

LOCAL GOVERNMENT AND REGENERATION COMMITTEE

PUBLIC SECTOR REFORM AND LOCAL GOVERNMENT

SUBMISSION FROM NHS BORDERS

Strand 1 – Partnerships and outcomes

To examine the on-going development of community planning partnerships and the community planning process and assess how these could be built upon to support outcome-based approaches to service planning and delivery in local areas.

Key questions for this strand of the inquiry:

- How could councils better integrate their partners into the process? How could the degree of commitment to the process amongst other community planning partners be improved? How can any legislative or administrative barriers that make partnership working more difficult be overcome?

There are three major challenges to engagement of NHS within Community Planning;

1. Community planning is not seen as core business for the Health Board. NHS tends to be acute-focused, even within the community and therefore reactive to the needs of the community. Health planning tends to be outcome focused in a measurable way, and community planning is not usually presented in a manner that suggests a direct impact on health services, positive or negative. This is not necessarily true – there are evaluation techniques that could enable community planning initiatives to be related back to direct positive impact on health service (e.g., investment in individualised community support for vulnerable people reducing health service contacts, facilitating resilience at home etc).
 2. Community Planning is undertaken in a variety of different manners and venues by local authorities and, because it is bedded into the culture of the organisation, this variety may not be immediately obvious. For partners in health, this can appear an opaque process, which can be off-putting in trying to engage. A clearer and more inclusive approach may help
 3. NHS is used to more rapid decision-making and a greater tolerance of risk. The culture within the local authority can appear to be one of delay and lack of commitment. The two approaches to decision-making need to be much more aligned to improve collaborative working.
- How can local authorities and their partners move further towards real, integrated working?

As noted above, there needs to be a much greater willingness on both sides to understand each others challenges and cultures and for leaders to facilitate ways around the major obstacles that these throw up. There is a great willingness amongst front-line staff to work in an integrated manner,

but fear of the consequences for their individual organisations often blocks the leadership and direct decision-making that enables change to happen.

Aligning basic infrastructure – IM&T, finance planning, HR – would support this facilitation. This could just be a willingness by the advisors in each of these areas to develop work-arounds, as much as investment in new equipment or software etc.

Finally, a planned programme to teach partners about the priorities, pressures and processes in each others organisations would pay dividends in providing understanding of each others challenges.

- What steps would facilitate the sharing of budgets in pursuit of shared outcomes?

We are working on a financial framework that provides transparency over how resources are allocated and transferred. In practice, our experience within the Change Fund suggests that in most areas, it is not a transfer of funds that is required but rather a recognition that efficiencies need to be made in the overall processes.

A framework that reduces the areas requiring funding transfer to a minimum may in itself facilitate openness in budget-sharing

- How can the partners further improve on the progress that has been made and overcome the remaining challenges on engaging communities and voluntary sector organisations in the process?

This requires a fundamental shift on mindsets within statutory organisations. A drive led from senior leaders, both nationally and locally, to educate staff in the primary importance of person-centred care together with ready access to the tools to capture this in a meaningful way would help both promote this primary importance but also allow people to do something about it. There is a need for organisations to take the leap of faith that person-centred approaches will deliver the efficiencies that are necessary.

- How can the community planning arrangements be adapted and developed to promote outcomes-based and preventative approaches?

Much more sophisticated needs assessment, gap analysis and evaluation tools are required and need to be mandated to counter the natural tendency to put professional judgement in planning and evaluation. Appropriate methodologies are out there (e.g. Realistic Evaluation, Theory of Change) but are often seen as too academic or too complicated. An expectation that projects will be outcome-focused is also required. This has been a focus of our Change Fund work and is starting to turn around the culture that views measurable, outcomes as too difficult or too prescriptive.

- How is the work of delivery on SOA outcomes managed, coordinated and driven through the various community partnership structures and agreements? How could Single Outcome Agreements be improved to deliver on community planning targets?

Build them up from a better needs assessment basis and make them more outcome-focused.

- What is the purpose of a Single Outcome Agreement in assisting the delivery of improved outcomes? How are local Single Outcome Agreements developed, and how do they relate to national priorities?
- How could local authorities and other public bodies contribute more to influencing and improving outcomes in their area?

Again, by commissioning and then acting on needs assessment and proper evaluation. A coordinated approach by public bodies that allows organisations to consider the implications of strategic decisions in the round would help.

- How can arrangements, processes and accountability be improved?

Through a commitment to the joint governance structures that exist in such bodies as the Community Health and Care Partnerships. This requires all partners to accept that these bodies have to have sufficient authority with the constituent organisations governing bodies.

Strand 2 – Benchmarking and performance measurement

To examine the development of work that has taken place over the last two years in relation to the development of benchmarking and comparative performance data and cost measurement and assess how it can contribute to the performance of local authorities in Scotland.

Key questions for this strand of the inquiry:

- What are the main challenges (cultural, technical, geographical or other) in developing performance measurement and benchmarking systems for local authorities across Scotland?
- To what extent has the work undertaken over the last two years by the Improvement Service, SOLACE and others contributed to developing a common approach to benchmarking across Scotland's local authorities?
- What technical or other resources are needed to continue and complete the development of recent work on benchmarking?
- To what extent can the developing work on benchmarking be extended across community planning partnerships? How can data

derived from benchmarking influence the future direction of community planning and the contents of future SOAs?

- How can the development of benchmarking help improve the performance of local authorities in Scotland?

Within NHS, benchmarking has been the initial starting point for improvement work. Learning from benchmarking has been key in service redesign work and has been the basis for ensuring staffing is consistent with other areas in Scotland and across the UK as well as ensuring services work more efficiently through focusing on improvement measures such as reductions in length of stay.

- Should the Scottish Government have a role in providing national impetus to the development of benchmarking and performance measurement?

This would be helpful and a focus should be on providing up to date data. Within the NHS, data provided centrally is often 18 – 24 months old. The lag in data often reduces its value and how readily it can be applied.

Strand 3 – Developing new ways of delivering services

To examine progress in relation to the development of shared services and other innovative ways of achieving economies of scale and harnessing the strengths and skills of key public sector partners to deliver the best possible quality services in local areas.

Key questions for this strand of the inquiry:

- How can cultural and organisational change be promoted to ensure that local authorities and community planning partners are able to work together to develop the kind of integrated services that are aspired to by local communities?

Active programmes of education for staff within each organisation to enable them to learn and understand each others cultures. This needs to take place at all levels and may comprise formal teaching, secondments and informal opportunities to work together. This approach needs top-level leadership and organisational commitment, and requires facilitation.

- How can the tensions between shared services creating savings through potential reductions in the number of staff involved and the economic impact brought about by any resulting job losses be resolved?
- How can any legislative or institutional barriers to developing shared and innovative service delivery models to their full potential be overcome?

There may be a range of models, including legislation, separating initiatives into social enterprise schemes or hosting services within a single

organisation. However, the majority of initiatives can be carried out within existing structures using workarounds given the right level of commitment.

- Is there scope for further national shared services along the lines of the shared recruitment portal for local authorities, 'myjobscotland'?
- What can be learned from elsewhere, for example from initiatives such as the Nottingham Early Intervention City or the Birmingham total place pilot?
- How can innovative delivery methods for services and collaborative arrangements (as mentioned, for example, in the Christie Commission report) help to improve outcomes and tackle embedded social problems focused in defined geographical areas?

By building services focused on individuals and their needs and enabling organisations to change their service to fit around these needs, there would appear to be a huge opportunity to reduce demand for services and to encourage community-based (often voluntary) service delivery.

This approach may also provide the impetus need to focus resources effectively on areas of highest deprivation and potentially resolve some of the wicked issues inherent in these areas.

- What scope is there for developing ways of delivering services, such as the personalisation of care, in order to mitigate the effects of shrinking resources while also promoting improved standards of care?

There is a leap of faith required that person-focused services can be more cost-effective. To demonstrate this requires the trust that this is the case, the changing of cultures across statutory and voluntary organisations that makes it acceptable to impose a cap on levels of funding and above all the ability to freely recognise and deliver the resource release in more expensive forms of care (such as hospital and care home beds) that will enable the limited resource to deliver this changed model of service delivery.