

14 May 2008

Building capacity in local government to lead health improvement and reduce health inequalities: Extension of the IDeA's Healthy Communities Programme.

Decisions

1. Members are requested to consider the draft programme proposal and give views.

Actions Required

2. As determined by the Board.

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Building capacity in local government to lead health improvement and reduce health inequalities: Extension of the IDeA's Healthy Communities Programme.

Summary

1. This report provides details of the proposed extension of the IDeA's Healthy Communities Programme. Members of the Community Wellbeing Board are invited to comment on and contribute to the draft programme proposal. In particular members are invited to give an indication of which of the areas outlined in the draft proposal are priority areas for development within the sector.

Background

2. The Healthy Communities Programme is in its third year. The original service level agreement between the IDeA and the DH detailed a programme of capacity building activity for the sector over a two year period running from April 2006–March 2008. This programme would build on the Agency's core improvement offerings; its purpose to develop and deliver a programme of health improvement and development activity, which would enhance the capacity of local authorities to tackle health inequalities and lead on health improvement in their local communities. Members of the Community Wellbeing Board have received reports and updates on the programme and were invited to contribute to the programme outline as it was developed.
3. Early in the programme the DH agreed that the programme could be extended until December 2008, funded from carried forward under-spend. In the autumn of 2007 the DH indicated its desire to extend the programme for the CSR period 2008–2011. A formal letter of intention to extend has been received by the Agency and work is currently underway to agree the extended programme content with the DH and determine how it is to be managed and run by the Agency. Formal transfer of the first tranche of funding is expected in the summer of 2008, this is likely to be £2 million. The scale of future funding is unlikely to be agreed until later in the year 2008–2009 so the content proposals outlined below are indicative. The size and scope of the extended programme cannot be finalised until the extent and duration of future funding beyond 2008–9 has been agreed.
4. A Programme Board for the Healthy Communities Programme was established to maintain an overview of the programme. Its membership includes representatives from DH, CLG, Treasury, LGA, a local authority Chief Executive and PCT representative. It is chaired by the Strategic Adviser for Children's, Adults, Health and Cultural services. The Board met on 24th April and have been consulted on the content of the extended programme proposal. The Board indicated broad approval for

the extended programme proposal and placed particular emphasis on work to support the health components of LAAs, joint partnerships including JSNA, and developing an effective offer to RIEPs.

The programme proposal is also being consulted with other relevant programme areas within the Agency, such as children's and adult social care, voluntary and community sector and cultural services, as well as with external stakeholders in local government, health and other relevant organisations.

2008–2009 activity

5. Since part of the original programme funding has been carried forward to 2008–2009 the programme will continue in its present form until December 2008. Changes to the programme will occur gradually over 2008–2009, in part because the new funding is not due to arrive until the summer but also because final decisions on some aspects of the programme will not be able to be made until the results of key policy developments within the public health field are known. These include outcomes of the strategy review of health inequalities and the Darzi review of the NHS.
6. Overall, however, the programme will continue to provide a mix of strategic and operational capacity building support to its client groups to support them in tackling health inequalities and improving the health of their local communities. In addition the programme will continue to forge strong relationships with key health organisations in the health and voluntary sectors to ensure local government's leadership role in health and well being is known and understood and to encourage more effective partnership working across all relevant organisations at local, regional and national levels.
7. This service will be delivered through a combination of in-house consultants, peers, expert advice and commissioning. During the past year a procurement framework contract has been developed and the programme now has access to a range of external consultants from which to commission pieces of work.
8. An interim impact assessment is already underway and is due to report to the programme board in July 2008. Six stakeholder groupings are being approached to give their views on the success of the programme so far and areas for future development in the period 2009–2011. The outcomes of this exercise, and learning to date from the programme, will be communicated more widely at a conference in London in November 2008.

Proposals for the extended Healthy Communities Programme

9. Programme proposals for the period 2008–2011 include a mix of the existing offer continued for as long as demand exists, a further development of some areas piloted in the first phase which have proved successful and new areas. The drive for the programme remains building capacity within local authorities to tackle health inequalities but the target audience may change. During the first phase of the programme the DH identified 'Spearhead' councils as a priority. At this stage in the negotiations it is being suggested that the focus will be a broader on health inequalities wherever they exist.

10. Work in the proposed extended programme falls into four overarching areas, underneath which are a number of work strands and activities. This structure has been informed by the past two years of activity and our understanding of the current and future challenges for local authorities:

SO1 Supporting councils to tackle health inequalities and secure better health improvement outcomes for their communities.

Work strands in this area:

- i. Peer Reviews and post peer review support, including reviewing benchmark and methodology, developing alternative approaches based on peer review methods and aligning with other similar review offers, e.g. National Support Team reviews.
- ii. Sharing best practice – knowledge, supporting health beacons in their learning dissemination, developing communities of practice to support learning within the sector.
- iii. Support and develop learning approaches with authorities in the Communities for Health Programme.
- iv. Workforce Development (separate funding) – support up to six workforce pilots
- v. Supporting partnership working for health – support the development of LAAs, JSNA, disseminate learning, and further develop the Outcomes Based Accountability approach for use in a healthy communities context.
- vi. Community engagement in health – seek out and disseminate best practice and support councils in their community engagement role.

SO2 Supporting members in their health improvement and health leadership roles

Work strands in this area:

- i. Leadership Development – via Academies, national and local events etc
- ii. Joint councillor and non-executive director development
- iii. Support and contribute to networks for lead members
- iv. Support for health scrutiny (in conjunction with and commissioned from CfPS)

SO3 Support councils to achieve improvements in efficiency and effectiveness through health improvement programmes.

Work strands in this area:

- i. Develop tools to support councils in assessing the impact of their health improvement interventions.
- ii. Develop the business case for health improvement and communicate this.
- iii. Evaluate the impact of the programme on councils' capacity to improve health.

SO4 Support the sector by promoting its role in health and wellbeing to Government and key stakeholders

Work strands in this area:

- i. Sponsor awards to raise the profile of best practice in local government.
 - ii. Represent the sector and the programme at conferences, events and workshops.
 - iii. Develop the voice of the sector through an expert reference group
 - iv. Facilitate debate and discussion and ensure the voice and views of the sector are heard.
 - v. Support the LGA in policy development and facilitate access to the sector's 'experts'
 - vi. Work with the LGA to ensure the views and experiences of the sector are placed appropriately with health stakeholders.
 - vii. Continue to develop fruitful relationships with key stakeholder organisations, undertake joint work where appropriate and useful to the sector.
11. These areas represent a programme for discussion with the DH client and flexibility has been built in to enable the programme to respond to the changing policy environment and changes in demand from local authorities. The DH has already indicated broad support for all the work strands proposed and strong support for the work in supporting elected members in their leadership role and supporting LAAs and health.

Implications for Wales

12. There are no specific implications for Wales. The team is in contact with the Welsh LGA and has contributed to a number of Welsh events.

Financial/Resource Implications

13. The programme is 100% funded by the DH. This includes all staffing and activity costs, IDeA corporate costs and any costs related to future redundancy for those staff employed within the team (the majority of the team are on secondment from local authorities).

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