

## COMMUNITY HEALTH PARTNERSHIPS

### “DELIVERING BETTER OUTCOMES AND USE OF JOINT RESOURCES”

#### Purpose

1. This paper summarises the findings of the Community Health Partnership (CHP) study<sup>1</sup> published in May 2010 and outlines how the Scottish Government will work with its partners to support the further development of CHPs.

#### Background

2. The CHP study reviewed their overall progress and identified areas of success and areas for improvement. Our response to the study takes into account the impact of other streams of work on the future development of CHPs such as the Healthcare Quality Strategy<sup>2</sup>; ‘Reshaping Care for Older People’<sup>3</sup>; Action Plan for Delivering Quality in Primary Care<sup>4</sup> and the Audit Scotland Review of CHPs which will be published in 2011. It also reflects the increasing focus on the benefits of integration between health and social care, set within the broader public sector reform agenda.

3. The study re-affirms the critical role of CHPs in delivering better outcomes for individuals and communities through joint working between partners. Strengthening the ability of professionals and staff to improve outcomes by shifting the balance of care and by making better use of joint resources is crucial. It will be through the actions taken by primary, community and social care practitioners, working in localities, that NHS Boards and Local Authorities will be able to improve services for communities with fewer resources.

4. Current research demonstrates that the decisions made in primary care by clinicians, professionals and staff has implications for around 45% of the total NHS budget. In this difficult financial climate, and to ensure quality of care for patients, it is essential that the right level and range of community based services are developed and available for all clinical/care teams. Community based services often represent the best clinical and value option and CHPs, through collaborative working with their partners, will be instrumental in the delivery and signposting of these services.

5. This paper therefore does not signal a change in policy direction, but outlines a range of actions that should help NHS Boards and their partners enhance CHP capacity and ability to provide better health outcomes for local people. Updated guidance will be available early next year to reflect policy developments following the establishment of CHPs in 2005, as well as the outcomes of the Audit Scotland CHP Report.

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<sup>1</sup> The CHP study; <http://www.scotland.gov.uk/Publications/2010/05/06171600/17>

<sup>2</sup> Healthcare Quality Strategy for NHS Scotland; <http://www.scotland.gov.uk/Publications/2010/05/10102307/8>

<sup>3</sup> Reshaping Care for Older People; <http://www.scotland.gov.uk/Topics/Health/care/reshaping>

<sup>4</sup> Delivering Quality in Primary Care; <http://www.scotland.gov.uk/Publications/2010/08/16120707/5>

## Summary of the Findings of the CHP Study

6. Overall, CHPs have successfully developed at a time of considerable change. They cover complex areas such as relationships within primary care and between primary and secondary care, as well partnerships with Local Authorities and the Third sector. All of these joint working arrangements support health improvement and joint service planning and delivery. They have evolved to respond to local circumstances and partnerships and this flexibility has been widely welcomed.

7. The study identified a range of perceptions as to the focus of CHPs, from service delivery and health improvement to partnership facilitator and CHPs should fulfil all of these roles. The important factors that have facilitated or hindered progress have largely been the quality of leadership and relationships (within the Health Board; with the Local Authority, and with primary care professionals), the position of the CHP within the health and social care system and the effective engagement of key stakeholders.

8. There were many examples in the study of actions that improved health, although reducing health inequalities was more difficult to quantify as the factors that impact on inequalities are multi factorial – children's early years, education, employment; housing; education, as well as NHS and other public services. There was a strong sense that CHPs should have a more explicit role within CPPs – and where this had already happened (in large or small CHPs), partners reported better outcomes.

9. In terms of shifting the balance of care, there has been significant progress in relation to the nine areas outlined in the CHP statutory guidance. However, progress has been hindered in some places by the perceived level of influence of CHPs within NHS Board strategic planning and decision-making processes; the absence of joint targets with secondary care and the lack of flexibility in the use of health and social care resources.

10. A number of participants emphasised the importance of working more closely with GPs and with secondary care clinicians in service planning and delivery. In some areas, this had proved more difficult following the introduction of new contracts.

11. In terms of governance and structures, some NHS Boards had reviewed their CHP committee arrangements in order to clarify their purpose; strengthen joint working arrangements with Local Authorities; and make meetings more meaningful. As the drive towards service integration increases as part of public sector reform, then effective governance and CHP organisational arrangements will become increasingly important.

12. The CHP study concluded that despite the challenges arising from partnership working, professionals and staff worked well together and there was significant potential to extend primary and community based health and social care in order to deliver more upstream preventative support and services for individuals and communities.

13. The report suggested consideration of the following issues:

Agencies	Themes		
	Governance and Structures	Role of CHPs	Horizontal pathway management <sup>5</sup>
<b>Health Board</b>	<ul style="list-style-type: none"> <li>• Review the effectiveness of the CHP Committee (size, fit, frequency, attendance)</li> <li>• Review Health Board's leadership in relation to CHPs: can more be done to support them?</li> <li>• Ensure CHPs are enabled to influence Board strategy as well as deliver it - a statutory requirement</li> </ul>	<ul style="list-style-type: none"> <li>• Affirm the role of CHPs across the patient pathway from community care to secondary care</li> <li>• Support the CHPs' role as "adaptor"</li> </ul>	<ul style="list-style-type: none"> <li>• Give CHPs responsibility for the horizontal pathway process</li> <li>• Review how Health Boards can support CHPs' work in relation to GPs.</li> </ul>
<b>Local Authority</b>	<ul style="list-style-type: none"> <li>• Ensure elected members have induction and development time to enable them to cover all aspects of the CHP agenda</li> <li>• Ensure CHP issues are fed in at appropriate levels to Council structures</li> <li>• Review structures between Health Board/CHP and Local Authority: to avoid duplication</li> </ul>	<ul style="list-style-type: none"> <li>• Review joint working and co-location to build on progress</li> <li>• Review role of CHP in integration of services for vulnerable people – children; those with learning disabilities or mental health problems; older people</li> </ul>	<ul style="list-style-type: none"> <li>• Review the level of integration between health and social care – is it right or is further change needed?</li> </ul>
<b>Community Planning Partnerships</b>	<ul style="list-style-type: none"> <li>• Ensure that the CHP voice is heard at CPP level</li> </ul>	<ul style="list-style-type: none"> <li>• The CHP should be able to influence across CPP themes, not just health, in order to tackle</li> </ul>	<ul style="list-style-type: none"> <li>• Can CPPs facilitate better joint working between health and other local authority partners</li> </ul>

<sup>5</sup> 'Horizontal patient management' refers to a CHPs role in focusing on the patient's pathway of care through the different vertical providers (secondary, primary, community and social care). A CHP looks horizontally along the pathway ensuring joint working and integration as a patient moves from one care provider to the next.

		inequalities.	and areas?
<b>CHP</b>	<ul style="list-style-type: none"> <li>• Aim to have direct relationship with CPP</li> <li>• Review voluntary sector involvement with CHP – does it need to be strengthened?</li> </ul>	<ul style="list-style-type: none"> <li>• Develop clear understanding within the CHP about priorities in relation to the clinical and care pathways and consider how to develop relationships further</li> </ul>	<ul style="list-style-type: none"> <li>• Review what more can be done to develop improvements to the horizontal pathway process.</li> <li>• As part of this, review MCNs role and how to further develop this area</li> </ul>
<b>Scottish Government and COSLA</b>	<ul style="list-style-type: none"> <li>• Review initial guidance and update this to take account of the changing context and what has been learnt over the first five years</li> <li>• Input from COSLA on role of elected members in relation to CHPs.</li> </ul>	<ul style="list-style-type: none"> <li>• Within the revised guidance comment on the role of CHPs across primary and secondary care pathways</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss with Health Boards issues relating to GP contracts and CHPs</li> </ul>

## Strategic Direction

14. The framework for the development of Primary Care in Scotland over the next five years is the Healthcare Quality Strategy for NHS Scotland. CHPs will play an integral role in supporting NHS Boards to deliver this agenda. The Action plan for Delivering Quality in Primary Care has identified 11 national actions led by a steering group and CHPs should draw on this work when developing services.

15. The development of CHPs should be focused on areas where they can most effectively contribute to national and local priorities – delivering quality health and social care; improving the health of the local population; reducing health inequalities; and involving the public and patients in local decision-making. NHS Boards and their partners need to agree clear CHP outcomes (in line with the statutory guidance<sup>6</sup>) and make explicit how they relate to local development plans, national targets and single outcome agreements.

16. CHPs comprise a number of locality teams. In order to maximise their contribution to the delivery of better services and local and national outcomes, NHS Boards and Local Authorities should increase their support for:

<sup>6</sup> CHP Statutory Guidance; <http://www.chp.scot.nhs.uk/wp-content/uploads/CHP-Statutory-Guidance.pdf>.

- greater primary care clinical/care practitioner leadership of pathway development work, particularly for older people and people with Long Term Conditions;
- the use of the Integrated Resource Framework (IRF)<sup>7</sup> to facilitate realignment of resources to support new models of care;
- the role of CHPs in Community Planning; and
- develop robust partnership arrangements that will enable greater devolved decision making to CHPs.

17. The Audit Scotland study of CHPs will focus on their governance and accountability arrangements, their contribution to shifting the balance of care, their use of devolved resources and their effectiveness in improving the health and quality of life of local people. Due to be published in 2011, the study will provide further evidence of their effectiveness in delivering this agenda and highlight areas for improvement.

## **Priorities**

18. This section sets out the actions that the Scottish Government will take to support NHS Boards and their partners in ensuring that CHPs fulfil their potential.

### ***Putting primary care and social care practitioners at the heart of planning and developing community based services.***

19. The development and delivery of community based health and social care services require significant joint working between professionals and staff working in localities. To develop integrated services all partners need to be engaged in the process and realise the benefits of doing so. This requires better joint working between primary care, secondary care and social care colleagues. We will therefore:

- reaffirm the central role of CHPs in supporting locality based GPs and other clinicians and practitioners to plan and deliver better services, care and support. We will support NHS Boards and their partners to ensure that the role of CHPs in delivering the national Action Plan for Delivering Quality in Primary Care benefits from the active leadership and creativity of primary care practitioners and social care workers;
- work with NHS Boards and their partners to enable CHPs to play a full part in bringing primary care clinicians and social care workers together with secondary care clinicians to agree care pathways which are safe, person centred and cost effective, focusing in the first instance on diabetes, asthma, COPD, care homes, dementia and congestive heart failure;

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<sup>7</sup> Integrated Resource Framework; <http://www.shiftingthebalance.scot.nhs.uk/initiatives/sbc-initiatives/integrated-resource-framework/>

- work with the Association of CHPs, National Education Scotland, Quality Improvement Scotland<sup>8</sup> and NHS Health Scotland to support CHP clinical and professional leads to share good practice in relation to shifting the balance of care, health improvement and reducing inequalities.

**Maximising the use of devolved resources and reducing inappropriate variation in cost and activity locally.**

20. The current financial position has brought sharply into focus the need to use scarce public finances more effectively. CHPs, working with partners in acute hospitals and social care, need to play a central role in ensuring that best use is made of the total health and social care resources available to address the needs of the populations they serve.

21. The Integrated Resource Framework, enables partners to understand the activity, cost and quality implications of pathways of care and their relationship to outcomes in their localities. This will give local teams the information required to plan strategically and review services more effectively ensuring the right services are developed and supported within a locality.

22. The Scottish Government has announced its intention to establish a Change Fund of £70m for 2011/12 to enable health and social care partners to implement local plans for making better use of their combined resources for older people's services. CHPs will be central to developing and implementing local change plans and their role and experience in enabling shifts in the balance of care for older people is crucial. In order to support partners we will:

- support NHS Boards and Local Authorities to use the Integrated Resource Framework maps of clinical/care activity, cost and variation. This will facilitate local professional ownership of improvements to clinical/care pathways and assist in improving efficiency;
- review progress with the implementation of the Community Hospital Strategy<sup>9</sup> and bring forward proposals for maximising their potential as important parts of integrated health and social care systems;
- encourage NHS Boards and Local Authorities to explore the viability of joint teams, clinical leadership and management across CHPs to ensure best use of resources.

***Informing Community Planning Partnership priorities; improving health and reducing health inequalities***

23. One of the core purposes of CHPs is to deliver local health improvements and to help close the health inequality gaps that exist within Scotland. To deliver on health improvement and the inequalities priorities in SOAs, CHPs need to have

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<sup>8</sup> NHS Quality Improvement Scotland plan to publish 'Promoting quality improvement in community health partnerships through shifting the balance of care' in December 2011

<sup>9</sup> Developing Community Hospitals; <http://www.scotland.gov.uk/Publications/2006/12/18142322/7>

strong links and active participation in Community Planning Partnerships. Where CHPs have integrated into this wider planning forum, there are real benefits to local communities.

24. The integration of health and social care services is an integral part of delivering this agenda as targeted, joined up support can be delivered to those who are most in need. NHS Boards and their partners need to ensure that CHPs maintain a clear focus on this agenda to benefit Scotland's most disadvantaged communities and help to reduce unnecessary costs for secondary care and a whole range of other services. In order to support partners we will:

- continue the national priority to embed outcomes to reduce health inequalities in SOAs, reflecting the contributions of all community planning partners, including CHPs;
- ensure policy teams including Local Government Outcomes & Partnership Division, Third Sector Division and those involved in the three Social Frameworks as well as the Local Government Improvement Service and other improvement bodies build capacity in delivering local outcomes;
- ensure emerging learning from the Equally Well test sites is quickly shared with all key organisations including CHPs;
- continue to encourage CHPs to adopt the guidance provided in the Health Improvement and Community Health Partnerships Advice Note (CEL 26 (2009))<sup>10</sup>;
- encourage CHPs to be at the forefront of the design and delivery of the sorts of integrated, targeted and preventative services that will make more effective use of resources by improving health and reducing health inequalities;
- ensure CHPs and primary care practitioners are fully consulted and involved in proposals to extend the Keep Well and Well North programmes of targeted health checks from April 2012;
- develop better performance management measures within the Quality Outcomes Framework, together with processes for accountability and managing delivery, to help both NHS Boards and CHPs manage and report on progress;
- continue to work with NHS Health Scotland and Third sector bodies to implement strategies that improve collaboration between Third sector and other Community Planning Partners including CHPs to improve health and reduce inequalities; and

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<sup>10</sup> CEL 26 (2009);

<http://www.sehd.scot.nhs.uk/index.asp?name=&org=%25&keyword=&category=6&number=50&sort=tDate&order=DESC&Submit=Go&offset=50>

- together with NHS Health Scotland and the Association of CHPs, establish CHP support needs and co-ordinate inputs from a range of national bodies to meet these.

***Strengthening patient and public involvement in service design and quality improvement.***

25. Involving the public, service users, patients and carers in planning and decision making is critical to ensuring that CHP services are fit for purpose. Public Partnership Forums (PPF) are a key mechanism through which CHPs can respond to local people's experiences and PPF representatives on CHP committees should be supported to fully represent the wide-ranging views of PPF members. In order to support partners we will:

- ensure that the restructuring of the Scottish Health Council strengthens its supporting role of NHS Boards through an outcome based methodology;
- facilitate a formal review of PPFs in partnership with key stakeholders, including the Association of CHPs, with the aim of strengthening and developing the role;
- work in partnership with the Association of CHPs and its members to network and share practice with regard to public involvement and in the support of PPF and other groups;
- work with Boards to ensure that there is effective carer involvement and representation in CHPs;
- encourage CHPs to review their existing arrangements for public involvement and PPFs and to strengthen them where necessary.

***Improving partnership and organisational arrangements.***

26. The CHP statutory guidance provided scope for Boards and Local Authority partners to develop structures that reflected local circumstances. A number of Boards have already reviewed their partnership arrangements in order to strengthen joint working and devolved decision making. Further work is required in some areas to refocus and confirm the role of CHP committees in order to make them as effective as possible.

27. Local partnership and management arrangements will increasingly need to reflect the move towards greater service integration at both a strategic and operational level. In order to support partners we will:

- update the statutory guidance to reflect the importance of clarity in relation to governance systems for CHPs;
- support NHS Boards and CHPs in ongoing discussions with GPs in relation to contractual arrangements with community hospitals;



- work with COSLA to ensure that Local Authority Councillors are more fully informed about their role as elected members or chairs of CHP committees, including their roles in areas such as health improvement and health inequalities;
- work with the Association of CHPs to identify where relationships and support from Special Boards can be strengthened; and
- continue to support NHS Boards and Local Authorities, if requested, to jointly review and strengthen CHP governance arrangements.

## **Summary**

28. NHS Boards and their partners have made significant progress in developing CHPs to deliver health and service improvements for local people. The study demonstrates that CHPs have been most effective in undertaking this work where they have strong leadership, collaborative relationships with partner organisations and strategic influence over the direction of service development in the localities that they serve.

29. The English Health White Paper outlines significant changes for the health service with the establishment of consortia for GP commissioning of acute care. If we strengthen and empower GP practices and extended community based teams to drive forward new models of care using devolved health and social care budgets, we can get a new dynamic in Scotland that may speed up the pace of change without undermining our ethos of partnership working.

30. The Scottish Government is committed to ensuring that professionals and staff working in localities can play their full part in delivering better outcomes for communities. The priorities outlined in this paper will help to achieve this goal through stronger collaborative links with professionals and partner organisations. The development of integrated local health and social care services represents both value for money and better service delivery for Scotland.

31. Leadership from NHS Boards, Local Authorities and CHPs will be required to carry this agenda forward especially given these difficult financial times. The Integrated Resource Framework will assist in showing the financial benefits of further collaborative work, ensuring that services developed in the community represent value for money. This is important to their long-term sustainability.

32. CHPs represent the core mechanism in driving collaborative approaches to health and social care services and ensuring that we shift the balance of care appropriately. The application of the priorities in this paper will enable CHPs to deliver this agenda.

**Integration and Service Development**  
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