

LOCAL GOVERNMENT AND REGENERATION COMMITTEE**PUBLIC SECTOR REFORM AND LOCAL GOVERNMENT****SUBMISSION FROM NHS HEALTH SCOTLAND****Strand 1 – Partnerships and Outcomes**

To examine the ongoing 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.

Background

1. NHS Health Scotland (NHS HS) is the national agency for improving health and tackling health inequalities, across the whole of the public sector and Scotland. Our work is about prevention and early intervention; tackling the root causes of ill health and health inequalities, not just the symptoms.
2. Addressing health improvement and tackling health inequalities requires collaborative work across the public sector and other organisations. As such we believe the preventative approach should lie at the heart of the public sector's work, and that collaborative partnership methods are required to address the complex challenges faced by too many communities in Scotland. Health inequalities cannot be tackled by one agency in isolation and strategic partnership arrangements to achieve agreed priority outcomes for communities are essential.
3. As a national organisation NHS HS does not directly contribute to the Community Planning process or to the development of the local Single Outcome Agreement (SOA). We do however have an active partnership relationship with local government organisations such as the Convention of Scottish Local Authorities (COSLA) and the Improvement Service (IS) and offer evidence based materials, resources and support to local councils and partnerships.
4. We believe our experience provides evidence for the benefits of outcome focused planning in partnership; local capacity building for national goals; collaborative and partnership working lessons and principles; and the value of evidence, information and networking opportunities for the sharing of good practice. This illustrates the added value that national agencies can bring to front line delivery of public services by supporting continuous improvement.

Detail

5. We would offer the following commentary in relation to the following specific enquiry questions

How might councils better integrate their partners into the community planning process? How could the degree of commitment to the process amongst other community-planning partners be improved?

6. We have found that partnership working is strengthened through using participatory outcome planning processes such as “Contribution Analysis”. We borrowed the approach from Canada (John Mayne & Steve Montague) where Results Based Management was introduced some time ago. We have been adapting it for use in the Scottish partnership context of outcomes-based accountability. We are currently working with the SG Joint Improvement Team to develop their capacity to use this approach with Health & Social Care Partnerships.

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

7. The distance and levels of uncertainty between Budgets/Resources and population level SOA outcomes are too great for effective Outcomes Budgeting. The Improvement Services Outcomes Budgeting pilots concluded, that a foundation to this is required, initially mapping the key pathways to outcomes using existing evidence of effectiveness and we believe this might go some way to improving the understanding between high level strategic outcomes and shorter term and intermediate outcomes.
8. In the field of health improvement, NHS HS began this task in 2008 and have undertaken the development of several ‘outcomes frameworks’ in the priority areas of Alcohol, Tobacco, Mental health & Wellbeing, Work/Employment, Obesity. The process has involved a wide range of national and local stakeholders in order to build-in ownership. The frameworks themselves are web-based interactive tools with summaries of the evidence and key indicators provided along the pathways.

See <http://www.healthscotland.com/OFHI/>

How can the arrangements and processes related to partnership accountability for outcomes be improved?

9. In our experience we believe that there are three main opportunities:
- Joint performance management across partner contributions – this could become possible if the partnership has jointly developed and agreed the most effective partners contributions during the process

of Outcome Planning and would use the process described in 6 and 8 above

- Managing the change process across the whole partnership – developing public managers who are equipped and authorised to manage the change/improvement process across the whole partnership
- Improved governance arrangements in a situation of mutual partner accountability for shared outcomes – in Scotland, there is no single office/body ultimately responsible for improved local collaborative outcomes; in the US for example the mayor is the officer with ultimate authority across the whole city.

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

10. It might be helpful to consider a consortium arrangement that brings together the existing capacity-building expertise at national level with service-related knowledge to form an “improvement team” for local partnerships to help strengthen local outcomes. This would enhance the improvement support that we currently offer in silos and would enable local areas to have more of a one-stop shop. Essential elements of such a service might include:

- a trusted, credible service delivered by those with recognised expertise in key Local Outcome areas
- Bespoke support, tailored to local needs
- Confidential support (not a regulatory or inspection body)
- Also available to work in teams on crosscutting themes

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

11. In situations where the community planning infrastructure is organised around particular themes, there is a tendency to organise the work of the partnership around sub groups that are formed to respond to a particular theme e.g. health, community safety, environment following what has been described as the “golden thread” of community planning.

12. In terms of complex problems such as tackling inequalities it maybe more about the need to cut across the various community planning sub group themes and focusing down to particular “whole system” or “whole neighbourhood” approaches.

NHS Health Scotland
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