

## CHAPTER 3

# MAKING IT HAPPEN: NATIONALLY, LOCALLY AND REGIONALLY

This section outlines how success will be built into the delivery of public services at local, regional and national levels and the ways we shall foster relationships with communities, the voluntary and community sectors, employers and industry. It builds on the chapters in *Choosing Health* that outline the key actions Government will take to ensure delivery.<sup>6</sup>

### NATIONAL DELIVERY

*Choosing Health* identified five ways the Government will support national delivery:

- regulation;
- building partnership and inviting engagement;
- joining up action;
- aligning planning and performance assessment; and
- resourcing.

#### Regulation

The Government will ask industry, employers, the voluntary sector and professional bodies to hold themselves publicly accountable for delivering change through formal Pledges, Compacts or Voluntary Codes of Practice. These will be backed up by new legislation where *Choosing Health*

indicates this is needed or a voluntary approach has not succeeded. Food labelling, advertising, responsible alcohol promotion, and employment practices will all be developed in this way and through the work of Ofcom and the Food Standards Agency which, among other functions, have a role as statutory regulators.

Health Impact Assessments have now been incorporated into the Regulatory Impact Assessment framework. This requires the Government to assess the impact and effectiveness of all new regulatory proposals that are likely to create or remove burdens in the private and public sectors. *Choosing Health* policies that either have a major impact on business or require legislation, or both, have already been subject to partial Regulatory Impact Assessments.

#### Building partnership and inviting engagement

*Choosing Health* argues for a commercial and social environment that supports healthier choices. To help deliver this, the Government will draw on the expertise, resources and drive of private sector advertising and marketing organisations.

The Department of Health will explore formal agreements on local priorities for health and well-being with a wide range of national representative bodies. It will spell out the broad policy framework

<sup>6</sup> *Choosing Health*, op cit: Chapter 8 and Annex B.

and the agreed priorities to be delivered by local action with the active help and support of the Government and regional bodies.

#### Joining up action

Action across government to tackle poverty and unemployment and to improve housing and education will also have a positive impact on health, particularly that of the most disadvantaged. Examples include:

- the Department for Work and Pensions' 'Pathways to Work' pilots where the local NHS is working closely with Jobcentre Plus to help people manage their health problems and return to work;
- the cross-government National Strategy for Neighbourhood Renewal;
- the Deputy Prime Minister's programme to bring all social housing into a decent condition;
- action by the Department for Work and Pensions to reduce the proportion of children living in workless households;
- action by the Department for Environment, Food and Rural Affairs to eliminate fuel poverty and to improve air quality.

Delivery across government will be overseen by a Cabinet sub-committee chaired by the Secretary of State for Health, supported by a Health Improvement Board of senior government officials. Other Boards and Steering Groups involving partners outside the Government will be convened to help lead change and to report on progress.

These will ensure that action across government is properly monitored, that risks to delivery are identified and minimised and that interdependencies between programmes are managed effectively. During 2005 the Department of Health will work with other government departments to develop more detailed agreements setting out how they will work together to deliver key *Choosing Health* priorities. The Office of the Deputy Prime Minister (ODPM) and the

Department of Health will work together to ensure that government policy reduces health inequalities, and that improving the overall health and well-being of the population does not inadvertently widen health inequalities.

Progress will be measured through:

- improvements in the health of the population;
- increased delivery of high-quality services – data submitted by Strategic Health Authorities (SHAs) and local authorities;
- achieving project milestones;
- delivery partners' progress reports.

During 2005 the Government will set trajectories that allow progress against targets to be regularly reviewed.

#### Aligning planning and performance assessment

Independent inspection, assessment and review of health improvement will be carried out by the Healthcare Commission, Audit Commission, Ofsted and Commission for Social Care Inspection (CSCI).

The Concordat signed between the main healthcare inspectorates last year committed them to working together to minimise the burden of review on frontline services.<sup>7</sup> The Department of Health is exploring with the Healthcare Commission how best to ensure that the new standards for NHS provision they will publish later this year achieve a balance between prevention and care.

The new NHS Institute for learning, skills and innovation will also be helping the NHS to redesign its services, focussing on a small number of high priority issues in order to derive maximum benefit. The new Institute is expected to be up and running by July 2005 and its priorities will be set in due course. Each of its priority programmes will consider how to maximise associated health benefits and may focus on a specific public health issue, such as obesity.

<sup>7</sup> The Concordat between bodies inspecting, regulating and auditing health care can be found at [www.healthcarecommission.org.uk/assets/doc/04/00/42/00/04004200.pdf](http://www.healthcarecommission.org.uk/assets/doc/04/00/42/00/04004200.pdf)

## Resourcing

The NHS will invest its mainstream budgets to secure improvements in health, well-being and health inequalities and achieve longer-term savings in the cost of treatment and social care.

A significant proportion of the delivery of health improvement will be funded from PCTs' main allocations and will form part of their core business planning. Local Authorities will also prioritise action on health and health inequalities through existing mainstream spending to maximise Government programmes and initiatives such as Local Area Agreements and Neighbourhood Renewal Funding. This is in line with government policy to devolve responsibility and resources to local organisations. PCTs will also need to consider the contribution that local authorities and other partners make to jointly agreed actions in support of national or locally agreed priorities and explore whether funding streams can be aligned and pooled. Over £1 billion of additional NHS funding has been made available to supplement the delivery of *Choosing Health* over the next three years. The extra funding will pump-prime innovations to existing services (such as sexual health, school nurses, health trainers or obesity services) and test new ideas. Around half of the extra funding in 2006/07 and 2007/08 has gone directly to PCTs as part of their annual allocation and will be used to deliver *Choosing Health* commitments through the local delivery planning process.

### ENSURING ACTION LOCALLY: A CLEAR SYSTEM FOR DELIVERY

The NHS has a responsibility for taking forward the health improvement agenda. Early detection, health advice and clear pathways for improving the health of patients and the public are all needed to improve health and manage future demands for NHS care. But *Choosing Health* also emphasises the relationship between health, learning and work, leisure and recreation, crime and community cohesion and the key role of local authorities in improving health and well-being.

Local authorities and PCTs share a responsibility to improve health and well-being by:

- leading community partnerships;
- delivering on national priorities and targets;
- identifying local needs and achieving local targets;
- commissioning and delivering services.

Local authorities also have a responsibility to ensure that effective local planning mechanisms are set up to drive improvements in health and well-being, for example, Local Strategic Partnerships (LSPs)<sup>8</sup> emerging children's trust arrangements, Crime and Disorder Reduction Partnerships (CDRPs), Drug and Alcohol Teams and 'Pathways to Work'.<sup>9</sup>

Local needs are identified through:

- planned local information reports from regional Public Health Observatories (PHOs) to each local authority;
- annual reports to councillors by each PCT Director of Public Health;
- local government's scrutiny of health services, as introduced in the Health and Social Care Act;
- health and well-being equity audits and ethnic monitoring;<sup>10</sup>
- consultation and involvement of local communities themselves.

Local services are delivered by:

- primary care and hospital trusts and other NHS organisations;
- children's services, including schools;
- other local authority services, such as housing, social care, leisure and recreation;
- the voluntary sector and community based organisations; and
- private businesses.

<sup>8</sup> The Office of the Deputy Prime Minister's recently published five-year plan *Sustainable Communities: People, Places and Prosperity* sets out a view of the future of local government which emphasises its role in community leadership and engagement.

<sup>9</sup> The documents Health Development Agency and Local Government Agency NHS Confederation (2002) *Planning with a Purpose*; Health Development Agency (2004) *Pooling Resources Across Sectors: A Report for Local Strategic Partnerships* offer useful models for joint delivery at local level.

<sup>10</sup> Further information on health equity audits being developed by the NHS is available from the website: [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthInequalities/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthInequalities/en)

Local needs and targets for improving health and well-being are contained within the Local Authority Community Plan.

Roles and responsibilities for delivery are contained in PCT Local Delivery Plans (LDPs) and the local authority's own business plans.

Other ways in which local government, the NHS and their community partners can improve health and well-being include:

- using existing services to raise the awareness and understanding of local communities about how to improve their own health;
- community advocacy – in particular, local elected representatives have an important role in helping people to represent their concerns and views to local policy makers and decision makers;
- increasing the knowledge and understanding of health issues amongst public sector employees, and those working for organisations funded by the public sector. Health awareness should permeate all areas of work so everyone understands how they can contribute to improving health;
- as healthy employers, pledging their organisation to observe healthy employment practices and encouraging staff to make personal pledges to improve their lifestyles; and
- redesigning jobs to widen access to employment and finding more effective ways of delivering health messages to disadvantaged communities.

#### PCT LOCAL DELIVERY PLANS

Delivery planning for *Choosing Health* is an integral part of PCTs' LDPs, which should be developed in close consultation with local authority partners and other key stakeholders in LSPs. A Planning and Performance toolkit has been

circulated to PCTs to support them in planning locally for *Choosing Health*.

Performance levels within LDPs will be agreed between PCTs and SHAs, and PCTs will be held accountable for delivery with the same determined focus at national and local levels that has brought such impressive results in waiting times, cancer and CHD. SHAs will have an important role in ensuring that the spearhead PCTs<sup>11</sup> in their areas are making faster progress than the average of all PCTs in order to reduce health inequalities in line with the national targets.

Within their LDPs, PCTs will agree with relevant partners a number of targets which respond to local needs and help tackle health inequalities by more effective prioritisation and targeting of disadvantaged groups and areas. They will also agree levels of performance to contribute to many of the key aims of *Choosing Health*, including among others:<sup>12</sup>

- better management of blood pressure and cholesterol levels by GPs;
- implementation of National Institute for Health and Clinical Excellence guidance on cancer treatment;
- reducing smoking during pregnancy and adult smoking prevalence as a whole;
- increasing the uptake of breastfeeding;
- tackling childhood obesity;
- reducing under-18 pregnancy and improving access to sexual health services; and
- improving mental health and well-being and reducing suicide rates.

#### LOCAL AREA AGREEMENTS

The Department of Health is supporting the development of Local Area Agreements (LAAs)<sup>13</sup> as an important new planning process which brings health inequalities and health outcomes to the forefront of local community planning. LAAs are agreed with Government Offices for the Region (GORs) and are based on three 'blocks':

<sup>11</sup> The spearhead group is the fifth of areas with the worst health and deprivation indicators. It consists of the 70 local authority areas, mapped across to 60 PCTs, that are in the bottom fifth nationally for three or more of the following five factors: (i) male life expectancy at birth; (ii) female life expectancy at birth;

(iii) cancer mortality rate in under-75s; (iv) cardiovascular disease mortality rate in under-75s; (v) Index of Multiple Deprivation 2004 (Local Authority Summary).

<sup>12</sup> Full details of the LDP data-monitoring lines against which PCTs will agree levels of performance with their SHAs is included in Annex 1 on government policy and targets.

<sup>13</sup> Information on implementation of LAAs can be found at [www.odpm.gov.uk/localities](http://www.odpm.gov.uk/localities)

- children and young people;
- safer and stronger communities; and
- healthier communities and older people.

Outcomes in each block will be negotiated between local authorities (and their partners) and GORs on behalf of central departments. LAAs will reflect both local and national priorities. PCTs in the pilot areas will lead the development and delivery of the health elements of LAAs, with the support and encouragement of SHAs.

In 2005/06, 21 local authority areas will pilot LAAs. These include 10 spearhead PCTs which will set particularly challenging targets to reduce health inequalities in their area. The Government has recently announced a further pilot phase of 40 LAAs which will be in place by April 2006 and may include more local authority areas in the spearhead group. The LAA approach may also be used to firm up action plans for health improvement in spearhead areas that are not included within the LAA pilots.

To encourage and support new ways to improve health:

- the Department of Health will develop a network of 'Health Champions' able to provide advice and support to new services;
- the Improvement and Development Agency's (IDeA's) peer support will recruit and accredit people with experience and skills to provide consultancy, advice and peer review; and
- Communities for Health will pilot new approaches to local action, piloted in at least 12 areas from April 2005.

#### CHILDREN'S TRUSTS

Children's trusts are being established by local authorities working with colleagues in the health sector and other local stakeholders. They will determine the services needed to drive improvements in children's health and well-being in line with the Children's Outcomes Framework.<sup>14</sup>

This sets expectations on children's and young people's experience as follows:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution; and
- achieve economic well-being.

Local services will be held accountable for delivering improved outcomes and the requirements of the Children's National Services Framework through the annual performance assessments of local authorities and the integrated inspection of children's services.

#### REGIONAL DELIVERY

The GORs, Regional Assemblies and Regional Development Agencies (RDAs) also play an important part in helping to shape the wider economic determinants of health and strategy on transport, employment, the environment and regeneration. GORs bring together the activities of 10 Whitehall departments within a single organisation in the region. These activities include, for example, ODPM's interests in sustainable communities and in deprived neighbourhoods, DfES's interests in children and learners, and Home Office's interests in crime, community safety and community involvement. GORs are ideally placed to make the connections necessary between these activities to improve health and well-being. GORs are already leading the negotiation of LAAs on behalf of central government which wants to strengthen their role and delegate more activities currently carried out in Whitehall.

Regional Directors of Public Health and their Public Health Groups (PHGs) are based within GORs and will support local delivery of health improvement by:

- working with other key regional stakeholders such as RDAs and Regional Assemblies to deliver health improvements;

<sup>14</sup> HM Government (2004) *Every Child Matters: Change for Children*. London: The Stationery Office.

- integrating health improvement and activity in supporting local planning and delivery mechanisms within GORs;
- encouraging closer working with GORs and SHAs;
- co-ordinating regional task forces and other action to support the delivery of health improvement PSAs;
- work closely with regional PHOs to track and report performance;
- identifying regional issues and concerns that may need a national policy response; and
- brokering support for local action and facilitating cross-regional learning and development opportunities.