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## Briefing 06/56

**TO: ALL CHIEF EXECUTIVES, MAIN CONTACTS AND EMAIL CONTACTS (England)**

**CC: ALL CHIEF EXECUTIVES, MAIN CONTACTS (Wales, Scotland and Northern Ireland)**

## **'Strong and Prosperous Communities' - The Local Government White Paper, DCLG**

### **Health and Well-being**

#### **Key issues:**

- *The DCLG has published the White Paper 'Strong and Prosperous Communities' and this briefing focuses on Health and Well-being.*
- *4 priorities:*
  - *Patients to be able to voice their concerns*
  - *More visible local leadership*
  - *Partnership working between NHS, councils and others*
  - *Join up priorities, reporting systems and performance management*

### **1. Introduction**

The Local Government White Paper 'Strong and Prosperous Communities' was issued by the Department of Communities and Local Government on 26<sup>th</sup> October, 2006. This briefing is accompanied by a series of other APSE briefings including an executive summary on the White Paper. This paper focuses on Health and Well-being.

A full copy of the White Paper is available by clicking on the following link: <http://www.communities.gov.uk/index.asp?id=1503999>. The paper provides a framework for local action which will strengthen partnership working and gives communities more say. The Health and Well-being section focuses on how the White Paper will meet the challenge of ensuring that local services can become better at working together in responding to individuals' needs and choices in relation to ill-health prevention. The 4 priorities stated are as follows:

- For all patients to be able to voice their concerns
- More visible local leadership
- Partnership working between NHS bodies, local authorities and other partners, for example through greater use of joint appointments, pooled budgets and joint commissioning
- Ensure priorities, reporting systems and performance management arrangements are joined up

The aim is to make it easier for local authorities and NHS bodies to work together.

## **2. Responsive services and empowered communities**

As a result of the review '*A stronger local voice*' in 2006 ([http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4137040&chk=U6PSmq](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4137040&chk=U6PSmq)), local authorities are under a statutory duty to make arrangements for the establishment of Local Involvement Networks (LINs), which have the power to refer matters of concern to the local authority's overview and scrutiny committee. The White Paper will build on these reforms by:

- The Community Call for Action (CCfA) covering all local government matters. This will enable frontline councillors to trigger action and provides a route for local people to demand a response.
- Giving a range of new powers to overview and scrutiny committees, including the right to require local service providers to provide evidence and if they feel that the service has failed to address local concerns, they will be able to recommend an independent inspection.
- A Best Value duty on local authorities to secure the participation of citizens in their activities.
- New guidance to encourage local authorities, PCTs and other relevant partners to co-ordinate consultations and avoid multiple, overlapping plans
- Expecting local authorities to work with third sector organisations in consulting hard-to-reach groups.

## **3. Effective, accountable and responsive local government**

Local authorities will be invited to make proposals for unitary government and as part of this; the government will ensure that local authority restructuring will complement PCT boundaries.

## **4. Local government as a strategic leader and place-shaper**

'*Our health, our care, our say*' in 2006 (<http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Modernisation/OurHealthOurCareOurSay/fs/en>) emphasised the importance of partnership working between NHS bodies and local government. The Paper further proposes:

- A new duty for upper-tier authorities to prepare Local Area Agreement (LAA) in consultation with others.
- A new duty for local authority and partners to co-operate on agreeing targets in the LAA

- Directors of Public Health to be appointed and held jointly accountable by the chief executives of local authorities and PCTs.
- Proposals to legislate for a new statutory partnership for health and well-being under the LSP. The legislation will propose a new duty to co-operate for PCTs and local authorities. The Department for Health will be consulting on this but it is envisaged that the partnerships responsibilities will include the agreement of shared outcomes, a common assessment framework, single budgets (where appropriate), joint commissioning and planning, delivery of joint LAA targets, the development, implementation, monitoring and evaluation of reports of the Directors of Public Health, etc.
- The Department of Health will publish guidance on commissioning for health and well-being. New best value guidance will set out the key commissioning principles which underpin this.

## **5. Performance Framework**

As a result of reforms in *'Our health, our care, our say'*, from 2008, PCTs and local authorities will be expected to report on progress against strategic outcomes. The Paper further proposes:

- Including performance measures on social care, public health, health protection, disease prevention and mental health.
- Agreeing improvement targets through the LAA
- Introducing a risk-based and proportionate independent external assessment system with a series of annually published judgements covering risk, direction of travel, use of resources and performance against national indicators. The current Commission for Social Care Inspection approach to assessment of social care will be developed and the separate star ratings for social care will not continue once this new regime is in place.
- Ensuring inspection is undertaken primarily only where triggered by the annual risk assessment.
- Aligning the roles of the Strategic Health Authorities and Government Offices in monitoring LAAs.
- Establishing a clear ladder of improvement, support and intervention.

## **6. Efficiency**

There are already good examples of shared services and partnership working driving greater efficiency and better outcomes. To build on this, the Paper encourages local authorities to move towards a commissioning role.

## **7. Comment**

The aim of the White Paper is to remove the barriers to better collaborative working between local authorities and their partners. The promotion of a more joined-up approach to the health agenda is welcomed by APSE. It is, however, important to recognise both primary influences on the health agenda; such as healthy school meals and accessible sports and leisure, but also to recognise the contribution made by other council services such as providing good street lighting

on well-maintained parks and litter-free open spaces. The role of the built environment should not be underestimated when we consider that most sustained exercise is taken during the course of everyday activities, such as travelling to work or going to the shops. APSE encourage a holistic recognition of the importance of councils services and the ability to strategically co-ordinate these, on the health agenda.

So why is the White Paper then promoting the notion of local authorities as commissioners of services as opposed to service deliverers? Outsourcing services goes against everything that local authorities are trying to achieve in co-ordinating services effectively towards one common goal. The public want greater personalisation of services in packages that are coherent, not fragmented and remote. A strong core of directly provided services allows authorities to respond to changes in priorities, both within neighbourhoods and at a national level.

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