



B&NES Health and Social Care Network Meeting 20 March 08

Attended: Nancy Harrison, Independent; Martha Flower, Support for People with Alzheimers; Lesley Southern, Headway Bath & District/St John's Hospital; David Donaldson, Care and Repair B&NES; Joan Travis, Action For Pensioners; Hilary Elms, Action For Pensioners; Chris Harland, Royal National Hospital for Rheumatic Diseases; Celia Gale, Citizens Advice Bureau - Bath & District; Peter Duppa-Miller, LSP Communities Group; Sue Sherrin, Bath Mind; Helen Storey, Crossroads - Caring for Carers B&NES; Dileas Sweetenham, Parkinson Disease Society -Bath; Rosemarie Cole, Carer; Liz Folkes, Time 2 Share; Maryanne Parnell, Time 2 Share; Ronnie Wright, The Care Forum; Katharine Gonzales, The Care Forum (note-taker)

Apologies: Michelle Buck, Rethink; Adrian Inker, Bath & NES Council - Councillor; Paul Solly, Genesis Trust; Gill Hall, Solon Housing Association; Jan Westrope, Citizens Advice Bureau - Bath & District; Samantha Baldwin, ICAS; Nina Fry, Arthritis Care

**Presentation by Denice Burton, Assistant Director of Public Health, B&NES PCT
Pam Richards, Strategic Planning Manager, B&NES Council**

In her presentation, Denice provided answers to the following questions:

- Why is the Local Area Agreement (LAA) important?
- Why and how is the LAA being changed?
- What happens to the existing LAA stretch targets?
- Who is responsible for the refresh process?
- When will it be completed?
- What indicators have been selected for Healthier Communities and older people theme ?
- How have these been selected?
- Who has been consulted / involved?

Link to the presentation

[http://www.thecareforum.org/publication_uploads/Health%20and%20Social%20Care%20Network%20Meeting%20 2 .pdf](http://www.thecareforum.org/publication_uploads/Health%20and%20Social%20Care%20Network%20Meeting%2020_20_2008.pdf)

Last year Denice had come to talk to the network as the first LAA for B&NES was being developed. It is a three year agreement for the area. As soon as it had been signed off, the government changed the rules about what was expected from the LAA. The new/refreshed LAA is due to start this April.

The Local Strategic Partnership (LSP) is responsible for the development of the LAA and communication around it. The council will sign off and agree the final version. The government has introduced a new set of 198 performance indicators for local authorities. The local authority can only select its indicators from the 198. A selection of 35 has been made and in addition there are 16 mandatory children and early years indicators related to academic performance in schools. Together these will become the key set of indicators by which the local authority is assessed. The purpose is to cut down on performance management for statutory bodies.

Pam: in health, there are more indicators that have to be reported on. Social services have "rap" indicators, and we have not been told they are going.

Denice: The PCT doesn't report to the government office. We have our own performance framework with its own set of indicators. Our priorities are now called "vital signs". We report to the strategic health authority on the list of priorities and indicators. There is some overlap with the 198. We tried to choose indicators that are in both sets, so that we didn't have a third list.

In the previous LAA we also developed "stretch targets". These were twelve priorities where partners had to do better than expected. Some of those are now included in the 198 targets set by government. The latest proposal is that all 12 of our locally developed stretch targets will form part of a 'basket' of local indicators, which sit alongside the 35 and the 16 indicators, and the whole thing will be the LAA. In addition, if we decide we want to measure something else, we can set other local indicators ourselves and add them to the basket.

The LAA will run until 2010. Last year pump priming money was attached to the stretch targets. If we achieve the stretch targets, we will be eligible for a performance reward grant that will stay in place. For the 35, there will be no pump priming money attached and no performance reward at the end. Existing funding streams have been pooled, so there is no new money. We have to report locally on all 198 indicators and report to the Government Office for the South West (GOSW) on the 35, 16 and existing stretch targets.

Q: In last year's LAA, I understand there was funding there and you were performing well. Was the funding granted?

A: The funding attached last year is all still there. Agencies receiving pump priming will continue to do so until 2010. In the future, the 35 don't have to be stretched. Assessment after three years will determine the level of funding coming into the local authority.

Q: Who does the assessing?

A: The Government Office of the South West (GOSW).

Pam: the guidance came late. A small project team in the local authority was set up with representatives from various streams. Each theme has a sponsor who is the lead person and signs off the proposals. There is a small full time team. Other officers are working together to look at the 35 indicators and go through the process of selecting. It has to be signed off by the end of May and we are nearly down to 35. We have to justify the selection.

NI 139: About getting information and how to navigate it. The measurement will be challenging. It will be based on a questionnaire. We will have to establish base line information and go back to ask people if it has improved. We will bring in a whole range of partners.

NI 149: This one links with a lot of our existing housing indicators. It is a particular issue for us as a lot of people with problems are placed out of our area. It requires a lot of cross agency working.

D: The selection of indicators has not been done as a separate process. All the indicators link to the joint operational plan which includes many targets over and above those in the LAA. End of life care, for example, is still a priority and is in the joint operational plan.

Q: To monitor the indicators, will you go round the providers?

A: There are statistics for particular indicators. For every indicator, there is a technical definition and a page of guidance. One of the problems with the LAA is that only 130 have definitions. We are expecting the rest by the end of March. We're told how to record the data. In addition there will be qualitative information that we can get from providers. Feedback is all really useful, but it doesn't count in terms of whether you've met performance indicators. Quite a lot of the 198 are new and there will be a lot of work to get them up and running.

Q: Will the voluntary sector be involved in monitoring? The timescales were very tight when we were monitoring stretch targets.

A: Very few of the 35 require that kind of information. The new LAA is structured in a very different way and this hasn't lent itself to joint consultation. We've had a lot of steer from the LSP and consultations from last time round. Later there will be an opportunity for agencies to say that they could help us deliver our targets. Through the LSP and the project team, there will be a stakeholder meeting at the end of April. There will be discussion about how you can engage. It is important to remember there has been a lot of consultation in developing the joint operational plan and this was used in selecting the indicators for the LAA.

Q: Will you reflect back on what's been selected on a national basis? For example the Indicator on a thriving voluntary sector has a very weak definition and the evidence proposed is not helpful. A national survey won't show how important local voluntary organisations are.

A: The safer and stronger theme leads were under pressure to include it from the outset.

Q: Back to the provider's perspective. There are many funding streams. Trying to get common feedback is difficult.

Denice: This is a really important issue. This should tighten up on what people are required to report on. The local authority has a computerised monitoring system and the PCT have signed up to use the same system. This is very positive. The PCT indicators will go on this system.

Pam: One of the reasons for moving to questionnaires was they wanted to measure outcomes and get a real impression of what the community thinks of the service.

Q: Is there a danger of survey fatigue? Two years ago, we had a 98% response rate and now its 25%.

A: Good point.

Q: Carers are often so grateful for what they get, that they're enthusiastic. Surveys do not always give an accurate picture.

A: Good point. We need very good surveys that go at things from different angles.

What does your organisation do that contributes to the indicators?

- **CAB** already contributes in relation to information and advice.
 - access to benefits
 - increase income
 - independent living
 - debt advice(nb fuel poverty in stronger block)

- **Bath Mind** – info and advice
 - reducing admissions
 - role of befriending service
 - advocacy for OPv much needed →more funding for befriending
 - emotional and practical support vital (part of befriending role)
 - Bath Mind: working on important mental health services. Includes housing/support provision
 - safeguarding adult provision

- **Peggy Dodd:** does contribute to delaying admissions through respite.
-carers have commented on good quality of information from AC
- **Action for Pensioners** – can support collection of information – nearly 1500 members. Can support communication e.g. surveys – including why people don't use services they are eligible for NB cross-cutting themes including inequalities. Rural areas → increase access. Action for pensioners rural development work.
- **Carers** – crossroads involved in emergency respite service. Also do 100% more than provision funded through SHS by attracting additional funding elsewhere. Also want to increase support such as overnight support.
- **Time to Share** provide similar services for disabled children. Main role is around addressing social exclusion. Address issues of carers mental health also good value for money.
- All preventative work should be recognised eg prevention of family breakdown.
- **Parkinsons Disease Society** – focus on specific long term condition. Many over 65. Provide information and emotional support. Physiotherapy/hydrotherapy. 174 members locally.
- **Stretch re physical activity**
→ encourage people to sign up to pledge scheme: will receive information from active leisure team
→community activators based in local authority to encourage more people to sign up and give support
→encourage VCOs to sign up
- **Preventative Care**
Putting people first funding will be coming into local authority. Big opportunity to work in partnership around prevention/information.

Denice: The stretch targets from last year were to get people physically active. There was a local indicator signing people up to a pledge scheme. Community activators in the local authority will support people to be more active. It looks like we're not doing very well, but we need everyone's support to promote the pledge scheme.

Ronnie will put further information in an e-bulletin.

Pam: Prevention: The government is releasing short term funding. Every local authority will have funding over 3 years to develop this approach. There is a huge opportunity to work in partnership to maximise what we've got. A lead has yet to be appointed.

Pam is starting a year's secondment from 31 March.

Date of Next Meeting: to be confirmed.