

**EAST AYRSHIRE COMMUNITY HEALTH PARTNERSHIP****COMMITTEE MEETING****MONDAY 15<sup>th</sup> AUGUST, 2011****AUDIT SCOTLAND REVIEW OF COMMUNITY HEALTH PARTNERSHIPS****1. PURPOSE OF REPORT**

It is the purpose of this report to provide the Community Health Partnership Committee with information in relation to the Audit Scotland Review of Community Health Partnerships, in order to support the consideration of this review through the CHP structures.

**2. BACKGROUND**

- 2.1 Community Health Partnerships were created as part of the NHS Reform (Scotland) Act 2004 in order to bridge the gap between health and social care in local areas and to co-ordinate the planning and provision of a range of both primary and community health services to include GP, dental, mental health and community based integrated teams.
- 2.2 Two different types of structure evolved – a health only structure and an integrated health and social care structure. There are currently 36 local CHPs in Scotland, many of which are co-terminus with local authority boundaries, which were responsible for £32 billion of expenditure in 2009/2010. Only 11 of these CHPs are integrated Health and Social Care Partnerships with only one having full delegated responsibility from the Council for all social care services.
- 2.3 The aim of this audit was to examine the degree to which the CHPs were achieving what they had set out to deliver including improving the health and quality of life of local people as well as to assess the governance and accountability arrangements and the efficient use of resources. The study analysed data on health and social care spending and health indicators as well as comparing the differing ways of joint working in six CHPs – Glasgow City, Fife, East Renfrewshire, the Western Isles, Clackmannanshire and Argyll and Bute.

**3. KEY MESSAGES WITHIN THE AUDIT SCOTLAND REVIEW**

- 3.1 The report has highlighted that although CHPs were established as additional to existing health and social care partnership arrangements; this has contributed to duplication and lack of clarity of the role of CHPs and other partnerships in local areas.
- 3.2 Differences in organisational cultures, planning and performance and financial management are barriers that need to be overcome. There are very few examples of joint planning underpinned by a comprehensive understanding of the shared resources available. Enhancing preventative services and moving resources across the whole system require effective joint working and NHS

Boards, councils and CHPs have a key role to play in this but it is not possible to identify the contributions of individual organisations.

- 3.3 A number of Community Planning Partnerships have established thematic health and wellbeing partnerships which are in addition to the CHP Committee. Twelve CHPs and partners have tried to integrate the CHP Committee with the CPP thematic group for health and wellbeing, which reduces the risk of duplication between the CHP and CPP.
- 3.4 The model currently implemented with Ayrshire is different from across the rest of Scotland. Strong strategic partnership is the key catalyst for transformational service change and the delivery of positive outcomes by East Ayrshire CHP. The CHP uses an adaptor and facilitation approach to enable the identification and prioritisation of shared outcomes across NHS Ayrshire and Arran, East Ayrshire Council and the Community Planning and Partnership Board.
- 3.5 The CHP is firmly placed within the context of community planning arrangements. This approach and structure is underpinned by a commitment to continuous improvement and robust performance management delivering directly on the Single Outcome Agreement
- 3.6 Local Officer Locality Groups provide a forum for joint planning across the whole system.
- 3.7 Partnership structures have provided excellent platform for discussions in relation to integrated resource framework and pooled/joint budgets

#### **4. Next Steps**

- 4.1 This paper provides a brief initial analysis of the Audit Review. There will continue to be guidance emerging nationally in relation to future partnership models.
- 4.2 The Review also provides the opportunity for partnerships to assess their progress against the areas identified, through the completion of a self assessment checklist. The CHP Committees in Ayrshire and Arran have been asked by NHS Ayrshire and Arran to assess their partnership against each statement as appropriate and consider which statement most accurately reflects their current situation. To begin the process, the Checklist has been initially drafted for East Ayrshire CHP in Appendix 1 by the CHP Committee chair in discussion with the CHP facilitator. The CHP Committee is asked to consider the draft Checklist and to identify any additional suggestions or comments.
- 4.3 Following partnership agreement of the completed checklist, a report will then be submitted to the NHS Board for consideration and discussion. The report will then be submitted by the Board for information to all Community Planning partners.

#### **5. Recommendations**

- 5.1 The CHP Committee is asked to consider:
  - The draft position attached at appendix one
  - The process for consultation through the CHP structures

- The format of the report to the NHS Board, and process for subsequent discussion through the Community Planning Partnership.

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