

Date: 5 July 2000

Venue: Committee Room 2, National Assembly for Wales

Title: UPDATE ON HEALTH IMPROVEMENT PROGRAMMES IN WALES

Purpose

1. To note the progress made in developing Health Improvement Programmes for 2000 / 05 and key areas for future development.

Summary / Recommendations

2. This paper sets out:

- a recap of the background to the development of Health Improvement Programmes
- the role of the National Assembly in relation to Health Improvement Programmes
- an initial assessment of HIPs for 2000/05 in terms of progress made and areas for development
- key aspects of the development agenda for Health Improvement Programmes.

Timing

3. Health Improvement Programmes for 2000/05 were received in early May, a month later than originally anticipated in view of the timing of the financial allocation letter to Health Authorities. This initial summary and overview will be followed by an opportunity in early autumn for the Health and Social Services Committee to discuss and influence the future development of Health Improvement Programmes. Although Health Improvement Programmes are required to provide a five year forward view they are not static and will be assessed on at least an annual basis by their respective Health Authorities to ensure that they adapt to changes in the local and national environment, and can at all times provide strategic direction to the NHS and partners involved in health improvement.

Background

4. The development of Health Improvement Programmes [HIPs] in Wales is of critical importance to the achievement of improved health and well being and to the delivery of improvements in health services. HIPs represent a longer term approach to strategic planning based on a process of partnership and collaboration with statutory and non statutory agencies as well as the general public and local communities. HIPs were introduced through Putting Patients First and Better Health - Better Wales, and are now a statutory requirement of the Health Act 1999.

5. HIPs should incorporate a priority setting process based upon a comprehensive needs assessment, an analysis of the planning and policy environment and a robust financial and non financial resource profile. Proposals for health improvement and health service improvement should be set out for the next five years, with clear objectives and deliverables for years 1 and 2. The Assembly has issued comprehensive guidance to support this new approach, recognising that it is a developmental process.

6. Interim versions were developed for 1999/2000 to provide an initial HIP framework in preparation for the development of more substantive programmes. The latter were submitted in early May covering the period 2000 - 2005, although the majority of Health Authorities had submitted draft versions at an earlier stage for initial feedback.

Role of the National Assembly for Wales

7. Health Improvement Programmes are important for both strategic planning and performance management purposes. The role of the Assembly is therefore :

- to identify development needs across Wales in relation to strategic planning
- to support HIP development with guidance where appropriate
- to identify areas of concern/ for discussion in terms of progress with the HIPs, their proposals, priorities and objectives
- to use HIP proposals and action plans as a basis for performance management , using them as the vehicle for monitoring progress against Assembly objectives and to hold NHS organisations to account for their performance
- to disseminate best practice in terms of HIP development and HIP implementation across Wales and UK

8. HIPs should facilitate the Committee's scrutiny role in relation to the NHS. The Committee's interest in HIPs will be valuable in confirming their importance and status for all partners.

9. Regional Committees may have an additional role given their local links and should be regarded as key stakeholders in the development process. Initial discussions suggest that Regional Committees will schedule HIPs onto agenda for the Autumn.

Development Agenda

10. The focus of attention to date has been on developing the HIP as a strategic planning mechanism, and ensuring that robust processes are in place to provide a sound foundation for future plans and programmes. Feedback about the effectiveness of this to date is being obtained from a broad range of interests across the Assembly, external stakeholders, and independent assessors such as the District Audit Service, and discussions with Health Authority teams and their partners. An initial analysis has been undertaken to assess progress and flag up key areas for development. These are outlined at **Annex A** on the basis of the following criteria:

- partnership working
- engaging the public
- priority setting
- needs assessment
- environmental analysis
- health inequalities
- range of priorities and proposals
- deliverables / action plans
- resource profiles

11. Addressing inequalities in health status and in access to health services is clearly an important function of the HIP. This requires a broad approach to be taken in considering the various determinants of health - lifestyle, social, economic and environmental factors - as well as the particular ways in which inequalities can arise, for example, in relation to geography, age, ethnic origin, gender and disability. All of the Health Improvement Programmes recognise the need to tackle inequalities and have begun to explore this through the needs assessment process. Progress has also been made in exploring how inequalities should be addressed through the proposals outlined in the HIP and this will be an important area for development.

12. A summary of the proposals contained in the HIPs will be produced following the current discussions about investment proposals as these have clearly influenced what can be delivered over the next few years. An initial assessment indicates that in general Assembly priorities are being addressed through the HIPs although in some areas the deliverables need to be described in more detail. In addition the broader health improvement agenda has been recognised in each HIP although Authorities have varied in the extent to which they have addressed this through specific proposals. This will become an increasingly important aspect as HIPs develop and partnerships become stronger.

13. Significant progress has been made over the last year in developing Health Improvement Programmes but it is important to remember the process is still at an early stage. The Assembly has an important role to play in this and to make further progress the following issues need to be considered: :

- the need to ensure that HIPs are identifying and addressing areas of inequality
- the importance of clarifying planning processes in the interagency context so that all partners

understand how different organisations and approaches fit together under the umbrella of the Assembly's strategic plan.

- the importance of clarifying the planning cycle for the NHS to ensure that there is a logical flow between priority setting, planning and performance management activities.
- the development of the role of performance management in support of the HIP process in light of the recent introduction of the Performance Management Framework. In future there will be a greater focus on the content of the Programmes, both in terms of the objectives that are set and the measurement of progress against them.
- the provision of further guidance on developing the resource profiles to support the Health Improvement Programme
- the need to ensure that all health related policy and strategy development highlights the important role of the HIP as a key mechanism for implementation.
- the development of better links with the rest of the UK to encourage an exchange of ideas and experiences and to ensure that examples of best practice can be disseminated
- the need to organise All Wales HIP development workshops on a regular basis to help the Assembly, Health Authorities and partners to develop capacity for strategic planning and to maintain momentum behind the HIP process

Compliance

14. The National Assembly has powers to direct Health Authorities to develop Health Improvement Programmes under Section 28 of the Health Act 1999 which was commenced in Wales on 1 November 1999. This power was transferred to the First Secretary under the Government of Wales Act 1998 and has subsequently been delegated to the Assembly Secretary for Health and Social Services. At the current time however no directions have been made under this provision and the Health Improvement Programmes are produced in pursuance of guidance only. In this sense they are not statutory plans.

Finance

15. There are no immediate financial implications for the Assembly. Health Improvement Programmes should set out proposals that can be taken forward within the resources available to Health Authorities and their partners. The Assembly will be developing further guidance to support Health Authorities in ensuring that their Health Improvement Programmes are supported by robust resource frameworks.

Cross Cutting Themes

16. Partnership working and collaboration is at the heart of Health Improvement Programmes

particularly in relation to the broader health improvement agenda which cuts across a number of areas including housing, environment, transport, education, social services. This is being monitored closely as HIPs develop to ensure that the necessary partnership processes and arrangements are in place.

Action

17. The Committee is asked to note the progress made with regard to Health Improvement Programmes.

Contact Point

18. The contact point for queries is Alex Howells, Health Service Division on 20825453

ANNEX A

HEALTH IMPROVEMENT PROGRAMMES - PROGRESS AND AREAS FOR DEVELOPMENT

Key Area	Progress	For development
Partnership working	All Health Authorities have involved partners in the development of the HIP , often through the establishment of project management arrangements with multi agency membership/ high level commitment. In most cases LHGs appear to have made important contributions and the role and input of the voluntary sector has been recognised.	Continue to develop the role of statutory partners in the HIP - i.e. Local Authorities and NHS Trusts. Continue efforts to involve all stakeholders to a greater extent in the priority setting process including the voluntary and independent sector . Important to balance the Local Health Group and Health Authority perspectives.
Engaging the public	All Health Authorities have recognised the importance of engaging the public in the development of the HIP and have set out plans to involve them as the HIP process rolls forward.	Implementing plans, identifying effective ways of engaging the public, avoiding consultation overload and ensuring a clear link in the HIP to the outcome of public involvement exercises.

Priority setting	All Health Authorities have made progress in identifying priority areas and have given an account of how this process has operated, and who has been involved.	Priority setting processes need further development - have to be based on robust criteria and need to take into account information on needs, stakeholder views, national policy etc. Also need to agree handling of difficult and controversial decisions.
Needs assessment	A profile of needs has been included in each documents and some have also provided an overview of local needs and variations between unitary authority areas. Needs assessments have been linked to Public Health Reports.	The needs assessment should underpin the choice of priorities and the proposals set out in the HIP. These links need to be clarified. More of a focus on sharing information with other agencies, identifying needs of minority/hard to reach groups.
Health inequalities	Health Authorities have recognised that the need to tackle inequalities is a key driver underpinning the Programmes, and have started to identify health inequalities through the needs assessment. There is variation in the extent to which authorities have identified proposals that address some of these inequalities.	Proposals need to be more specific about how they will address inequalities and this should also be addressed through the resource framework to support the HIP as this develops.
Environmental analysis	Most Health Authorities have recognised the need to take account of current and future policy development which may impact upon health.	More analysis of the external environment is needed to identify the local implications arising from it and to link this into the priority setting process.
Range of priorities and proposals	There has been variation in this - some Health Authorities have given an equal amount of attention to both the broader health improvement and health service improvement agendas, others have concentrated on one or the other.	All Programmes need to recognise the twins aims of HIPs, and present proposals for contributing to broader health improvement activities as well as those associated with health service delivery.

<p>Deliverables</p>	<p>All HIPs have identified action to be taken in year 1 as a minimum, although this has ranged from broad proposals to more specific objectives and milestones.</p>	<p>The deliverables need to be tested under the new Performance Management Framework. Further attention is likely to be required on setting measurable objectives and looking at aims and action over a longer time frame. The proposals should also provide a guide for NHS Trusts and a foundation for development of Long Term Agreements. A summary of proposed actions within the HIP will be incorporated in all documents in future.</p>
<p>Resource profiles</p>	<p>Most Health Authorities have started to map out current expenditure profiles, using the initial advice developed on this subject and have identified the need to incorporate key issues about human resources, capital, information, and the health related resources of other agencies.</p>	<p>This needs to be extended to the financial resources of other agencies as well as non financial resources such as capital, human resources, and information.</p>