

Twelve-month impact report – Review of Community Health

Partnerships

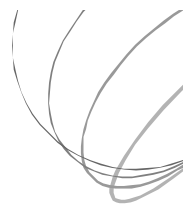
Purpose

This report provides information about the impact made by the Auditor General and Accounts Commission performance audit *Review of Community Health Partnerships*, published on 2 June 2011.

Background

Key messages from the report are:

- Since devolution, there has been an increased focus on partnership working between health and social care and across the public sector as a whole. CHPs were set up in 2004 with a challenging agenda. They are statutory NHS bodies and were expected to provide certain community-based health services, bridge the gap between primary and secondary healthcare services, and contribute to improving joint working between health and social care. However, these responsibilities did not come with the necessary authority to implement the significant changes required. There are two types of CHP – a health-only structure and an integrated health and social care structure. Irrespective of structure, partnership working depends on good local relationships, a shared commitment and clarity of purpose.
- Approaches to partnership working have been incremental and there is now a cluttered partnership landscape. CHPs were set up in addition to existing health and social care partnership arrangements in many areas. This has contributed to duplication and a lack of clarity of the role of the CHP and other partnerships in place in a local area. There is scope to achieve efficiencies by reducing the number of partnership working arrangements and simplifying performance reporting.
- Partnership working for health and social care is challenging and requires strong, shared leadership by both NHS boards and councils. Differences in organisational cultures, planning and performance and financial management are barriers that need to be overcome. CHPs' governance and accountability arrangements are complex and not always clear, particularly for integrated CHPs. There are some key principles that all partners should follow to improve joint working.
- A more systematic, joined-up approach to planning and resourcing is required to ensure that health and social care resources are used efficiently. There are very few examples of good joint planning underpinned by a comprehensive understanding of the shared resources available. The Scottish Government is developing an integrated resource framework which aims to provide better information on how health and social care money is spent. There are still difficulties in sharing information but some progress has been made in sharing premises.



- Enhancing preventative services and moving resources across the whole system require effective joint working. NHS boards, councils and CHPs have a key role to play in this but it is not possible to identify individual organisation's contributions. We reviewed performance against indicators where we expected people to benefit from new ways of working. While there is variation among CHPs against a range of performance indicators, limited progress has been made at a Scotland-wide level. For example, delayed discharges are starting to rise again after a period of steady reduction, and multiple emergency admissions for older people are increasing. In addition, there has been mixed progress in reducing emergency admissions for people with long-term conditions such as angina and chronic obstructive pulmonary disease.

The key recommendations for the Scottish Government, NHS boards and councils are shown below.

The **Scottish Government** should:

- work with NHS boards and councils to undertake a fundamental review of the various partnership arrangements for health and social care in Scotland to ensure that they are efficient and effective and add value
- work with NHS boards and councils to help them measure CHP performance, including the effectiveness of joint working. This should include streamlining and improving performance information for SOA, HEAT and other performance targets to support benchmarking
- update and consolidate guidance on joint planning and resourcing for health and social care. This should cover the use of funding, staff and assets to support NHS boards and councils develop local strategies for joining up resources across the whole system
- progress the eCare agenda to help address local barriers to sharing information for planning and service delivery purposes.

NHS boards and councils should:

- work with the Scottish Government to streamline existing partnership arrangements to secure efficiency and effectiveness and ensure they add value
- put in place transparent governance and accountability arrangements for CHPs and update schemes of establishment and other governance documents to ensure these are accurate
- have a clear joint strategy for delivering health and social care services which sets out roles and responsibilities, processes for decision-making and how risks will be addressed
- clearly define objectives for measuring CHP performance which reflect the priorities in the national guidance; agree what success looks like; and implement a system to report performance to stakeholders

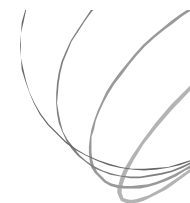


- collect, monitor and report data on costs, staff and activity levels to help inform decisions on how resources can be used effectively and support a more joined-up approach to workforce planning. This should include information on current and future staffing numbers, and sickness and vacancy rates
- improve CHP financial management and reporting information and ensure that financial reports are regularly considered by the CHP, NHS board and appropriate council committees. This should include any information on overspends
- involve GPs in planning services for the local population and in decisions about how resources are used and work with them to address variation in GP prescribing and referral rates
- use the Audit Scotland checklist, located on our website, to help improve planning, delivery and impact of services through a joined-up approach.

Raising awareness and communication of key messages

At one month after publication there were 76 media items and 2474 downloads of the main report, key messages and podcast. The number of downloads 12 months after publication increased significantly to 9588. The number of downloads at 12 months for the key messages was higher than average. A breakdown is provided in the table below.

	Number of items – 1 months	Number of items – 12 months
Television	6	6
National press	22	22
Local press	6	6
National radio	8	8
Local radio	13	13
Specialist articles	1	1
Internet	20	20
Main report downloads	2394	7113
Key messages downloads	979	1964
Podcast downloads	101	511
Totals	3550	9664



Media coverage on the report was widespread, including a lengthy BBC Newsnight report and considerable attention in the health, social care, council and political specialist media.¹ The high interest may have been influenced by a Holyrood magazine feature on CHPs the week before publication. Media coverage focused on questioning the value of CHPs and highlighting that clinical staff were not being actively engaged.

The **British Medical Association** welcomed the report and the recommendation to involve GPs in planning services for the local population and in decisions about how resources are used. It also stated that ‘the report signals a need for the Scottish Government to conduct a complete review of the structure and function of CHPs. In order to be successful at improving joint working between primary and secondary care, and between health and social care, these organisations must be clinically-led and management supported’.

Parliamentary scrutiny

Public Audit Committee

The Auditor General briefed the Parliament’s Public Audit Committee on 29 June 2011. The Committee discussion covered delayed discharge trends, services for older people, inefficiency of CHPs, lack of pooled budgets, complexity of local partnerships, payments to CHP committee members and how to address the problems we raised in the report.

The Public Audit Committee agreed to note the report and refer it to the Health and Sport Committee at its meeting on 7 September 2011.

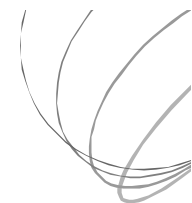
Health and Sport Committee

After receiving our report and a briefing from the Cabinet Secretary for Health, Wellbeing and Cities Strategy, the Health and Sport Committee carried out a short inquiry on the integration of health and social care. The Committee referred to our audit throughout the inquiry, including several of our recommendations, and took evidence from three CHPs and from third and independent sector representatives. The Committee presented its findings to the Scottish Government as a contribution to the consultation process on the integration of health and social care and plans to use these findings to scrutinise any future legislation.

Parliamentary questions

Alex Salmond was asked questions about CHPs at First Minister’s Questions on the day the report was published. The First Minister noted that the CHP report indicated that there are serious problems in some areas with a lack of integration of health and social care. He also noted ‘that is exactly why the Government

¹ The report was also covered in local press and internationally by TopNewsUSA.com and VisitBulgaria.com.



has established such integration as a priority'. There were no parliamentary questions on the report after publication. The report is referred to in a motion by Jackie Baillie, MSP on Caring for Scotland 's Older People which welcomed the Scottish Government focus on older people's services but called for a reform of CHPs following the Audit Scotland report.

Impact on Scottish Government policy

The main impact of the report has been the significant impact on Scottish Government policy in relation to plans to better integrate health and social care services. Following publication CHPs, through their national association, announced that they planned to work with the Scottish Government to revise the statutory guidance for CHPs following publication of our report. However, this was overtaken by events as the Scottish Government announced plans to create new health and social care partnerships which would take the place of CHPs. The Public Bodies (Joint Working) (Scotland) Bill was published in May 2013. We continue to monitor these developments.

Local impact

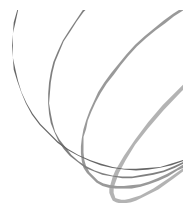
There was positive feedback and support for the report from a number of NHS boards following publication, with consultants and senior staff commenting that the report is useful, well written and will help to drive improvements locally. In October 2011, the audit team contributed to a joint session between the council and NHS board in Orkney to discuss improving partnership working. The team also gave a short presentation on our findings to the Health and Wellbeing Audit and Risk Committee at the Scottish Government.

Local auditors provided feedback on actions taken by NHS boards and councils in response to the report 3-4 months following publication. Thirty-five NHS boards and councils discussed the report at a committee (generally their Audit Committee). Only Clackmannanshire, Dumfries and Galloway, Dundee City and Western Isles councils did not take the report to any board committee. Twenty-four NHS boards and councils completed the self-assessment checklist at the back of the report and nine of these also produced an action plan and are regularly monitoring their progress.

Conclusion

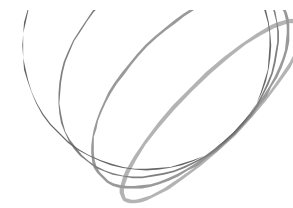
The immediate impact of the report was good. There was good media coverage and it was well received by the Public Audit Committee and the report has helped with other elements of their work, for example commissioning social care.

The report is very relevant to the current Scottish Government policy to better integrate health and social care services for adults and to reshape CHPs into new Health and Social Care Partnerships. There is also evidence of considerable work being carried out locally and the report will be useful in helping NHS boards and councils in forming the new partnerships. The report has helped contribute to NHS board and council thinking about how to work together in future and had been considered at a number of committees across the NHS and councils.



The report has also been helpful in informing other audit work post publication, including our work on CPPs' role in economic development, commissioning social care services, health inequalities and developing work on the audit of CPPs. We will continue to monitor the development of the new H&SC partnerships and the approach used in the CHP audit with inform any future review of these new partnerships.

Appendix 1 summarises progress in the recommendations in the report against Audit Scotland's impact framework.



Appendix 1. Summary of report impact against Audit Scotland’s framework for measuring impact

HOLDING TO ACCOUNT AND HELPING TO IMPROVE	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
General Impacts				
Considerable media interest generated by the report’s publication	•			
Action taken by the Scottish Parliament Public Audit Committee	•			
Impact of report’s recommendations				
The Scottish Government should work with NHS boards and councils to undertake a fundamental review of the various partnership arrangements for health and social care in Scotland to ensure that they are efficient and effective and add value	•	•	•	•
The Scottish Government should work with NHS boards and councils to help them measure CHP performance, including the effectiveness of joint working. This should include streamlining and improving performance information for SOA, HEAT and other performance targets to support benchmarking	•	•		•
The Scottish Government should update and consolidate guidance on joint planning and resourcing for health and social care. This should cover the use of funding, staff and assets, to support NHS boards and councils develop local strategies for joining up resources across the whole system.	•	•	•	•



HOLDING TO ACCOUNT AND HELPING TO IMPROVE	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
<p>NHS boards and councils should work with the Scottish Government to streamline existing partnership arrangements to secure efficiency and effectiveness and ensure they add value</p>	•	•	•	•
<p>NHS boards and councils should put in place transparent governance and accountability arrangements for CHPs and update schemes of establishment and other governance documents to ensure these are accurate</p>	•	•		•
<p>NHS boards and councils should have a clear joint strategy for delivering health and social care services which sets out roles and responsibilities, processes for decision-making and how risks will be addressed</p>	•	•	•	•
<p>NHS boards and councils should clearly define objectives for measuring CHP performance which reflect the priorities in the national guidance; agree what success looks like; and implement a system to report performance to stakeholders.</p>	•	•		•
<p>The Scottish Government should work with NHS boards, councils, ISD and other key stakeholders to improve systems for collating community health and social care activity and cost data.</p>	•	•	•	•
<p>The Scottish Government should progress the eCare agenda to help address local barriers to sharing information for planning and service delivery purposes.</p>	•	•	•	•
<p>NHS boards and councils should collect, monitor and report data on costs, staff and activity levels to help inform decisions on how resources can be used effectively and support a more joined-up approach to workforce planning. This should include information on current and future staffing numbers, and sickness and vacancy rates.</p>	•	•	•	•
<p>NHS boards and councils should improve CHP financial management and reporting information and ensure that financial reports are regularly considered by the CHP, NHS board and appropriate council committees. This should include any information on overspends.</p>	•	•	•	•



HOLDING TO ACCOUNT AND HELPING TO IMPROVE	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
NHS boards and councils should ensure that budgets are devolved in a transparent and structured way.	•	•	•	•
NHS boards and councils should work together to continue to develop the IRF to help plan how resources are used in the local area.	•	•	•	•
NHS boards and councils should work with NHS boards, CHPs and councils to review the scope for sharing assets including staff, buildings, equipment and IT.	•	•	•	•
NHS boards and councils should involve GPs in planning services for the local population and in decisions about how resources are used and work with them to address variation in GP prescribing and referral rates.		•	•	•
NHS boards and councils should carry out options appraisals, including an assessment of the costs and benefits, before implementing service changes or initiating pilot projects.	•	•	•	•
NHS boards and councils should work together to develop sustainable strategies to address delayed discharges and emergency admissions within the local area and ensure regular monitoring takes place.	•	•	•	•