How the NHS works

Governance

in Community Health Partnerships – Self Assessment Tool

May 2006

41 CHPs

14 NHS boards

32 Councils

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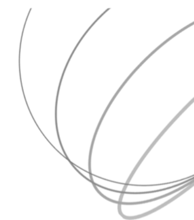

Introduction

Community Health Partnerships (CHPs) are being established across Scotland and are anticipated to play a central role in reshaping our health services. This includes developing ways to support better integration between primary and secondary health care, and further embedding joint working between health and social care. CHPs are also expected to work closely with their local communities in planning and delivering services.

NHS boards are devolving key areas of responsibility and large amounts of resources to their CHPs. Critical to this is the need for sound governance arrangements to be in place to support CHPs in doing the job expected of them, and to ensure that they use their resources properly and to good effect.

CHPs are at different stages in their development: some have been up and running for about a year, have governance arrangements in place and are now focusing their attention on how to deliver better services; others have only been established for a few weeks and are at an early stage in developing their governance framework.

Putting governance arrangements in place is not easy: it needs to be clear who is responsible for what, and all partners need to be signed up to this. Audit Scotland has prepared this self assessment checklist, based on good practice and statutory guidance, to support boards and CHPs in developing their governance arrangements.[1] We hope it is a useful tool for boards and CHPs currently setting up CHP governance arrangements, and can also act as a benchmark for the others in identifying what areas need further progress. We anticipate that completed checklists will be useful information for both boards and CHP Committees in establishing what needs to be taken forward.

Auditors of NHS boards will be examining the arrangements that boards are putting in place to devolve responsibility and resources to CHPs. The areas covered in this checklist are likely to feature in auditors' reviews of governance. Although these are not a formal requirement, completed checklists are therefore also likely to be of interest to auditors in seeking assurance about CHP governance arrangements.

This is the first in Audit Scotland's new series of *How the NHS works*. This will be a series of occasional papers which aim to support NHS bodies in continually improving how they plan and deliver services. We are interested in ideas for future topics. If you have a suggestion please email Barbara Hurst, Director of Performance Audit (Health & Central Government) at bhurst@audit-scotland.gov.uk.

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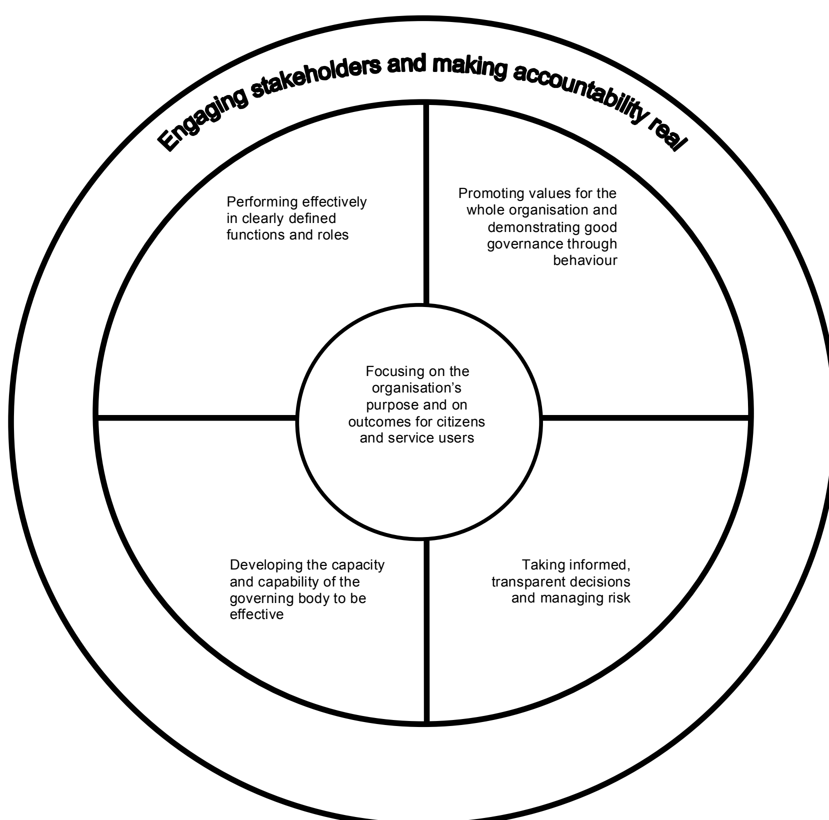
[1] *Community Health Partnerships Statutory Guidance*, Scottish Executive Health Department, October 2004; *The Good Governance Standard for Public Services*, The Independent Commission for Good Governance in Public Services, 2004; *Governing partnerships. Bridging the accountability gap*, Audit Commission, October 2005.

Background

Governance

1. Governance is defined as the framework of accountability to users, stakeholders and the wider community, within which organisations take decisions, and lead and control their functions, to achieve their objectives.[2] Put simply, governance is about making sure decisions are made in a clear and appropriate way to assure the Scottish Executive and the communities served that public money is properly accounted for and that the care being delivered is to nationally set or locally agreed standards.
2. *The Good Governance Standard for Public Services* sets out the six core principles of good governance which lead to good management, good performance, good stewardship of public money, good public engagement and, ultimately, good outcomes (exhibit 1).[3]

Exhibit 1. Principles of good governance



Source: *The Independent Commission for Good Governance in Public Services, 2004*

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2 *Corporate governance in the public sector: improvement and trust in local public services*, Audit Commission, 2003.
3 *The Good Governance Standard for Public Services*, The Independent Commission for Good Governance in Public Services, 2004.

Community Health Partnerships

3. Community Health Partnerships (CHPs) were proposed in *Partnership for Care* and introduced on a statutory basis by *The National Health Service Reform (Scotland) Act 2004*.[4] They are not independent statutory bodies, but are committees or sub committees of a health board.

4. CHPs are viewed as key building blocks in the modernisation of the NHS and joint services, with a vital role in joint working, integration and service redesign. They should provide a focus for the integration between primary care and specialist services, and with social care, and ensure that health improvement for their local population is placed at the heart of service planning and delivery. To achieve this, CHPs need to:
   - link clinical teams
   - work in partnership with local authorities, the voluntary sector and others to support the improvement of the health of local communities
   - actively involve the public, patients and carers in decisions concerning the delivery of health and social care for their communities.

5. Each NHS board has submitted a CHP scheme of establishment to the Scottish Executive Health Department (SEHD) for approval by the Health Minister. The original implementation date for CHPs was from April 2005 (although some were operating in shadow form prior to that date). Most are now in place, but there have been delays in three NHS board areas where a short extension was given to enable the schemes of establishment to be finalised.[5]

6. Early indications are that CHPs will operate differently across Scotland to reflect local circumstances. The schemes of establishment differ in the proposed governance, leadership and reporting structures, as well as in levels of devolved responsibility. But there are key standards of governance that should be in place regardless of how each CHP is operating. Joint working with councils can also be difficult to manage because working across organisational boundaries is complex and can involve significant risks. Complexity and ambiguity can lead to confusion and weak accountability. This checklist is designed to help boards and CHPs assess whether they have sound governance arrangements in place and to highlight where action is needed.

7. More information about CHPs and their schemes of establishment can be found at www.show.scot.nhs.uk/sehd/chp/

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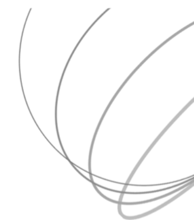
4 *Partnership for care. Scotland's health white paper*, Scottish Executive, February 2003.
5 The schemes of establishment for NHS Orkney and NHS Western Isles have yet to be approved. Proposals for CHPs covering the former NHS Argyll and Clyde area are also being developed and will form part of NHS Greater Glasgow & Clyde and NHS Highland.



Looking at governance in CHPs

8. Health Boards remain the Board of governance within which all organisational arrangements must fit, including CHPs. Board chief executives remain the accountable officers for the use of all Board resources. In order to devolve functions and resources from a board to a CHP, the CHP must be established as a Committee or a Sub Committee (where it forms part of an operating division) of the Board or as a Joint Committee of more than one board. CHPs are therefore expected to operate within the Board's policy, planning and performance management arrangements; standing financial orders, audit and risk management systems; and ensure actual expenditure is monitored against budget, and corrective action taken if necessary.

9. The CHP statutory guidance states that existing accountability arrangements under the Joint Future Agenda (eg through joint future committees) should be aligned to CHP arrangements to progress joint planning, design, commissioning, resourcing, implementation and management of local services. Several CHPs have gone further than the guidance and established Community Health and Social Care Partnerships which manage a range of community based health and social care services and are responsible for many services already delivered jointly under the Joint Future Agenda (eg community services for learning disabilities, mental health and addiction).[6]

10. Most CHPs though continue to work with and alongside their local joint future partnerships. The statutory guidance enables boards to devolve authority to the CHP to progress the Joint Future Agenda locally. This may mean the CHP delegates board functions to its council partner(s) and receives functions from the council(s).[7] Under the guidance, a CHP is also able to pool budgets and enter into joint management arrangements on a wide range of services. Some CHPs are developing joint governance arrangements covering joint services with their councils including joint schemes of delegation, joint written protocols, access to resources across agency boundaries, and joint complaints procedures.

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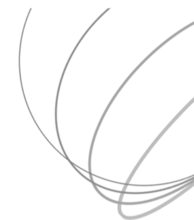
[6] For example, Glasgow, Edinburgh, West Lothian, East Renfrewshire and Moray.

[7] Board functions as permitted by the Community Care and Health (Scotland) Act 2002 and the joint working regulations (SSI 2002/533).



Using the checklist

11. The checklist sets out some high level statements about different areas of governance, including:
    - corporate governance
    - clinical governance
    - staff governance
    - financial management
    - performance management
    - links with local government
    - engaging local communities.

12. Boards and CHPs should assess themselves against each of the statements and consider which statement most accurately reflects their current situation:
    - not in place and action needed
    - not in place but action in hand
    - in place but needs improving
    - in place and working well.

13. It is recommended that a checklist is completed for each CHP. The assessment should be done jointly by the Board and the CHP. This approach will enable boards to identify what action needs to be taken forward in individual CHPs.

Self assessment of governance in CHPs

The last column in the checklist can be used to record sources of evidence, supplementary comments to support your assessment or to highlight areas of interest etc.

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
A. Corporate governance						
a. Governance & accountability						
1. The Board has a Code of Corporate Governance which covers governance within its CHP(s).						
2. The Board has approved the role, remit and membership of the CHP Committee.						
3. The Board has approved the frequency and protocol for agenda and minutes of CHP Committee meetings.						
4. Standing agenda items on the CHP Committee agenda include corporate governance, clinical governance and staff governance.						

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
5. The Board’s Standing Orders clearly state which matters are reserved for Board decision or approval.						
6. The Board’s Standing Orders clearly set out the CHP’s terms of reference and reporting arrangements.						
7. There are clear links between the Board’s Standing Orders and its Standing Financial Instructions in terms of the delegated powers to the CHP.						
8. The Board’s Scheme of Delegation clearly states what services, resources and responsibilities the Board has devolved to the CHP.						

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
8(a) It is clear to whom the CHP Chair is accountable for the use of CHP resources, including finance, staff and equipment.[8] *State to whom the CHP Chair is accountable in Comments column.*						
8(b) It is clear to whom the CHP General Manager is accountable for the use of CHP resources, including finance, staff and equipment.[9] *State to whom the CHP General Manager is accountable in Comments column*						
9. The CHP has a clear system for handling complaints.						

[8] Statutory guidance states that where a CHP is a Committee of the Health Board then the CHP Chair is accountable for his/her performance to the Health Board Chair. Where a CHP forms part of an operating division (ie it is a Sub Committee of the Health Board) then the CHP Chair is accountable to the Chair of the operating division.

[9] Statutory guidance states that the General Manager is accountable to the Health Board Chief Executive or Division Chief Executive for the overall management and use of resources of the CHP.

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
b. Strategic planning						
1. The CHP is fully involved in the Board's overall strategic planning, priority setting and resource allocation across agency boundaries.						
2. There is a clear link between the Board's plans and those of the CHP, including the Board's delivery plan.						
3. The CHP's strategies are developed reflecting needs and not just funding availability.						
4. The Board takes full account of the CHP's strategies when allocating the CHP's resources.						
5. Strategic decisions within the CHP are referred to the CHP Committee.						

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
6. The CHP has clearly communicated its strategy to the Board, CHP staff and other stakeholders.[10]						
7. The CHP has carried out an assessment of its key risk areas and is actively addressing these.						
8. There is a mechanism in place to ensure any changes in the risks facing the CHP are recorded in the Board's risk register.						
c. Operational running of the CHP						
1. Membership of the CHP Committee is complete and the following are represented on the CHP Committee:[11]						

[10] The SEHD has produced a national template for patient information about CHP services - http://www.show.scot.nhs.uk/sehd/chp/Pages/NationalTemplate.htm

[11] Scottish Statutory Instrument 2004 No. 386

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
1(a) medical practitioner whose name is included in a list of primary medical services performers						
1(b) nurse						
1(c) registered pharmacist						
1(d) dental practitioner						
1(e) ophthalmic optician						
1(f) allied health professional (AHP)						
1(g) an officer of the Board who is a member of, or is nominated by, the area partnership forum[12]						
1(h) member or officer of a local authority						
1(i) member of the public partnership forum (PPF)						
1(j) member of a voluntary organisation						

[12] The area partnership forum represents the interests of Board staff.

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
1(k) an officer of the Board (who is also the general manager of the CHP)						
1(l) medical practitioner who does not provide primary medical services						
2. The Board has appointed a Chair of the CHP.						
3. There is a system for declaring conflicts of interest within the CHP.						
4. The CHP Committee meets regularly. There are also arrangements for taking urgent decisions or calling a meeting at short notice.						
5. The CHP Committee's agenda has a balance between discussion about strategic planning and delivery of services.						
6. Minutes of CHP Committee meetings record decisions taken.						

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
7. Minutes of the CHP Committee meeting are presented timeously to the Board.						
8. There is an organisation chart for the CHP clearly stating the areas of responsibility for key staff members.						
9. The CHP has a General Manager (or equivalent) with delegated operational responsibility for the functions allocated by the Board to the CHP.						
10. The Chair of the CHP and the CHP General Manager are both involved in the Board's strategic planning and decision making.						

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	**No – but action in hand**	**Yes – in place but needs improving**	**Yes – in place and working well**	**Not applicable**	
11. The CHP has a management team, led by its General Manager, which meets regularly.						
12. All the main CHP service areas are represented on the CHP management team.						
B. Clinical governance						
1. The CHP has an overall clinical lead/director.						
2. Clinical governance arrangements within the CHP are described in its scheme of delegation.						
3. There are clear clinical governance arrangements in place setting out that:[13]						

[13] *Community Health Partnerships Statutory Guidance*, Scottish Executive Health Department, October 2004.

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
3(a) the CHP Committee is accountable through the General Manager for clinical governance						
3(b) the clinical lead is responsible for developing and implementing local arrangements						
3(c) the Chief Executive of the Health Board is accountable overall for clinical governance						
3(d) in relation to jointly resourced & jointly managed services, suitable arrangements are in place with local partners for clinical & care governance (eg involvement of elected members, access to resources across agency boundaries, joint protocols, joint arrangements for electronic exchange of information).						

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
4. There are links in place between the CHP Committee and the Board's Clinical Governance Committee to ensure the Clinical Governance Committee is informed of clinical governance issues arising in the CHP.						
C. Staff governance						
1. The Staff Governance Standard is implemented for all NHS staff working within the CHP.						
2. There are clear links in place between the CHP Committee and the Board's Staff Governance Committee to ensure the Staff Governance Committee is informed of staff governance issues arising in the CHP.						

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
3. There are clear managerial and professional lines of accountability for staff from different agencies working in joint teams.[14]						
D. Financial management						
1. The CHP's financial lead has a clear reporting line to the Board's Director of Finance.						
2. The CHP has access to appropriate financial advice and support, including timely and accurate information.						
3. The Board has agreed the CHP's budget.						
4. The CHP's budget is soundly based, realistic and achievable.						
5. Adequate systems are in place to ensure resources are properly accounted for and provide value for money.						

[14] For example, a social worker may be a member of a joint community mental health team which is managed by a community psychiatric nurse who is employed by the NHS.

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
6. There are clear arrangements in place in the CHP for financial management (budgets, planning etc), finance administration (salaries, invoices, cash handling, banking etc) and procurement.						
7. The CHP has financial monitoring and reporting arrangements which have been agreed with the Board.						
8. The CHP's financial reports are clear and easy to understand, and enable the CHP Committee to take appropriate decisions.						
9. Key risk areas are highlighted in the financial report to the CHP Committee, supported by adequate narrative.						

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
E. Performance management						
1. The Board's performance management system covers the performance of the CHP.						
2. The CHP prepares regular performance management reports for the Board.						
3. Information is available to help keep track of progress on the CHP's plans, and supports regular performance reports to the CHP Committee.						
4. CHP performance reports include how patient benefit is being demonstrated.						
5. The CHP publicly reports its performance.						
F. Links with local government						
1. The Board has agreed with local partners how the CHP contributes to community planning arrangements, including the Community Planning Partnership's targets.						

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
2. Where agreed, the Board has devolved authority to the CHP to progress the Joint Future Agenda.						
3. The CHP and its local authority partner(s) have agreed arrangements for reaching decisions on the joint planning, joint commissioning and delivery of jointly managed and jointly resourced services (eg community care services). These agreements are reflected in the CHP's Standing Orders.						
4. The CHP is responsible on behalf of the Board for meeting the JPIAF requirements, and for developing and monitoring joint Local Improvement Targets with its local authority partner(s).[15]						

[15] Joint Performance Information and Assessment Framework (www.scotland.gov.uk/Topics/Health/care/JointFuture/Introduction)

Issue	Assessment of current position					Comments to support or explain your statement
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
5. As part of its performance management framework, the CHP uses the national user and carer outcomes in line with the 2004 national outcomes paper[16] and the local improvement targets set for the Joint Future Agenda.[17]						
6. For Community Health and Social Care Partnerships, governance arrangements are in place for joint services (eg joint complaints procedure).						
G. Engaging local communities						
1. The CHP uses the local Public Partnership Forum as a mechanism for engaging with its local community.						

[16] http://www.scotland.gov.uk/Resource/Doc/1095/0014717.pdf
[17] http://www.scotland.gov.uk/Publications/2004/08/19762/41468

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