WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health and Care Partnership Committee: 22nd June 2011

Subject: Audit Scotland Review of Community Health Partnerships

1. Purpose

1.1 The purpose of this report is to bring to the Committee's attention the recently published *Review of Community Health Partnerships* Report, and specifically the key messages within it.

The Committee is asked to note the report and commend the strong arrangements that have been established for West Dunbartonshire CHCP and the work of its Senior Management Team.

2. Background

2.1 The NHS Reform (Scotland) Act 2004 required NHS Health Boards to establish Community Health Partnerships (CHPs) to bridge the gap between primary and secondary healthcare; and also between health and social care.

CHPs were expected to co-ordinate the planning and provision of a wide range of primary and community health service: both directly managed community health services and services provided by NHS external contractors (i.e. general practitioners, general dental practitioners, community pharmacists and optometrists).

The Act also set out the expectation that CHPs should have a strategic role in influencing how health and social care resources are used in their areas.

It is important to note though that the Act clearly did not change the statutory lead responsibility for community care that resides with local authorities. While the Act was accompanied by an "enabling framework", it explicitly did not place a statutory obligation on local authorities to participate in, contribute resources to or deliver services through the CHP within their respective areas.

2.2 Audit Scotland have published the findings of an audit of all CHPs across Scotland to examine whether they are achieving what they were set up to deliver, including their contribution to moving care from hospital settings to the community and improving the health and quality of life of local people. The audit also attempted to assess governance and accountability arrangements, and the efficient use of resources.

2.3 The former West Dunbartonshire Community Health Partnership participated fully in the audit, having provided the information requested during August 2010 (within the deadline set): this was during the "shadow" period

immediately preceding the formal establishment of the CHCP as acknowledged by Audit Scotland in relation to the specific return provided.

3. Main Issues

3.1 Members will recall that at the February 2011 meeting, they considered a report on a similar Audit Report "*Delivering Better Outcomes And Use Of Joint Resources – National Evaluation of Community Health Partnerships*"

The attached report highlights a range of key good practice principles that the CHCP Committee and the CHCP Senior Management Team keenly understand and have underscored the importance of maintaining attention to as part of the continued organisational and strategic development of West Dunbartonshire CHCP. These include:

- Personal commitment from the partnership leaders and staff for the joint strategy.
- Understanding and respecting differences in organisations' cultures and practice.
- Clarity of vision and strategy.
- Clear decision-making and accountability structures and processes.
- Agreeing what success looks like and indicators for measuring progress.
- Implementing a system for managing and reporting on performance.
- Achieving efficiencies through sharing resources, including money, staff, premises and equipment.
- Accessing specific initiative funding made available for joint working between health and social care.

3.2 Locally, these best practice principles have been addressed by the CHCP Committee as part of the approved action plan for the first six months of the new Partnership's operation, as well as the agreed CHCP Key Performance Indicators (KPIs) and CHCP Strategic Plan 2011/12 (as agreed at previous meetings).

3.3 All of the issues highlighted within the Report are reflective of the wider theoretical evidence-base, with the substance of the Report explicitly accepting the increasingly ambitious agendas and complex environment that CH(C)Ps have to operate and lead within, including that:

- Partnership working across organisational boundaries is complex due to differences in organisational cultures, priorities, planning and performance management, decision-making, accountability and financial frameworks.
- Performance reporting arrangements can be challenging as they need to account for various national and local performance monitoring systems and targets for the NHS and councils which are not necessarily aligned.

- Governance arrangements for integrated CHCPs are generally more complex because they need to take account of different lines of accountability and the existing corporate governance arrangements for both partners.
- Health inequalities are complex, with socio-economic factors such as low income, gender, social position, ethnic origin, age and disability increasing the risks of poor health.

3.3 As the CHCP Committee will recall, all of these critical issues have been presented to (and consequently discussed by) the CHCP Committee, both over the course of its first six months of formal existence and also during the preceding "shadow" period (as previously described).

Moreover, these issues were clearly reflected upon in the formal deliberations undertaken separately by West Dunbartonshire Council and the NHS Board prior to the decision to commit to the establishment of a local CHCP (building on what was recognised as the strong track records of both the former CHP and the Council's Social Work and Health Department).

3.4 However, the Report and its recommendations do need to be set in context as it gives little analysis of the background to the creation of CHP's.

3.5 For example the Report does not comment on the emphasis evident within the Scottish Executive's original Statutory Guidance for Community Health Partnerships that there was to be *no "one size fits all" approach":* individual NHS Boards and local authorities had to agree what best suited their needs; and while there were minimum requirements for devolvement of NHS resources and responsibilities, CHPs were always intended to evolve according to local circumstances.

3.6 As such, it was both wholly appropriate and indeed inevitable that the organisational arrangements for CH(C)Ps across Scotland would vary given the wide parameters set for NHS Boards; the legitimate discretion afforded to individual local authorities in relation to how they wished to pursue an integrated health and care service agenda; and the differing circumstances and priorities within local areas.

3.7 As a part consequence of this, the Report makes broad comparisons and generalisations across CH(C)Ps that have been given differing strategic mandates and service responsibilities as well as operating at differing points along an integrated health and social care journey.

3.8 The Report does not provide any comparative analysis of CH(C)Ps against the evidence-base available on other models of community health and care service structures/models (e.g. the preceding local health care co-operative arrangements, the limitations of which are well established).

3.9 Additionally, the report does not make any comparison or contrasts on the parallel primary care system developments on-going in the other parts of the UK NHS system.

3.10 This is most notable by the omission of any comment on the governance and accountability risks that have been identified in relation to the proposed comprehensive GP-led management consortia within the English NHS.

3.11 The Report concludes by making a number of recommendations (set in bold type below) for NHS Boards and Councils, all of which have been addressed within West Dunbartonshire and continue to provide a focus for the CHCP as follows:

- **Work with Scottish Government to streamline existing partnership arrangement.**

  This has been already addressed by the establishment of the CHCP itself; and the CHCP's active engagement within the strategic arrangement for the local Community Planning Partnership.

- **Put in place transparent governance and accountability arrangements**.

  Locally this is exampled by the Scheme of Establishment agreed for the CHCP and the recommendations agreed from the comprehensive CHCP Community Engagement Review.

- **Have a clear joint strategy for delivering health and social care services.**

  Locally this is addressed in the priority work programme set out within the action plan for the first six months of the new Partnership's operation; and the integrated approach and actions clearly set out within the CHCP Strategic Plan 2011/12.

- **Clearly define objectives for measuring CHP performance; and implement a system for reporting performance to stakeholders.**

  Locally, robust examples of how this is being attended to include the development of agreed Key Performance Indicators (KPIs) for the CHCP; and the introduction of a joint Organisational Performance Review process.

- **Collect, monitor and report data on costs, staff and activity levels**.

  Examples of how this is being addressed would be the inclusion of staff absence indicators (for both NHSGGC and WDC employees) within the CHCP agreed KPIs; and the commitment to deliver a joint workforce plan for the CHCP for 2012/13 (as set out within the CHCP Strategic Plan 2011/12).

- **Improve financial management and reporting**.

  This is already a robust feature of the routine reports provided to the CHCP Committee on the separate budgets devolved to the CHCP by both its parent organisations. It is important to note that the West Dunbartonshire CHCP has

maintained a strong track-record in delivering financial balance and necessary efficiency savings with respect to both its NHS and WDC budgets.

- **Involve GPs in planning services and work with them to address variations in their prescribing and referral practice.**

  This has been addressed locally by refreshing the Professional Advisory Group (PAG) arrangements and the practice-led locality groups sponsored by the CHCP (under the chair of the CHCP Clinical Director); the lead role for GPs that the CHCP has supported within condition-specific planning groups (e.g. GP chairing local diabetes group); and the strong track record of effective support provided to individual practices by the CHCP's local Prescribing Support Team. Across the NHS GGC area this CHCP has been able to demonstrate upper quartile performance in a range of prescribing management indicators.

3.12 It is important to appreciate that many of the points highlighted are generic issues of good practice – i.e. they apply irrespective of the organisational and management arrangements that are in place for the planning, management and wider co-ordination of community health and care services.

The Audit Scotland report itself does allude to this at times within its text, most pointedly in stating: *partnership working depends on good local relationships, commitment and clarity of purpose, irrespective of structural arrangements*.

4. People Implications

4.1 There are no specific personnel issues associated with this report.

5. Financial Implications

5.1 There are no specific financial implications associated with this report.

6. Risk Analysis

6.1 No risk assessment was necessary to accompany this report. However, it is important that the CHCP is able to continue to evidence that it retains a focus on the issues set out within the Report; and that the CHCP Committee clearly and publicly articulates its collective support for the CHCP in order to provide on-going reassurance to local communities, staff and other stakeholders.

7. Equalities, Health & Human Rights Impact Assessment (EIA)

7.1 No significant issues were identified in a screening for potential equality impact of this report.

8. Conclusions and Recommendations

8.1 The Audit Scotland report highlights a variety of good practice issues worthy of reflection by the CHCP Committee and Senior Management Team.

8.2 The substance of the Report explicitly recognises the increasingly ambitious agendas and complex environment that CH(C)Ps have to operate within.

8.3 The Committee should be reassured that locally, strong arrangements are in place and being nurtured; and that the CHCP has - and will continue - to evidence its attention to the success factors helpfully underscored within the substance of the full Audit Scotland Report.

8.4 While very strong progress has been made, it is important to avoid the risks associated with strategic complacency.

8.4 The Committee is asked to note the report and commend the strong arrangements that have been established for West Dunbartonshire CHCP.

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Appendices: Audit Scotland Review of Community Health Partnerships

Background Papers: Study of Community Health Partnerships: http://www.scotland.gov.uk/Publications/2010/05/06171600/17

Wards Affected: All