Address: 110 George Street Edinburgh EH2 4LH

Telephone: 0845 146 1010 Fax:

0845 146 1009

Website: www.audit-scotland.gov.uk



## **News release**

Strictly embargoed until 00:01 hours, Thursday 2 June 2011

## Strong leadership needed to improve joint working between health and social care

The Scottish Government, NHS and councils need to show stronger shared leadership and support for community health partnerships to improve people's health and move more services into the community.

An Audit Scotland report published today, *Community health partnerships*, looks at their impact in improving people's health and quality of life by joining up health and social care services and moving more services from hospitals into the community. This is a challenging and important role but few CHPs have the authority to influence how resources are used in their area. A joint approach involving all partners is needed to make the significant changes needed to tackle Scotland's complex and long-standing health and social care issues.

The report also calls for a fundamental review of partnership arrangements to ensure they focus on meeting individuals' needs.

There are 36 CHPs managing £3.2 billion in annual health and social work spending, but they have faced a number of barriers to achieving their aims. The report highlights examples of good practice where CHPs are providing enhanced community-based services. But these local initiatives are small scale and there is limited evidence so far of widespread sustained improvements.

The scale of the challenge is shown by the fact some national health trends are worsening. For example, more older people, and those with long-term health problems such as chronic respiratory illnesses, are being admitted to hospital as emergencies. And while there was an initial drop in the number of patients being delayed from leaving hospital, this is now rising.

Auditor General for Scotland Robert Black said: "This report highlights that tackling Scotland's health problems is complex and is not something single bodies can achieve by themselves, particularly in a climate of increasing demand, rising expectations of public services and tighter budgets.

"Stronger shared leadership is needed from all partners, with good engagement from GPs and other care professionals, to ensure services meet the needs of local people and are efficiently delivered. There should also be a fundamental review of the various partnership arrangements. There are certain core principles which are evident in successful partnerships and this report provides a framework to support NHS boards and councils working together to improve health and social care."

Accounts Commission for Scotland chair John Baillie said: "In order for partnerships to deliver high quality services to people in their communities, there needs to be leadership and a shared vision at a local level.

"For a decade there has been a focus on improving partnership work between councils and NHS boards, however the added value of these partnerships is not clear. The report makes strong recommendations for all partners to address this together. Greater clarity is needed from councils and NHS boards about how money is currently spent and where this could be better targeted to make a positive difference to people's lives."

For further information contact Simon Ebbett Tel: 0131 625 1652 <a href="mailto:sebbett@audit-scotland.gov.uk">sebbett@audit-scotland.gov.uk</a> or Anne McCubbin Tel: 0131 625 1653 <a href="mailto:amccubbin@audit-scotland.gov.uk">amccubbin@audit-scotland.gov.uk</a>

## **Notes to Editors:**

1. CHPs are statutory committees of NHS boards, although a few are also part of council structures. At November 2010, there were 36 CHPs in Scotland although this picture is continually changing.

- 2. There is at least one CHP in each NHS board area and one or more CHPs share the same geographical boundary with councils. The population covered by individual CHPs varies, from 19,960 people in Orkney to 477,660 people in Edinburgh.
- 3. Around £13 billion of money was spent on health and social work services in Scotland in 2009/10. CHPs managed an estimated £3.2 billion of this.
- 4. The barriers CHPs have faced include health boards and councils separately managing resources, such as budgets and staff, and problems in sharing information. There have been many separate and incremental changes in partnership working since 2000. As a result, when CHPs were set up, they added to an already complex and uncoordinated set of partnerships between health and social care.
- All Audit Scotland reports published since 2000 can be found on Audit Scotland's website <u>www.audit-scotland.gov.uk</u>
- 6. Audit Scotland is a statutory body set up in April 2000, under the Public Finance and Accountability (Scotland) Act, 2000. Audit Scotland has prepared this report jointly for the Auditor General for Scotland and the Accounts Commission for Scotland:
  - The Auditor General is responsible for securing the audit of the Scottish Government and most other public bodies in Scotland, except local authorities. The Auditor General is independent and is not subject to the control of the Scottish Executive or the Scottish Parliament.
  - The Accounts Commission looks at whether local authorities, fire and police boards spend public money properly and effectively. It is independent of both central and local government. Commission members are appointed by Scottish ministers.