

**LOCAL GOVERNMENT AND REGENERATION COMMITTEE**  
**PUBLIC SECTOR REFORM AND LOCAL GOVERNMENT**  
**SUBMISSION FROM NHS DUMFRIES AND GALLOWAY**

**Objectives for the three short inquiries**

**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:

1. 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?

NHS Dumfries and Galloway Response:

There is a duty on all public sector partners to participate in Community Planning processes and the first principle of the partnership would usefully that shared ownership of the process. Clarity of vision and a shared approach to articulating and agreeing outcomes supports a focus and commitment to the vision and supports partners in setting their individual priorities in the context of those of the Community Planning Partnership. In terms of legislative and administrative barriers consideration should be given to supporting a joint approach to budgeting and managing partnership resources targeted at outcomes – this may entail pooled or single budgets and a change in the way that these are reported by organisations to the centre.

2. How can local authorities and their partners move further towards real, integrated working?

NHS Dumfries and Galloway Response:

A focus on outcomes rather than structures and a clear performance reporting and management structure, also focused on outcomes would support this integration.

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

NHS Dumfries and Galloway Response:

Again by focusing on outcomes rather than structures – partnerships asking what outcomes the total agreed resource is required to do and then developing mechanisms and structures that support this.

4. 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?

NHS Dumfries and Galloway Response:

The 3<sup>rd</sup> and Independent sectors are key partners in the delivery of the 'Re-shaping Care for Older People' workstream and will have an increasing role to play in the delivery of services and support to people across health and social care services in future years. This is a wide and disparate group of organisations with a wide span of interests and there needs to be clear agreement within partnerships, and nationally in terms of the responsibility in that sector to engage constructively, in partnership and in an outcomes focussed, collaborative way. It is not enough to have tokenistic representation from any sector. In relation to engaging communities; it is important that partnerships have this as a guiding principle and that they look to innovative approaches to do this, supporting a changing relationship and focussed on building community resilience. It should be noted that this can be very resource intensive to get right and that utilising the resources across the whole partnership would be more effective to achieve good engagement and participation.

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

NHS Dumfries and Galloway Response:

Potentially through performance reporting measures that have an emphasis on prevention and outcomes with this also being reflected in guidance on the development of future SOAs.

6. 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?

NHS Dumfries and Galloway Response:

Through Council Committee and the full NHS Board.

7. 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?

Outcomes are agreed that relate to the national strategic priorities and are integrated with HEAT targets.

8. How could local authorities and other public bodies contribute more to influencing and improving outcomes in their area?

NHS Dumfries and Galloway Response:

The purpose and rationale for both Community Planning arrangements is to support public bodies to come together to influence and improve outcomes in their areas.

Setting a clear, shared and owned vision for the area is important and this should be set out within the SOA with clarity also being given in terms of the outcomes that will be achieved. Also important is regular oversight of performance, reporting on improvement and, crucially reporting on poor performance and on how this will be addressed.

9. How can arrangements, processes and accountability be improved?

NHS Dumfries and Galloway Response:

Local consideration and local flexibility is important but this should be set within a framework of national reporting and performance measurement that is flexible enough to allow for differences in local circumstances to be recognised.

**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:

1 What are the main challenges (cultural, technical, geographical or other) in developing performance measurement and benchmarking systems for local authorities across Scotland?

Question for Local Authorities – no NHS Dumfries and Galloway Response to this.

2 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?

As above.

3 What technical or other resources are needed to continue and complete the development of recent work on benchmarking?

As above.

4 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?

Important that the partnership benchmarking is clear on its purpose and focus. Different partnerships so again focus should be on benchmarking outcomes rather than structure and inputs.

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

Local Authority question – no response from NHS Dumfries and Galloway.

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

Support and guidance is welcomed when balanced against local context and flexibility to apply it.

### **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:

- 1 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?

#### NHS Dumfries and Galloway Response:

Clarity of vision, clarity of purpose, agreeing and setting a partnership vision and communicating and reporting on performance. Taking Community Planning to the frontline and making it the responsibility of everyone. Again clarity on purpose is required with structures following the outcomes required. Working with communities and engaging with them on service change and recognising that this can be resource and time-intensive. It is important that structural change for the sake of it is not imposed and that partnerships are encouraged to be clear as to what difference and improvement integrated services will deliver. We do need to be mindful of the challenge of different terms and conditions for staff across agencies – this has in the past, and still does cause tension in staff groups working in a joint or integrated way and this should not be underestimated.

- 2 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?

#### NHS Dumfries and Galloway Response:

Not sure that it can – the public sector is facing enormous challenge from both financial and demographic pressures. There is the potential to manage through best HR practice and transparent and robust engagement with staff side partners however there is also a need to be realistic in the national narrative that these changes are inevitable if we are to sustain high quality services to the people of Scotland.

- 3 How can any legislative or institutional barriers to developing shared and innovative service delivery models to their full potential be overcome?

NHS Dumfries and Galloway Response:

Through understanding what legislative and institutional barriers prevent shared and innovative service delivery. Is there clarity among partners and at the national level of what these barriers might be and how real they are?

- 4 Is there scope for further national shared services along the lines of the shared recruitment portal for local authorities, 'myjobscotland'?

NHS Dumfries and Galloway Response:

For NHS Boards these are being explored at a national and regional level through Regional and National Planning Groups / Forum.

- 5 What can be learned from elsewhere, for example from initiatives such as the Nottingham Early Intervention City or the Birmingham total place pilot?

- 6 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?

NHS Dumfries and Galloway Response:

Through a focus on improvement outcomes rather than organisational input. Through the consideration and focus of the total resource available on the improvement outcomes set and through minimising duplication of effort across the public sector and its partners. The role of the 3<sup>rd</sup> sector and of communities in supporting this also needs to be mobilised within a shared vision for change and improvement.

- 7 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?

NHS Dumfries and Galloway Response:

There is huge scope for this to be developed to support people to have the control and power over how they direct resources to get the care and support they need. Personalised budgets are challenging in the health context but should be explored to ensure that gains from this approach are realised. Learning should be widely disseminated from the NHS Lothian pilot and potentially other pilot schemes of personalisation in health considered in other areas to drive this forward.