

Sector-led improvement and Health reform

Purpose of report

For discussion and direction.

Summary

This report seeks the Community Wellbeing and Improvement and Innovation Boards' views on the future scope for sector-led support on the health improvement role for local authorities. From April 2013, single and upper-tier local government will have new powers and duties under the Health and Social Care Act 2012 to work with partners and communities to improve health outcomes for their local populations. It is likely that the Department of Health will have funding to support sector-led approaches to support the consolidation of the new arrangements and to support improvement and innovation.

Recommendations

Members of the Boards are asked to:

1. note the key proposals outline in the report; and
2. comment and advise on developing the LGA's sector-led offer to local authorities to improve health outcomes.

Action

As directed by Members.

Contact officer: Sally Burlington
Position: Head of Programmes
Phone no: 020 7664 3099
E-mail: sally.burlington@local.gov.uk

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Background

1. This report seeks the Community Wellbeing and Improvement and Innovation Boards' views on the future scope for sector-led support on the health improvement role for local authorities. From April 2013, single and upper-tier local government will have new powers and duties under the Health and Social Care Act 2012 to work with partners and communities to improve health outcomes for their local populations. It is likely that the Department of Health will have funding to support sector-led approaches to support the consolidation of the new arrangements and to support improvement and innovation.

Operating principles for sector-led improvement

2. The LGA, in partnership with local councils, has developed an approach to sector-led improvement (SLI) that is more effective in driving improvement and innovation than the previous top-down and centralised performance management. The principles underlying this approach are:
 - 2.1 **councils are responsible for their own performance and improvement** and for leading the delivery of improved outcomes for local people in their area;
 - 2.2 **councils are primarily accountable to local communities** – not government or national inspectorates – and stronger local accountability through increased transparency drives improvement, which is locally appropriate;
 - 2.3 **councils have a collective responsibility for the performance of the sector** as a whole: this is evidenced by sharing best practice, offering member and officer peers, and opportunities for developing leadership; and
 - 2.4 **the role of the LGA** is to maintain an overview of the performance of the sector in order to identify potential performance challenges and opportunities – and to provide tools and support to help councils and to maximise the implementation of this new approach.
3. The LGA aims to ensure that all of the national and local stakeholders who have a role in improvement activity adopt these principles. The suite of improvement tools which form part of the current offer are summarised in the **Appendix A**.

Developing this model for health

4. A sector-led model in relation to the local government role in improving health outcomes would need to:
 - 4.1 meet the needs for improvement support identified by councils themselves;
 - 4.2 ensure alignment principles outlined above for the SLI model;

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- 4.3 learn from the experiences of SLI in children's and adult services, and the current leadership offer for health and wellbeing boards;
 - 4.4 align with ongoing SLI support arrangements across local government, particularly adult social care, from April 2013; and
 - 4.5 take account of, complement and avoid duplicating the wider regulatory, quality assurance, system leadership and improvement work across the health system.
5. Possible components of the model are set out in Appendix A, along with a summary of arrangements already in place.

Conclusion and next steps

6. It is proposed that the LGA:
- 6.1 develop possible approaches based on direction from the Community Wellbeing and Improvement and Innovation Boards, and wider discussions with key stakeholders and with councils;
 - 6.2 consult the Health Transition Task Group, which involves key partners including the Association of Directors of Adult Social Services (ADASS), the Association of Directors of Children's Services (ADCS), Public Health England (PHE) and the NHS Commissioning Board (NHS CB) at its meeting on 7 November;
 - 6.3 hold a roundtable hosted by the LGA Chief Executive with key partners to consider how the different support elements in the new system can best fit together; and
 - 6.4 develop clear proposals for a SLI offer on the role of local authorities in health improvement based on those consultations for agreement.
7. Members' views are sought on the following questions:
- 7.1 What are the **key priorities** which a sector-led improvement offer needs to address to help local authorities meet their new statutory duties and to improve local health outcomes?
 - 7.2 What more do we need to do to help **Health and Wellbeing Boards** to be improve their effectiveness as local system leaders from 1 April 2013?
 - 7.3 How should we support **all councils, including districts, counties and single-tier local government**, to make an effective contribution to improved health outcomes?

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Financial Implications

8. It is not possible to identify the financial implications of a new sector-led improvement offer to local authorities at this stage of discussions. Officers will identify the costs associated with developing and delivering any new SLI offer on health issues and seek to secure sufficient funds in future action on this issue.

APPENDIX A

1. Core components of the current general improvement support offer to councils

We have developed a suite of improvement tools based on our extensive track record of working with councils. They are summarised below.

- **Supporting political leadership** – through a range of programmes, including Leadership Academies to help councillors develop their knowledge and leadership skills; an intensive leadership development programme for Leaders and Chief Executives; ‘next generation’ programme for aspirant future leaders.
- **Comparative performance data** – through the development of LG Inform, a shared data set which enables councils to benchmark their own performance against a wide range contextual, finance and performance data. LG Inform includes a common data set for children’s and adult services. Currently open to all councils, we intend to make this information open to the public to increase transparency and accountability (we may need to consider how it interacts with other available data).
- **Peer challenge** - in which a tailor-made team of elected members and chief officers work with councils to identify the challenges and areas for improvement for individual councils. Over the past year, 97 peer challenges – including corporate, adults, children’s safeguarding, planning and fire and rescue services have been delivered.
- **Sharing good practice** – we have developed the Knowledge Hub to provide a web-based forum for officers, members and stakeholders to create their own networks and learning communities with which to share good practice, identify key concerns and create extensive libraries of information. Currently, the Health and Wellbeing K-Hub has over 1,000 members and hosts regular webinars, hot seats and chats on a wide range of issues relating to HWBs.
- **Specific improvement offers** – we currently operate two service specific improvement offers, which have a direct relevance to the development of SLI for health: **TEASC** – Towards Excellence in Adult Social Care - and the **Children’s Improvement Board**.
- **Managing risk of underperformance** - The LGA’s approach to SLI spans the full spectrum from recognising and disseminating information about excellent practice to providing tailored and intensive support in cases of underperformance. We know that significant underperformance at a service or corporate level by individual councils is likely to have a negative impact on the services for people which the council serves, the reputation of individual councils and on the reputation of the local government sector as a whole. The LGA and its member authorities have a collective responsibility to act quickly in such circumstances. It is important to emphasise that instances of underperformance are extremely rare in the local government sector.

Government are supportive of a sector led approach to improvement and have agreed to share with the sector any concerns that they may have about individual authorities in order that the sector can respond accordingly.

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- **Promoting innovation** - All of our support tools identify and support the dissemination of innovation. K-Hub enables councils and their partners to share good practice amongst an on-line community. Leadership academies all include sessions to enable councillors to identify and maximise innovative practice. Our Creative Councils programme with NESTA is working with 6 councils to develop innovative solutions and ways of working on a range of issues.

Since it was first introduced Peer challenge has moved from a diagnostic to a developmental tool. Each peer challenge is tailored to address the specific issues of importance local authorities and this provides opportunities to stimulate innovation through: the choice of appropriate peers who bring with them expertise in specific areas; designing the on-site process in a way that maximises the opportunities for the council to learn from and with peers; and follow-up work, which includes signposting to information about best and innovative practice.

2. Possible components of SLI to improve health outcomes

Local government's new statutory responsibilities and involvement in health can be categorised in six broad areas of system change that could be addressed by a new support offer.

- **Leadership and governance of health** – in establishing health and wellbeing boards to drive the development of shared priorities for health improvement, more effective commissioning and greater integration of services. Health and wellbeing boards (HWBs) will be the local system leaders of health improvement and as such, they will have an interest in and a responsibility to ensure that the local health system as a whole and their contribution to it is as effective as possible in identifying local health priorities and providing appropriate services to improve health outcomes.
- **Partnership and integration** – HWBs will have a statutory responsibility to promote integration. The Social Care Reform Bill will place far greater emphasis on prevention and early intervention as the bedrock of adult social care services. Increasingly, integration in planning, commissioning and provision will be an indicator of effectiveness and improvement.
- **Local public health** – local authorities will be responsible for local improvement services and will work with PHE and others to ensure robust local arrangements for health protection and emergency preparedness. This is a major extension of local authority responsibilities, requiring the transfer of 4,200 staff from PCTs to unitary and upper tier councils planning and delivering key public health services, such as open access sexual health services, the national Health Check and weighing and measuring of school children, and provision of public health advice and information to CCGs. It will be important for local government to assure itself, its health partners and its local communities that it is performing these new functions effectively and in a way that is locally appropriate.

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- **Mainstreaming health improvement activities** – HWBs also have a leadership role in addressing the wider determinants of health through mainstream council and other services such as housing, planning, the environment, regeneration, economic growth and educational attainment. The focus on the wider determinants of health is, arguably, the most compelling reason for transferring public health to local government: it enables join up and integration between specific public health services and general plans and services to maximise the extent to which they improve health. They will need to work closely with improvement activities for other services such as adult social care and children and young people to avoid duplication.
- **Citizen, service user and patient engagement in health improvement** – councils will commission social enterprises to provide local Healthwatch, the new consumer champion for health, social care and public health services. But all councils will already have a complex network of community, voluntary and neighbourhood organisations that have an interest in improving the health and wellbeing of the local community. It will be essential for local Healthwatch to function effectively within the wider patient and public empowerment context.
- **Funding and financial issues** – to help councils understand the new funding arrangements across the health system and to work with local partners to manage financial arrangements effectively.

3. Existing improvement support on health reform issues

We already have specific programmes and activities focused on the development and improvement of the new health system. They are:

- **The HWB leadership support offer** – funded by DH until April 2013, the programme provides national, regional and bespoke support to councils on developing the skills and knowledge of HWBs to lead their local health systems. We are currently discussing with the DH how we might build on the current support to develop a new offer to councils and their health partners on effective system leadership, including how to drive improvement and innovation.
- **Healthwatch implementation offer** – funded by DH until April 2013, the LGA is currently offering a suite of support for councils to commission effective Local Healthwatch organisations.
- **Establishing a shared vision for public health** – we have organised a national workshop with key leaders in the health system and care system to develop a common vision, understanding and set of behaviours to promote shared leadership at national and local level for the new public health system. The RDsPH and PHE Transition Team are currently organising a series of regional events to further develop the vision and the LGA will be working with stakeholders to organise a national public health conference in January 2013. Improvement and innovation has been a constant theme in all of the events so far.
- **Concordat with the NHS CB** – the Concordat between LGA and NHSCB will be launched in October 2012 and includes a commitment to work together to develop a

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shared approach to SLI. As yet, this joint work stream has not been developed further than a general commitment to work together.

- **Integrated commissioning and provision** – LGA is working with DH and NHSCB (under the Concordat) to develop models of good practice and key drivers for integrated commissioning of health and social care. This work will clearly have overlaps with SLI and we will need to address how improvement activity at national and local level drives integration.
- **Shared vision of system-leadership** - Various national engagement events on system-wide leadership and developing a common vision for public health have identified a need to develop a common or aligned approach to performance management in order to reduce the risk of conflicting messages and competing priorities for the players in the new health system.

Our service-specific offers on adult social care (TEASC) and children and young people (CIB) will need to take account of the complexities and inter-dependencies of the health and care system and how the activities of other commissioners and performance managers impact on the effectiveness of councils in improving performance of adult social care and children's services.