co-ordinating role that this department has for all local services, including the NHS.

This move towards what the government refers to as “the place shaping agenda” reflects government commitment to

- increasing local autonomy and accountability,
- a more distinct community leadership role for local government and
- the move towards assessing all local services provided in a locality (“Comprehensive Area Assessment” – the framework to cover ALL services, not just those provided through local government, which will be in place by 2009). A more detailed summary of these two documents is set out over the page.

This co-ordinating role will be managed at a local level through:

- The Sustainable Community Strategy (SCS) – a 20 year “vision” document owned across all agencies and groups involved in the local strategic partnership (in Birmingham’s case, the local strategic partnership has recently been re-named “Be Birmingham”)
- The Local Area Agreement (LAA) – the first three year delivery plan for the Sustainable Community Strategy (Birmingham has been a pilot area and is coming to the end of its second year of this pilot phase)
- Comprehensive Area Assessment (CAA) (BENPCT has been asked by the Audit Commission to act as a pilot site in recognition of our history of partnership engagement.

2 Birmingham’s LAA

The Government requires all local authority areas to produce an LAA to cover the period 2008-11. The guidance referred to in this report sets out the government’s expectations on how the LAA process will be managed, both in terms of developing its content and then managing its implementation. It builds on Birmingham’s successful approach developed for the current LAA, which will now run for just two years (originally intended to be three). The recent annual review

meeting with Government Office for the West Midlands (GOWM) confirmed that current LAA arrangements in Birmingham could be viewed as an “exemplar for the region”.

Be Birmingham has signed off a draft LAA (December 07) as the basis for negotiation with GOWM. The health indicators have been proposed by a working group of the BHWP Executive drawing on public health and other expertise. By end of March 08, we have to confirm which of the priorities will be included in the “up to 35” indicators (drawn from the National Indicator Set of 198 indicators) and have agreed targets with GOWM to be achieved for each of these 35 indicators. There is strong political interest in Birmingham with a Whitehall representative attending the BSP programme board in March. Final sign off will be by ministers in June 2008.

The Birmingham Health and Wellbeing Partnership (BHWP) – the health and adult care partnership for Birmingham – has drawn upon our existing LAA, recent work on tackling inequalities with the Audit Commission and the National Support Team, and key mainstream issues for health and care to develop local proposals.

The NHS Operating Framework 08/09 provides important context:

- Confirms the importance of maintaining a focus on reducing health inequalities as one of the five “national must dos” (it is extremely likely that health inequalities will remain a key priority in the LAA 2008-11)
- Expects that “each Local Area Agreement should prove itself a strong complementary ally to its PCT’s operational plan” and that “LAAs and PCT operational plans should have the same level of standing in the local health and social care economy”;
- Expects that the operational plan submitted to the SHA in February 2008 clearly sets out the proposed contribution they (PCTs) intend to make to their new [2008-11] LAA.

The NHS ‘Vital Signs’ set of new key indicators have now been published but are incomplete and key information about the nature and source of measurement is still missing.

BHWP Executive reviewed proposed indicators against emerging priorities and the recently published vital signs on Thursday 14th February. Any choice at this stage is difficult as many of the indicators are undefined, either as to target or to informative source. This makes judgement about robust indicators and targets difficult and the Executive have sought to choose indicators which have an established history and where we can benchmark and understand the source and nature of target measurement. We have tried to identify indicators which are generally focused on tackling inequalities, the personalisation and improvement in experience of services and hope to develop a local approach to testing how this is received by the public.

The proposed indicator set at this time is as follows.

Adult health and well-being		
NI 120	All-age all cause mortality rate	PSA 18
NI 123	16+ current smoking rate prevalence	PSA 18
NI 129	End of life access to palliative care enabling people to choose to die at home	DH DSO
NI 130	Social care clients receiving Self Directed Support (Direct Payments and Individual Budgets)	DH DSO
NI 131	Delayed transfers of care from hospitals	DH DSO
NI 135	Carers receiving needs assessment or review and a specific carer’s service, or advice and information	DH DSO

Children and young people		
NI 55	Childhood Obesity rate (reception year children)	DCSF DSO
NI 112	Teenage Pregnancy (reduce by 50%) by 2010	PSA 14
NI 53	Improve breastfeeding rates at 6-8 weeks	PSA 12

The Children's and Young People Board has already adopted key health targets (as above); the indicators for healthy adults will be proposed for adoption at the forthcoming Health and Well-being Summit (February 29th).

In addition, the Health and Well-being Executive will take an active interest in progress on the following indicator which will be led through the economic development partnership:

NI 173	People falling out of work and on to incapacity benefits	DWP DSO
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3 “Creating Strong, Safe and Prosperous Communities”

3.1 This document sets out statutory guidance arising from the Local Government and Public Involvement in Health Act covering the following issues:

- LSP governance and engagement
- Visioning & the Sustainable Community Strategy (SCS)
- Agreeing LAA priorities for an area
- The role of partners in the SCS and the LAA
- Delivering priorities

This guidance sets out the details for the development of a “mature relationship” between central and local government. “It means greater discretion for councils to put the governing back into local government: not just administering services but thinking strategically about what local people want and need.” It also covers “how authorities can use the new duty to involve to ensure that citizens can play an active role in shaping the future of the place where they live – for example through setting up citizens’ panels, participatory budgeting, or transferring under-used buildings to community groups.”

3.2 Local Strategic Partnerships (LSPs):

- Confirms the importance of creating both the SCS and the LAA 08-11
- All target-setting, and consequent financial, commissioning or contractual commitments proposed by LSPs, must be formalised through the relevant local authority, or through one of the other LSP partners (*for example, if policing or health resources are involved*)
- Stresses that there “should be clear lines of accountability between the thematic partnerships (in Birmingham’s case this is through the Birmingham Health and Wellbeing Partnership) and the LSP that demonstrate how and when the partnerships

can influence the decision making process and hold, and be held, accountable by the LSP board”.

3.3 Local Area Agreements (LAA):

- The responsible local authority must consult all partner authorities which act or are established in their area or in the case of NHS Trusts and NHS Foundation Trusts, provide services from a facility in the area. It goes on to list statutory partners who have a duty to co-operate to agree LAA targets which includes NHS Trusts and NHS Foundation Trusts stressing that “the Act is clear that these bodies must be involved in helping to determine any target in the LAA which will relate to it and in doing so must co-operate with the responsible local authority”. It suggests that where arrangements are currently insufficient to engage with all statutory partners not currently part of current lines of engagement that these need to be reviewed; and that co-operation should be a “continuous process of planned engagement rather than a one-off event”.
- Section 106 (1) of the Act requires that when the draft LAA is submitted to the Secretary of State “it must specify for each local improvement target which bodies the target ‘relates’ to. This means that it must be clear who has signed up to help deliver each target.”
- Section 105 (3) allows partners to decide for themselves which targets in the LAA will relate to them, but in doing so, they should consider all targets to whose attainment they could contribute. In practice, this may include targets that are not immediately obvious or part of that partner’s core business, but where signing up to that target assists other partners in meeting a key local objective.
- It goes on to say that “responsible and partner authorities [will be expected] to clearly establish the links between all local improvement targets that relate to them in their relevant business planning and performance management processes.....that relevant LAA targets will be clearly but proportionately reflected within each individual partner authority’s local, regional or sub-regional resource allocation...[and] that the staff of responsible and partner authorities are made aware of any pertinent LAA priorities and where appropriate that these are reflected in the setting of senior staff performance management objectives”.

3.4 Joint Strategic Needs Analysis (JSNA):

- Section 116 of the Act introduces a new requirement for PCTs and responsible local authorities to produce a JSNA of the health and social care needs of their local community
- Commencement order will be laid to ensure that this duty commences on April 1st 2008
- Expectation that the JSNA will be carried out jointly by the Director of Public Health, the Director of Adult Services and the Director of Children’s Services
- More detailed information on the JSNA has now also been issued by the DH

A response to the consultation will be coordinated by the BSP.

Locally, work is in progress to develop the first baseline JSNA through a sub-group reporting to BHGWP Executive, chaired by Moira Dumma (SBPCT). The three PCTs have agreed that the joint Public Health Information team (PHIT) should in future be based with and report through the BHWP team and have requested that information support within Adults and Communities is integrated into this resource.

4 Development of the new LAA Framework: Operational Guidance 2007

The second of the guidance documents is non-statutory and sets out more detailed thinking on the LAA process covering:

- Setting LAA targets
- Performance Management
- Finance
- Timetable and sign-off arrangements
- Multi-area agreements (for issues covering more than one LAA area)

Key points include:

- Partnerships may wish to focus on priorities that require partnership attention to deliver ambitious step change and also on those that promote preventative approaches (*this fits neatly with current priorities in Birmingham's draft LAA and Community Strategy*)
- Credible trajectories expected for the 08-11 period towards more ambitious long term goals; and within the 08-11 LAA targets will be expected for each year – not just the 2011 outcome
- Opportunity for LSPs to include “local” targets where the national indicator set is deemed insufficient – but these will not be performance managed by GOWM nor will GOWM play a role in their target-setting
- Opportunity to include sub-areas of an LSP when setting targets – e.g. “Closing the gap” targets for particularly disadvantaged geographies or communities of interest. (*Of key importance in terms of addressing inequalities.*)
- Robust commissioning and performance management arrangements are expected and these will be taken into account as part of future Comprehensive Area Assessment (CAA).
- There must be a clearly identified organisation(s) responsible for working towards the delivery of each agreed target. “In the case of more than one lead it must be clear what each organisation is responsible for working towards attaining. Each of these organisations will be under the statutory duty to have regard to any target it has signed up to.
- Performance Reward Grant (PRG) will be continued with details to follow shortly.
- Re-states the move towards CAA; indicates detailed methodologies will be developed from Jan 2008; with final methodologies published by early 2009.
- “Other inspection activity will primarily be triggered by the CAA and inspectorates will agree co-ordinated programmes of inspection, following discussions with Government Offices (GOs) and local partners. The Audit Commission will be the gatekeeper for all inspection affecting local authorities....Other inspectorates will act as gatekeeper for the organisations in their own sector.”
- Central Government will monitor progress towards meeting national priorities using data reported against all 198 national indicators regardless of whether they are part of the 35+16 making up the LAA.
- However, GOs will focus performance management on the 35+16 targets, with proposals for a ladder of intervention proportionate to under-performance – starting with discussions and ultimately leading to “intervention”.
- Review arrangements: broadly in line with existing reviews but with a particular focus on assessing robustness of delivery plans; the need for any further capacity building or improvement support; any changes to local priorities that might lead to renegotiation of targets; and resolving baseline issues.

- “Inspectorates will publish plans for ongoing assessments of local services in 08/09. The Audit Commission’s approach to CPA for 2007 and 2008 is aimed at beginning a smooth transition to the new CAA, without undue disruption for the remainder of the CPA programme.
- Confirms the alignment of performance frameworks and priorities first signalled in the Public Service Agreements released in October. The Joint Outcomes Framework for Health and Social Care is due to be published sometime in December 2007.
- Further encouragement and incentives for “shared commissioning” (not detailed)
- Few further details on finance other than to confirm the introduction of “Area based grant” which will include the new NRF – “Working Neighbourhoods Fund”; the expectation that financial planning across sectors will be increasingly aligned to deliver LAA priorities; and the intention to include Supporting People grant within Area Based Grant from April 2009, dependent on the evaluation of a testing period during 08/09.
- A full timetable is set out in the attached Appendix A. Discussions on setting targets against specific indicators is scheduled to take place during February, with final agreement between GOWM and BSP by end March 08. These are planned to be signed off by ministers by June 2008.
- Suggests that “Local authorities and their partners will want to ensure there is a strong, documented audit trail or assurance framework so that the choice of targets is compelling to both central Government and local people”.
- GOWM’s response to the draft LAA to be submitted at the end of January will then be forwarded to central Government and will include “a short explanation of negotiation setting out how the “**up to 35**” priorities have been arrived at, the rationale for the overall balance, a justification for excluding particular targets, and an assessment of the match between partners’ priorities and the alignment with wider regional and sub-regional strategies”.
- Further final section on Multi-Area Agreements – in essence agreements to cover issues pertaining to areas larger than individual local authorities, such as housing or economic infrastructure.

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APPENDIX A

LAA Timetable

FEBRUARY

- 1st February – Thematic Workshop (Culture)
- 5th February – Thematic Workshop (Environment)
- 7th February – LAA Major Event
- 8th February – Thematic Workshop (Children and Young People)
- 12th February – Programme Board
- 18th February - LAA Delivery Group
- 18th February - Feedback from GOWM on second draft LAA
- 19th February- Thematic Workshop (Economic and Enterprise)
- 25th February - Thematic Workshop (Community Safety 2)
- 29th February – Thematic Workshop (Health)
- 29th February – **Deadline for targets**
- 29th February - Joint Meeting with GOWM

MARCH

- 10th March – Delivery group
- 12th March – Programme Board
- 12th March - Joint Negotiating Meeting with GOWM?
- 12th March – GOWM Project Meeting
- 17th March – EMT
- 21st March – Easter
- 28th March – Be Birmingham Board
- 31st March – BCC Cabinet Sign off