

LOCAL GOVERNMENT AND REGENERATION COMMITTEE

PUBLIC SECTOR REFORM AND LOCAL GOVERNMENT

SUBMISSION FROM NHS Lothian

We welcome the opportunity to submit written evidence on the three-strand inquiry under the overarching theme of public sector reform and local government in Scotland. As detailed in the call for written evidence, we have attempted to address the questions as set out under each strand.

By way of background, it is clear that NHS Lothian is a significant partner within the context of community planning, both as the provider of healthcare services to a population in excess of 800,000 people and as an employer of over 26,000 staff. NHS Lothian also has responsibilities as a civic leader, influencing and engaging our partners and these responsibilities extend to our role as an exemplar employer.

Across Lothian, we continue to be actively involved in the various community planning processes, recognising the many positive reasons for engagement, which includes:

- Working together to create improved outcomes for communities
- Recognition that no single agency has the solution, therefore agencies working together as a partnership:
 - owning, valuing and recognising their individual and collective contribution
 - accountable to others and holding others to account
 - giving added value through partnership working
- Services planned around community needs and community involvement
- Linking together socio-economic factors to tackle health inequalities
- Efficacy through better targeted services, sharing budgets & resources

NHS Lothian remains at the forefront of healthcare provision and has achieved this by being ambitious, innovative and inclusive in how it works, particularly in relation to partnership working.

This approach acknowledges that regardless of how effective we are as a healthcare provider, we need to work with others in order to make the differences we seek in the nation's health. It also recognises and builds on our role that goes beyond a medical model, to that of employer, energy consumer, land owner and civic leader.

Through our involvement and engagement within community planning, NHS Lothian continues to lead the way as a corporate citizen, seeking, creating and delivering opportunities for collaborative gain with our partners and communities.

A key focus for our engagement within community planning partnerships is to drive forward the agenda for tackling health inequalities, ensuring that our children have the best start in life and breaking the cycle of poverty, inequality and poor health.

Strand 1 – Partnerships and outcomes

- 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?

The question, to a certain extent, presupposes partners are not integrated into the community planning process, which is not necessarily our experience within NHS Lothian. There is clearly a requirement through the Local Government Scotland Act for councils to lead on community planning and as a result of this, there can at times be a council-centric approach to the process however this has not been at the expense of excluding partners.

The commitment from partners is likely to vary but the key aspect is that community planning needs to be seen to be making a difference and delivering on outcomes, both for partners and communities. It can, at times, appear to be overly bureaucratic, with too much of a focus on process rather than product. This is changing and the move to an outcomes focused approach has supported this shift in emphasis. The timing of this inquiry provides further impetus to drive forward community planning in Scotland. However, there would not appear to be an appetite for any legislative changes to 'force' commitment to community planning – the focus needs to be on supporting partners to realise the potential of community planning in improving outcomes for people and communities.

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

The development of the Single Outcome Agreements has helped changed the landscape for supporting more integrated working. This could be further supported by national policy developments being explicitly channelled through community planning partnerships. There is evidence through the Equally Well 'Support from the Start' test site in East Lothian & Midlothian of services being integrated to ensure better outcomes for children, with joined up working at a local level across services and organisations. The introduction of the Change Funds through community planning partnerships, with clear sign-off and performance reporting arrangements, will add value to this approach.

Health is a good example of an outcome that is influenced – often in complex ways - by activities in all sectors, across the community planning structures. Mechanisms are needed to ensure that actions intended to achieve other outcomes also contribute to improved health. Health impact assessments are a well established approach but are not used routinely by most CPPs.

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

In practice, there is nothing to stop the sharing of budgets to achieve the shared outcomes of community planning partners however the difficulty can be identifying and quantifying the financial contribution required from partners to achieve the outcomes. There is currently work ongoing in Midlothian with senior finance officers from community planning partners to identify budgets associated with the delivery of

the Single Outcome Agreement. This is still a work in progress but the output from the work will help influence future financial planning linked to partner outcomes.

Within Lothian, the development of the Integrated Resource Framework with NHS Lothian and the 4 Councils has identified activity and spend across health and social care for adults, which is now being used to support future planning processes. The IRF model is currently being shared across community planning partners in Lothian to explore how it could be applied beyond health and social care, with clear parallels to the methodology associated with Total Place.

The key factor in sharing of budgets will be clear and consistent governance arrangements and agreement at the outset of how shared outcomes will be achieved. This may include commitment from partners not to outsource delivery to the private sector as this can undermine partnership working.

- 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?

As noted, progress has been made on engaging communities and voluntary sector organisations and we would highlight the example in East Lothian where there is a joint Community Engagement post between the Community Health Partnership and Community Planning Partnership. There is a need to look beyond community engagement being the remit of one organisation and placing the locus firmly across all community planning partners enables a more strategic approach. It is clear from previous work that communities feel frustrated by being asked to be involved by numerous agencies, therefore a move towards co-ordinated approaches needs to be considered. The development and implementation of the National Standards for Community Engagement has provided a standard for all community planning partners to deliver, supported by the introduction of the VOiCE (Visioning Outcomes in Community Engagement) toolkit. NHS Lothian has been taking a lead role in ensuring the roll-out of VOiCE training across key staff groups.

However, it is also worth noting there are a range of engagement activities undertaken by the community planning partners, the output of which is used to shape service planning locally. There can be a tendency to see community planning as a separate entity, when in fact it's an accumulation of partner priorities, therefore there is a risk of engagement being duplicated. There is a need for community planning partners to consider how it communicates more effectively with communities in order to promote good practice and the impact that is being achieved through community planning.

A challenge for all community planning partners, and particularly for those with a locus beyond the local authority boundary, has been how to respond to local community planning, which for Lothian alone has resulted in 43 locality planning forums. Clearly this has significant capacity issues in terms of ensuring a health input that is both meaningful and purposeful. This is further complicated by the reality that many health services within the direct influence of the health board are not necessarily delivered at such a local level.

In terms of engaging voluntary organisations within community planning, whilst recognising the challenges in connecting with a range of diverse groups, there is clearly a role for the recently established voluntary sector interfaces in supporting this process. There are also opportunities for involvement across community planning structures, for example within East Lothian and Midlothian, there is active involvement of carer organisations in the planning processes.

In relation to community engagement, it is important to note that involving voluntary sector organisations is separate from engaging communities. It is not appropriate to assume that voluntary organisations can be expected to act as proxy for communities they serve. Support for community development and empowerment in individual communities is required to facilitate wider engagement of the community.

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

The challenge for SOAs and community planning more broadly is the long-term, strategic nature of the targets, some of which will require generational change before outcomes can be delivered. For example, community planning partners remain committed to addressing poverty, inequality and deprivation in line with the 3 social policy frameworks of Equally Well, Achieving Our Potential and Early Years. This will require significant long-term multi-agency actions, many of which will be preventative in nature, to address deep-rooted intractable issues however the impact on these actions will not be realised over a 3 year period.

As noted elsewhere in our response, NHS Lothian has made significant progress on the Family Nurse Partnership, which has required considerable 'upfront' investment. However, the outcomes from this work may not materialise for several years and indeed into the next generation of children. The challenge for all community planning partners is to commit to these approaches for the longer-term and not just across election cycles.

All partnerships face the difficulty of freeing resources for preventive activities in the face of current demands. Perhaps Scottish Government could identify two or three preventive activities where there is good evidence that investment will improve future outcomes, and encourage CPPs to focus on these.

- 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?

Whilst the delivery of SOA outcomes will vary across each of the community planning structures in Lothian, there is now a clear line of sight between the outcomes and local delivery plans to the wider outcomes of the community plan. The SOAs have now become the key community planning document, with sign-off from all community planning partners and regular reporting to the appropriate governance structure. The underpinning structures support the delivery of the SOAs however these can be overly cluttered and there is an ongoing need to review these to ensure they remain focused and fit for purpose. There is good evidence that this already happens across partnerships in Lothian.

- 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?

The view within NHS Lothian is that SOAs provide the framework for agreeing partnership priorities within the area, by drawing together data and evidence in which to target key areas of work. The SOAs also provide the vehicle for identifying targets and outcomes over a shorter timeframe, supported by regular performance reporting. The experience within Lothian is that SOAs are developed through a partnership approach, with key priorities being identified through the SOA planning groups, linked to relevant strategic plans, such as the Children Services Plans. This approach ensures there is a clear line of sight between local outcomes and national outcomes within the SOAs. NHS Lothian has done work previously to map out how the NHSScotland HEAT targets can contribute to the national priorities and outcomes.

Whilst Single Outcome Agreements identify high level outcomes they can be weak on identifying the action needed to achieve them. There should be greater focus on actions that partners will take. The indicators used should reflect the steps in a pathway to reach the outcomes and be derived from a process of logic modelling or similar. Most of the outcomes require long term commitment to achieve them so it may be appropriate to set longer term agreements.

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

There is a need for community planning partners to determine what the collaborative gain is by working together to improve outcomes, which requires strong leadership. The ambition of community planning needs to be on addressing the intractable issues that go beyond the remit of any single agency. There has been a tendency, particularly through the development of Single Outcome Agreements, to identify numerous priorities, many of which were the responsibility of one organisation. This is now beginning to change, with greater emphasis being placed on partnership priorities, which in turn enables partners to hold each other to account on delivery. This is very much a sign of a mature partnership and requires commitment from senior level – the establishment of the Edinburgh Partnership Executive is a strong example of high level commitment from partners to drive forward improving outcomes in the area.

- How can arrangements, processes and accountability be improved?

As noted in the response above, governance and accountability arrangements are improving and the key aspect to this is senior level commitment. There is a need to ensure those involved in the different levels of community planning have the necessary delegated authority in which to make decisions and commit resources. This approach brings immediacy to community planning which has previously been lacking, resulting in more of a focus on product and outcomes rather than process. In order to achieve this, there requires to be effective performance monitoring arrangements in place, with clear alignment between actions on the ground and performance reporting. A good example of this locally has been the establishment of

the Community Planning Steering Group in West Lothian which has senior staff from key partners who oversee performance and can direct remedial action as and when required. However, this is not consistent across all areas and there is still more to be done on how partners, Scottish Government and communities respond when outcomes within the SOA are not met.

The experience within NHS Lothian is that each community planning partnership operates in a slightly different way, reflecting local needs and circumstances. Whilst recognising there is no single perfect model, the emphasis needs to be on what is being delivered rather than too much of a focus structures and processes. In terms of accountability, the commitment for community plans and SOAs to be signed off at high level within partner organisations lends credibility and clear leadership to the process.

Strand 2 – Benchmarking and performance measurement

This strand focuses on the work being done with local authorities, therefore we are not able to offer a detailed response to the questions. The main comment offered is the need to take a more joined up approach to benchmarking and performance management across all community planning partners. A key learning from NHS Lothian through our involvement in the Integrated Resource Framework is the inter-dependencies between health and social care. Any decision to realign a service or shift resources needs to be done within a wider context otherwise there is a risk of cost-shunting between organisations. This can be mitigated through the development of shared performance measurement processes. An example of this beyond the IRF has been the development of community planning strategic assessments in Midlothian, which has allowed partners to better understand priorities based on robust data and evidence. This approach is now being rolled out across the other areas in Lothian and this is welcomed.

There is a need to recognise the different governance and reporting structures across all community planning partners, therefore any benchmarking between organisations needs to take this into account.

The response to the Local Government committee from West Lothian Council struck a chord with NHS Lothian and there is agreement that community planning partners need the independence to develop a performance management framework that met the specific needs of partners. However, there could be significant benefit to establishing a core set of comparable indicators for satisfaction, delivery, efficiency and effectiveness that can be used to benchmark services in a more meaningful way. This would require a transition from the current approach; beginning with adopting a broader view of the key indicators of performance that is less reliant on the typical measures of efficiency and process outputs and timeliness, ensuring that there is greater capability in councils to validate the integrity of the data collected and managed and a stronger link with activities such as financial planning, community consultation and engagement and self assessment.

Strand 3 – Developing new ways of delivering services

- 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?

It is quite interesting that the question refers to 'local authorities and community planning partners' and it may be more helpful to move away from referencing in such a way as this in itself creates a divide between councils and partners. There is perhaps a need to accept the cultural differences between partners and rather than look to change these, build on them as a strength, recognising that each partner brings a different approach to service delivery, which can benefit local communities. For example, the recent award to Midlothian CPP of Big Lottery funding to support work with children demonstrates the importance of public, private and third sector organisations coming together to provide an integrated service to children in the area. This approach didn't require any organisational or cultural change but instead focused on developing a shared vision and shared outcomes.

There are other examples of integrated working across community planning partnerships such as the HuB developments in Edinburgh and the partnership centres in West Lothian. However, it does also need to be acknowledged that other plans for integrated working don't always feature within community planning partnerships and needs to be addressed. The recent move by Scottish Government to request that Change Fund plans are signed off by community planning partners is welcomed, as this helps to embed these across all partners, with clear scrutiny and accountability.

An important factor in terms of integrated services development is the balance between pan-Lothian and CH(C)P service delivery. For example, key areas for local communities such as employability, sustainable development and transport are managed within NHS Lothian on a pan-Lothian basis as part of our approach to single-system working. This presents challenges in separating out parts of the service as they relate to community planning partnership areas.

- 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?

It could be argued that a well planned process for shared services should feature effective workforce planning across all organisations, which can then be used to factor in natural turnover and future requirements of the skills mix of staff. However, the drive towards more efficient and effective services delivering improved outcomes for people and communities needs to be balanced with difficult decisions on job losses. A clear rationale and business case for shared services, which can be communicated to all partners, will support work in reducing possible tensions.

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

There is more of a need to challenge the orthodoxies surrounding legislative and institutional barriers, many of which are perceived rather than actual. Many

examples of good practice exist by frontline practitioners coming together to drive forward change in local communities, focusing on what can be done rather than what the barriers are. The challenge is engaging effectively with middle to senior managers who can then act as a catalyst for change. For example, the Support from the Start test site in East Lothian created service champions in each partner organisation as well as community champions to ensure any barriers could be addressed. The learning from work around integration and innovative services is that more emphasis needs to be placed on cultural change rather than legislative change.

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

In a time of increased pressures being placed on budgets, the starting point for any future service delivery needs to ask the question of whether it could be delivered on a shared basis. There would appear to be a role for Scottish Government on leading this on a national basis as an important aspect will be to develop shared services across different public sector bodies and not just within them. For example, with the move to a single Police Force and Fire & Rescue Service, what opportunities exist for shared services between them, health boards and councils. We would hope as the wider public sector reform agenda is progressed that shared services would feature highly both in terms of service planning and capital planning.

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

The value of learning from other areas is welcomed and there are clearly opportunities for the Improvement Service in taking a lead in this work. However, there is also a need to ensure that good practice can be replicated in Scotland and whilst there is value in looking at approaches in England, there can be challenges in implementing this locally given the differences in how organisations are structured on each side of the border. The recent example of the 'Cardiff What Matters' case study provided helpful pointers on developing integrated partnership working within an urban setting – a similar example for a rural setting would also be welcomed.

- 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?

The development of Community Benefit Clauses provides an exciting opportunity for community planning partners to improve outcomes and tackle deep rooted social problems, both geographically and demographically. The work in Midlothian to write in clauses to contracts for capital works to ensure apprenticeships are offered to local young people has made a significant impact in addressing youth unemployment. NHS Lothian are working with Edinburgh Council on putting community benefit clauses into the redevelopment of the Royal Edinburgh Hospital site. There now needs to be further support and leadership for this approach from Scottish Government across a wider range of capital and revenue contracts.

The roll-out of the Family Nurse Partnership, previously piloted by NHS Lothian, is an excellent example of an early intervention approach advocated by the Christie Commission.

The challenge for public sector bodies is how they test out innovative delivery methods for services whilst still meeting demands for existing services. The advent of the Change Fund for Older People, and the forthcoming Change Funds for Early Years and for Reducing Reoffending, has recognised the need to adopt different approaches to service planning. This model of providing fixed-term additional resources in which to put in place new services to address deep-rooted issues through more preventative approaches is welcomed.

- 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?

The forthcoming Self-Directed Support legislation provides an opportunity to consider how community planning partnerships work collectively to respond to this agenda, taking the opportunity to expand plan future services with this legislation in mind. There is the potential for partners to develop citizen-driven services, responsive to local needs, which can enhance and strengthen local communities without impacting on standards of care. This will require strong public sector leadership to bring about these changes and community planning partnerships can provide the forum in which to bring together key agencies in bringing about new ways of working.

In conclusion, community planning provides the vehicle for driving forward the wider public sector reform agenda, with an increased focus on intervention and prevention to deliver improved outcomes for people and communities. The impact we seek to make will require a multi-agency approach, strong leadership, commitment and clarity of purpose – community planning partners have made progress on this but there is still further work to be done.

**NHS Lothian
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