Promoting Quality Improvement in Community Health Partnerships through Shifting the Balance of Care

Shifting the Focus - Phase 2

December 2010
NHS Quality Improvement Scotland (NHS QIS) is committed to equality and diversity. However, an Equality Impact Assessment has not been carried out since this publication reports only on a scoping exercise of promoting quality improvement in community health partnerships through shifting the balance of care. Once the project commences, a full EQIA will be considered and embedded into the process and a report produced at its completion.

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1 Introduction

Community and primary care is at the heart of the NHS and provides over 90% of healthcare.

In October 2007, NHS Quality Improvement Scotland (NHS QIS) launched ‘Shifting the Focus’, a strategy for quality improvement and patient safety in community and primary healthcare services. The strategy aims to support NHS boards to provide person-centred, safe and effective care within this setting.

Given the strategic direction set out for Scotland in ‘Better Health, Better Care’, the Shifting the Balance of Care Improvement Framework and, more recently, the Healthcare Quality Strategy for NHSScotland, NHS QIS is committed to reflecting this shift of focus in its work programme to reflect the drive to move care from hospital settings into the community, identify and reduce inappropriate variation in community, primary and acute healthcare pathways, care packages and treatment so that the best care is consistently provided by the right person in the right place at the right time.

The Community Health Partnerships (CHPs)/shifting the balance of care project is the next stage of our shifting the focus strategy. With a strong emphasis on the role of CHPs and community and primary healthcare services, this workstream was developed to scope potential areas and opportunities where NHS QIS might best add value, and inform a forward work programme of quality improvement support to assist CHPs in their efforts to improve outcomes through improved clinical and care pathways.

Our first challenge was to make sure we listened to and understood those providing these services, and the main project approach was to undertake a programme of consensus-building activity. This report sets out the key conclusions we reached and the emerging direction of travel for our work programme.

This report marks our commitment to working in collaboration with others to support CHPs and the shifting the balance of care agenda. The high level forward work programme begins to describe our approach and we will move this forward together with our partners to make sure our work is consistent with, and appropriately aligned to, key national priorities.

We have learned a lot from the CHPs/shifting the balance of care project and we warmly acknowledge the support, advice and expertise provided by so many during the life of the project – particularly those involved in our CHP focus groups.

We look forward to continued working with CHPs and other key stakeholders as we further develop our work programme.

Jan Warner
Director of Patient Safety and Performance Assessment
NHS Quality Improvement Scotland
### Purpose of this report

This report describes the progress of the CHPs/shifting the balance of care project, the processes involved, and the emerging work programme of quality improvement support and its relationship to national strategies and policy documents including:

- the Shifting the Balance of Care Improvement Framework
- the Healthcare Quality Strategy for NHSScotland
- Delivering Quality in Primary Care
- Equally Well
- the national Study of CHPs, and
- the work programmes of the Scottish Government’s Improvement and Support Team and Joint Improvement Team (JIT).
2 Background

In October 2007, NHS QIS launched *Shifting the Focus*, a strategy for quality improvement and patient safety in community and primary healthcare services.

This resulted in a ‘start up’ programme of work to underpin quality improvement and patient safety activity already under way in NHS boards. The start up programme represents NHS QIS initial work in supporting this agenda in community and primary healthcare.

The CHPs/shifting the balance of care project is the next stage of NHS QIS shifting the focus strategy.

2.1 Community health partnerships/shifting the balance of care project

With a strong emphasis on the role of CHPs and community and primary healthcare services, this workstream was developed to scope potential areas and opportunities where NHS QIS might best ‘add value’, and to develop a forward work programme of quality improvement support to assist CHPs in their efforts to improve outcomes through improved clinical and care pathways.

The foundations for the CHPs/shifting the balance of care project were the outputs from focus groups and discussions with key stakeholders during the development of the shifting the focus strategy (October 2007), and our delphi consultation study on quality improvement opportunities in community and primary healthcare services (May-December 2008).

During 2009, we continued to test the outputs from this work with a range of stakeholders, culminating in the development of regional CHP focus groups to help inform and shape the development of our CHPs/shifting the balance of care forward work programme.

Section 3 of this report sets out the direction of travel for our forward work programme of quality improvement support for CHPs and the shifting the balance of care agenda.
3 Aims and Objectives

The CHPs/shifting the balance of care project was established in January 2009 marking the beginning of Stage 2 of NHS QIS shifting the focus strategy. This 2 year project aimed to:

- scope, identify and develop quality improvement support for CHPs given (i) their increasing responsibility for the planning and delivery of community and primary healthcare services and (ii) their pivotal role within the shifting the balance of care national agenda, and
- support the implementation of the SBC improvement framework both in NHSScotland and within NHS QIS, with a particular focus on:
  - supporting and complementing the work of CHPs and their health boards to deliver against the eight improvement areas set out in the shifting the balance of care improvement framework (July 2009), and
  - informing NHS QIS short, medium and long-term strategic priorities in supporting the objectives of the SBC improvement framework.

As well as supporting new and existing key national policy strands and collaborative processes, the forward work programme, resulting from the CHPs/shifting the balance of care project would complement the ‘next steps’ action resulting from the national Study of CHPs which was commissioned by the Scottish Government Health Directorates (SGHD).

3.1 Key stakeholders and project activities

In taking forward these aims, it was critical to establish and maintain strong strategic links and effective partnership working with key stakeholders. This has initially focused on policy partners in the Scottish Government, special health boards and the Association of Community Health Partnerships (ACHP).

3.1.1 Scottish Government policy partners

From the outset it was crucial to the CHPs/SBC project to establish strategic links and potential synergies with existing key policy strands and collaborative processes in ways that would effectively support the quality improvement agenda in CHPs.

We have established close links with the Scottish Government’s SBC team in order that the aims of the project and its potential outputs align with, and support, the eight improvement areas set out in the national SBC improvement framework, as well as ensuring that the SBC delivery group is focused on the work of the project and its fit with the wider SBC delivery agenda.
Similar links have been put in place with the Long Term Conditions Collaborative, 18 Weeks Programme and Mental Health Collaborative; the Joint Improvement Team; and Equally Well (particularly in relation to CEL 26 (2009) Health Improvement and Community Health Partnerships).

3.1.2 Partnership working with NHS Education for Scotland and NHS Health Scotland

As improvement organisations for NHSScotland, NHS QIS together with NHS Education for Scotland (NES) and NHS Health Scotland have put in place joint working arrangements to work towards aligning educational, training, development and improvement activities. This has been a key strand of our CHPs/SBC project looking at how we move forward together to support the priorities described in the SBC Improvement Framework.

As a result, we have been mapping our respective activities against the eight SBC improvement areas and are working towards producing a combined portfolio of support to assist CHPs and NHS boards in implementing the objectives of the SBC Improvement Framework. Regular joint progress reports are presented to the quarterly meetings of the SBC delivery group.

3.1.3 Association of Community Health Partnerships

As well as having devolved responsibility for the planning and delivery of community and primary healthcare services, it is widely recognised that CHPs are the main mechanism through which shifts in the balance of care will happen.

As the focal point for much of CHP networking activity across Scotland, the case for a strong and influential ACHP is therefore compelling and increasingly important. Together with NES and NHS Health Scotland, we have been working with the association to support capacity building to strengthen its network, learning and leadership capacity across its management and clinical networks. This will be an important channel through which to develop and spread learning and good practice which supports Shifting the Focus and CHP priorities within the context of the SBC Improvement Framework.

This range of support activities explored with the ACHP is outlined in its Vision for the Future discussion document issued to members and key stakeholders for consultation in March 2010.

3.1.4 CHP focus groups

We also established three regional CHP focus groups with CHP representation from across all 14 NHS boards. The focus groups are central to our programme of ongoing engagement with CHPs. They have helped, and will continue to help, inform the potential outputs from the project so that they are meaningful and add value to CHP priorities and challenges both locally and nationally.
4  Forward work programme

Building on the outputs from our consensus-building activity, Stage 2 of the NHS QIS shifting the focus programme will help:

4.1 Support NHS boards to deliver against the Shifting the Balance of Care Improvement Framework

We will align the NHS QIS wider integrated work programme with the eight improvement areas identified in the SBC Improvement Framework. Over the initial years of the framework, the following three improvement areas have been identified as initial priorities for supporting SBC improvements across all of our work programmes.

<table>
<thead>
<tr>
<th>SBC Improvement/Area 3</th>
<th>Reduce avoidable unscheduled attendances and admissions to hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBC Improvement/Area 4</td>
<td>Improve capacity and flow management for scheduled care</td>
</tr>
<tr>
<td>SBC Improvement/Area 7</td>
<td>Improve palliative and end of life care</td>
</tr>
</tbody>
</table>

These priorities will be central to our Integrated Management System (IMS) which co-ordinates our work programme. They will provide a focus for our outputs as well as show CHPs and NHS boards how our integrated work programme and related quality improvement activity supports, or complements, local delivery planning in relation to SBC improvement.

4.2 Support implementation of the (draft) national action plan: Delivering Quality in Primary Care

Primary care will be central to delivering the ambitions of the national quality strategy. Following discussions at a series of primary care events held across Scotland, SGHD have developed a national action plan that identifies the key priorities for delivering quality improvement in primary care. NHS QIS will have a significant role in supporting the Scottish Government and NHS boards to deliver the following priority areas.

4.3 Safety Improvement in Primary Care Programme

NHS QIS is co-ordinating a 2-year Safety Improvement in Primary Care Programme (SIPC) funded by the Health Foundation. The aim of the programme is to develop the quality improvement and patient safety skills and experience of 80 GP practices across four NHS boards in Scotland (Tayside, Fife, Forth Valley and Lothian) through facilitated improvement in
their quality of care, in areas causing considerable morbidity and harm to patients. A second piece of developmental work has also been funded by the Health Foundation that will look at the interface between primary and acute care. It will develop change packages for three proposed areas of focus that are considered a major source of clinical risk: medicines reconciliation, managing results and clinical communication.

4.4 Care pathways

The Scottish Government first published the national patient pathways in 2005 as part of the redesign of outpatient services. These were developed by expert groups and focused on improving referral pathways from primary to secondary care. Many of these pathways are now out of date and, at present, there is no update or review mechanism in place. NHS QIS will support the development and implementation of an up-to-date, agreed suite of care pathways that identify the best approaches for care which are safe, person-centred and clinically and cost effective.

4.5 National quality indicators for the delivery of primary medical services out-of-hours

In April 2010, the Scottish Parliament Health & Sport Committee published a report on out-of-hours healthcare provision in rural areas. In this report the cabinet secretary stated that NHS QIS should “look afresh at the standards and develop a set of quality indicators that would be consistent throughout Scotland and allow comparison between different board areas”. NHS QIS will convene an expert group to develop national quality indicators to demonstrate that the required quality and desired health outcomes in out-of-hours care are being achieved and improved.

4.6 Quality and safety data in primary care

NHS QIS will work with the national clinical data for quality improvement advisory group and other key stakeholders to identify potential mechanisms to better exploit primary care data and improve the necessary linkages and data connections.

4.7 Partnership working in community health partnerships

As the integration agenda gathers momentum, greater focus on effective partnership working will be required to deliver quality, joined-up services that are safe, person-centred and deliver quality outcomes for local populations. Working in partnership, with and building on the tools and techniques developed by the Joint Improvement Team, an evidence base of partnership approaches that work well in practice will be developed – with particular focus on joint models of improvement to deliver outcomes.
Appendix 1

The CHP/SBC project process

During the development of the *Shifting the Focus Strategy (October 2007)*, outputs from focus groups and discussions with key stakeholders provided a rich source of ideas for potential NHS QIS support likely to improve or ensure quality in community and primary healthcare.

Following further discussions with clinicians and managers working in community and primary healthcare services, we identified a short list of potential topics where NHS QIS could best add value in supporting improvement in the quality of care. This was the starting point for our Delphi consultation pilot.

1 Delphi Consultation Pilot - community and primary healthcare services

Our community and primary healthcare services consultation pilot pioneered the Delphi approach within NHS QIS. The consultation pilot sought to explore further the shortlist of topics and themes identified earlier and to test them as key opportunities where NHS QIS could help to improve the quality of care and patient experience in these settings.

The technique consists of questioning the experts by means of successive questionnaires, in order to identify convergence and any consensus there may be. One of the major advantages of using Delphi as a group response is that consensus will emerge with one representative opinion from the experts without the views of a few individuals dominating discussions. The anonymity of the process means that more controversial issues can be raised.

2 The Delphi consultation pilot

Our Delphi consultation study was a wide ranging consensus-building exercise involving NHS clinicians and managers, academics, professional bodies and voluntary organisations working in community and primary healthcare services in Scotland. The study was carried out between May-December 2008.

Forty participants took part in the study, which consisted of three separate rounds or exploratory questions. In each round, participants were sent a short list of questions designed to gain their views about the opportunities for NHS QIS to help drive up the quality of care in community and primary healthcare setting and service areas.

The role of CHPs featured strongly, given their responsibility for the planning and delivery of these services and their pivotal role in delivering shifts in the balance of care.
The results of the pilot study were produced in March 2009 and concluded that NHS QIS has a role to play in the following areas.

- The patient journey and flow of patients through the system, including:
  - quality assurance of referral management processes and the development of supporting national guidelines
  - development of care pathways, and
  - tackling the barriers between primary, secondary and social care through, for example, facilitating better communication and sharing of information.

- Quality assuring good practice (service development and redesign solutions) and facilitating spread through, for example, online/electronic solutions.

- Quality assuring community pharmacy practice in the light of the extended role of pharmacists, particularly as a result of the new community pharmacy contract.

- The development of standards for tackling health inequalities in community and primary healthcare services.

- Supporting CHPs to deliver outcomes rather than setting standards for community and primary healthcare services.

We continued to test the outputs from the study with a range of stakeholders in the NHS which resulted in broad support for these themes to be taken forward. This also prompted suggestion on how the Delphi themes might be further developed, together with other areas of potential support complementary to these themes.

3 Regional CHP focus groups

Our consensus-building activity culminated in the setting up of regional CHP focus groups in the latter part of 2009, to help inform and shape the development of our CHPs/SBC forward work programme.

Three focus groups were established covering CHPs in the north, east and west regions of Scotland. They comprised CHP representation from across all 14 territorial NHS boards with a mix of general managers, clinical directors, locality and service managers. There were around 12 CHP delegates in each of the three regional focus groups.

Focus group events took place in each region in September, October and November 2009. Also in attendance were representatives from the Scottish Government’s Equally Well Team, the Joint Improvement Team and Improvement & Support Team; the Glasgow Centre for Population Health; and NHS Health Scotland.
Appendix 2

Regional CHP focus groups

1 Purpose and aims

The purpose of the focus groups was to work with a small group of lead CHP staff to consider the outputs from our consensus-building activity to date, explore potential models or concepts of CHP quality improvement support, and to help inform our CHPs/SBC forward work programme so that it would be meaningful and add value to CHP priorities. Central to this were the outputs from the Delphi consultation study and subsequent feedback.

A key objective of the focus groups was to take our consensus-building activity to the next level by directly drawing from the experience and expertise of lead CHP staff. The groups would help to identify and shape quality improvement support that would make a real difference to the work of CHPs, and opportunities for development that could potentially inform (or be included in) our forward work programme.

2 Focus group content

Building on the themes explored through the Delphi consultation pilot and subsequent feedback on the outputs of the study, the CHP focus groups were asked to consider four suggested models of quality improvement support. The models presented initial concepts of support that could assist in:

- evaluating and sharing good practice
- referral management and the primary, secondary and social care interface
- tackling health inequalities, and
- supporting CHPs to deliver outcomes.

The suggested models were described in a high level way and were intended purely as a starting point to stimulate discussion within the focus groups and to reach a view on:

- the type of support that would actually make a real difference to CHPs in the context of local and national policy priorities and challenges
- whether any of the approaches outlined merited further development leading to implementation; or
- whether, in fact, the themes and concepts of support would be best taken forward through other initiatives or workstreams.
The following sections summarise the suggested models of support, the main discussion points within the focus groups, and the opportunities for further development.

2.1 Evaluating and sharing good practice

This suggested approach explored how NHS QIS might champion and facilitate better ways of capturing, evaluating and sharing good practice in service development and redesign (from across Scotland and elsewhere), which demonstrated successful ‘whole system’ change.

It would include a methodology and supporting infrastructure for gathering examples of good practice against set criteria, independent peer assessment; and opportunity for ‘hands-on’ peer support to implement evaluated good practice. A web portal would provide the infrastructure as well as acting as the focal point and operational platform.

The intention was that, taken together, this approach would support:

- CHPs and their NHS boards to deliver against the SBC improvement framework, and
- continuous quality improvement in the delivery of community and primary healthcare services.

Key discussion points

“...What is missing is sharing organisational and technical detail of 'good practice' to ensure standards and improve performance… It is essential to develop better systems of capturing HIGH QUALITY evaluation that captures impact of service design. The problem is that at the moment there is too much mediocre anecdote in this subject area…”

Delphi Consultation Pilot Report
March 2009

There was recognition across all focus groups that a mechanism for evaluating and sharing good practice would be beneficial, particularly in the context of shifting the balance of care where there is currently no hard and fast evidence base of quality assured good practice.

The suggested model offered a reasonable starting point and the concept of a web-based platform as a central repository of information was appealing to many focus group members. Collectively, however, the groups were undecided on what would be the most appropriate and proportionate solution.
A common view expressed was that the methodology should not be onerous and should take into account the significant work pressures across CHPs. In this context, whatever approach is adopted there would need to be clear incentives for CHP teams in order for them to positively engage in the process and provide case studies and evidence of good practice.

In addition, consideration would need to be given to the cost-benefit ratio where a web-based model is adopted – particularly the benefits compared to national or regional events as a means of spreading good practice.

The groups also commented that web portals can be very expensive if under subscribed and not used to their full potential. There is already a variety of improvement websites available hosted by NES and NSS (eg No Delays, the Knowledge Portal and Shifting the Balance) and, therefore, an NHS QIS sponsored good practice portal would need to have a unique selling point to promote subscription and usage.

**Opportunities for development**

Although the focus groups were undecided about the method, it was clear from group discussions that NHS QIS had a positive role to play in identifying and sharing quality assured good practice.

**Defining what we mean by good practice**

Prioritising the areas of good practice to facilitate a focused and phased approach to improvement. The areas of focus could be reviewed annually. This might also assist in engaging CHP teams in the process of building up an evidence base of what works well - as well as sharing information and lessons about service development and redesign that have not been as successful.

Ensuring evidence of good practice focuses on not just the ‘what’, but ‘how’ it was done and the context – good practice can be context sensitive. It should also be transferable/adaptable in other locations and (potentially) other service areas. Service and patient impact information would be crucial. In addition, case study examples should be time limited so that only the most up-to-date practice is shared. Managed clinical networks (MCNs) were cited as an example of what works well and could assist in the development of this approach.

Promoting ‘joint models of improvement’ building on the successes of more integrated models of service delivery pioneered within Community Health and Care Partnerships (CH(C)Ps) and Community Health and Social Care Partnerships (CHaSCPs). NHS QIS should look to the national Healthcare Quality Strategy¹ as an opportunity to promote and advance more integrated working across health, local authorities and other agencies.

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¹ See Glossary of Reports and Key Documents at Appendix 3
The Scottish Patient Safety Programme (SPSP) was highlighted as a good example of what is effective and works well in practice. Consideration should be given to adopting and building on the SPSP learning set approach for sharing information.

**GP contract enhanced services**

A particular area highlighted across the focus groups was the need for NHS QIS to look at the quality assurance of GP contract enhanced services. Focus groups commented that:

At present there are no quality assurance standards or guidance in place that set out key guiding principles around how enhanced services should be designed, implemented or evaluated.

Quality assured good practice examples of GP enhanced services would be a good starting point. In addition, case study examples should demonstrate how intended enhanced service outcomes were linked to wider NHS board delivery plans.

**2.2 Quality management of patient/client pathways: making the most of community and specialist care**

“...This is a complex area; some explicit consistency around the principles would be welcome... The patient journey is perhaps the single most powerful driver of service redesign and helps immensely to distinguish between redesign that is patient focused from that that is service focused - often a recurrent 'design flaw' for us in the NHS...

....A Scotland wide approach may be useful but evidence on variation in referral rates is poor... **Emphasis on good communication, smoother patient pathways and pre-referral investigation would be a positive approach**...Some overarching guidance may help to focus minds...”

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Working in partnership with the Scottish Government Improvement & Support team and the Joint Improvement Team (JIT), this suggested approach would aim to put in place a framework to help improve patient/client pathways management which would promote more care closer to home, better use of specialist services, and effective joint working between health and social care through CHPs.

In building the key components of such a framework, we explored with the groups the role of:

- good referral governance
- improvement tools to reduce variation and manage demand, capacity, activity and flow
• single integrated assessments and care management (single shared assessments) - particularly in relation to long term and complex conditions, and
• development and adoption of ‘Talking Points’, an outcomes approach to assessment, care planning and review.

**Key discussion points**

There was broad consensus for the further development of this concept of support. However, focus groups commented that quality management of patient/client pathways was an area of ‘initiative overload’, and that care should be taken to ensure that such initiatives and improvement support are joined up and not duplicated.

The focus groups highlighted that IT constraints were a major barrier to effectively managing and improving care pathways. The tracking of patients/clients is essential to quality management of pathways, but IT infrastructure within and across primary and secondary care does not help CHPs to adequately do this. Although some areas were more advanced than others, systems were often incompatible with little progress being made to resolve this.

In addition, the differing IT systems in partner organisations is a major challenge to providing truly joined up health and social care services. IT is crucial to sharing information across health and care pathways. A robust mechanism was needed to facilitate this across agencies, as well as capturing informed consent of service users. This has had an impact on progressing the use of SSA’s, with agencies duplicating paper work or data entry.

The common view expressed was that IT needed to be more effective and responsive to support accurate and timely delivery of data and information and how it is shared. This was crucial to the management of referral pathways and the quality management of care pathways overall.

**Opportunities for development**

Although IT was a significant issue, the focus groups acknowledged that a quality management approach to patient/client pathways offered opportunities for clinical engagement and would help overcome the silo management that can sometimes be found in primary and secondary care. Much could be learned from MCNs in this regard, as well as the wider learning from their pathways work.

The focus groups were very supportive of collaborative working between NHS QIS, the Scottish Government Improvement & Support team and Joint Improvement Team in addressing improvement support in this area, and highlighted the following as key areas as opportunities for joint development.
Further work on supporting capacity and demand management – particularly in general practice
Robust data capture is an essential element in the quality management of pathways, particularly in relation to referral management. However, it was emphasised that presenting data on its own would not, in itself change practice.

Facilitated local discussion, supported by the availability of robust data, could be very powerful in changing clinical decision-making and behaviours. ‘Expert hubs’ of peers at locality level had proven to be extremely useful within previous practice-based referral management initiatives. Rather than a performance management approach, the hubs brought together managers and clinicians to question, understand and support change in local practice in a facilitative way.

Another approach would be to develop practical statements about what a quality pathway should look like and what principles should be addressed from a quality improvement perspective – a multi-agency approach would be desirable. The learning from the Mental Health Integrated Care Pathways approach would be beneficial.

In addition, the post-diagnostic pathway, including discharge, should also be looked at. Discharge needs to be treated as a key part of the pathway with immediate access to discharge summaries as central to the handover of care. Tracking patients and their progress would be made easier in this way.

An important consideration was patients/clients with multiple or complex needs who do not easily fit into any one pathway. This is where the further development of Single Shared Assessment is crucial across primary, secondary and social care. A big challenge at present is getting primary care teams to fully engage in single shared assessment as they are often seen as an onerous administrative task.

"...Sharing ideas would be useful. Would like to see aimed at mainstream services rather than the plethora of projects that we have.....see this more as supporting the development of practices that have been shown to have an impact on health inequalities... tackling health inequalities in community and primary healthcare is the raison d'etre of CHPs..."

Delphi Consultation Pilot Report, March 2009

2.3 Supporting CHPs in tackling health Inequalities

The suggested approach for supporting CHPs in tackling health inequalities comprised of two separate, but related, strands. The starting point placed health inequalities at the centre of impact assessing when planning, developing, reviewing or redesigning services.

The first strand explored the potential for a health inequalities assessment framework for CHPs and their partners. The framework would set out the key steps in the process together with supporting checklists of activity.
As well as aligning to the strategic objectives of ‘Equally Well’, it also explored the potential to link with the work programme of the Glasgow Centre of Population Health and synergies with the centre’s framework for reviewing action on inequalities.

The second strand would integrate with the proposed quality improvement mechanism for evaluating and sharing good practice. It would also explore the potential for setting up a beacon (or test bed) site that would act as a focus for the testing and further development of ‘inequalities sensitive’ practice once evaluated.

**Key discussion points**

Across all three regional focus groups, this concept of support stimulated the greatest discussion. Tackling health inequalities remains the single biggest challenge within the health service today, and has been among the nine outcome areas set for CHPs since their inception.

There are increasing expectations on CHPs and community planning partners to reduce inequalities. Discussions within the focus groups highlighted that this requires co-ordinated action by a number of key stakeholders, with CHPs acting as a vehicle to effect such action.

Demonstrating progress on tackling health inequalities was identified as a key challenge in the findings from the national Study of CHPs. This was consistent with discussions within the CHP regional focus groups and there was strong acknowledgement across all three groups that there is a need to take a more rigorous approach. Many of the components of the suggested model of support offered a step in the right direction.

However, the groups expressed that there was ‘framework overload’ across health and social care and that caution should be taken not to duplicate existing activity and reporting by other agencies (such as NHS Health Scotland) in this area.

A clear message within the groups was that tackling inequalities must be mainstreamed and intrinsic to everyday work across the service and more consideration should be given to how we can better embed health inequalities in future HEAT and other national targets.

**Opportunities for development**

As indicated above, the focus groups were supportive of many aspects of the suggested concept of support and focused discussions on the following areas as opportunities for further development.

Facilitation support was attractive to focus group members who commented that this would be beneficial to NHS boards more generally. CHPs do not have the capacity to research relevant data sources for inequalities, or to understand and/or effectively apply the complexities of such data. There was also confusion about the language/terminology used around health inequalities. Facilitative support would be beneficial to build
up practice in using existing tools and resources and make these more meaningful to CHPs.

There is a need to build a strong evidence base of what works. In addition, and with assistance from NHS Health Scotland, the marshalling of evidence around disease patterns would be helpful.

There was a clear overlap with the concept of support around care pathways. The potential actions to improve the management of care pathways would help to address some of the challenges in tackling health inequalities.

Further work on identifying appropriate impact assessment approaches would be helpful. Supporting checklists of key activities would also be attractive to CHPs - particularly if these targeted the priorities to tackle and helped to align activity to what is happening at board level. All three focus groups commented that joint working with the Glasgow Centre for Population Health, to further develop and adapt the principles of its Framework for Reviewing Actions on Inequalities would be extremely valuable at both CHP and NHS board level.

Importantly, such an approach should promote joint working across health and local government and be complementary to the community planning process.

Furthermore, any framework demonstrating improvement and change should be generic, flexible and locally owned.

**General practice and primary care teams**

As with the discussions around evaluating and sharing good practice, focus group members thought that greater attention should be placed on what happens in general practice.

Inequalities were described as a major challenge for primary care teams with much more needing to be done to support their understanding of local population needs, and to develop approaches that would assist inequalities sensitive practice.²

In this context, focus groups commented that it would be worthwhile to identify a small number of practices to:

Champion inequalities sensitive practice and promote practice that works well – there was scope to work with the Royal College of General Practitioners (RCGP) on this and to draw from the conclusions of the

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² Inequalities sensitive practice aims to change the ways in which services respond to different needs of different population groups. It does that by addressing the discrimination, lack of opportunity and poorer service outcomes known to be associated with increasing poverty, ethnicity and disability and other social factors thereby addressing causes as well as the results of poor health.
2.4 Supporting CHPs to deliver outcomes – partnership working
With the increasing focus on efficiency in public services, outcomes and outcomes planning, CHPs and their partners need to know how well they are working together, and they need to be able to improve.

Effective partnership working would be an integral part of the other concepts of improvement support explored with CHP focus groups.

Working in partnership with the Joint Improvement Team, the approach suggested here would bring together materials and tools in the form of a framework of partnership working support. The framework could include practical ‘on site’ advice and assistance, where requested, to help apply such tools and techniques to achieve improved partnership outcomes.

Central to the suggested approach would be an evaluation of the range of partnership support tools and guidance currently available and packaged as a compendium of support materials. This would be designed as a resource for local partnerships and for central agencies seeking to offer help and support.

“…Would see a role for NHS QIS in supporting CHPs taking forward improvements that are focused on making progress in the stated outcome areas…HEAT, Community Care Outcomes and SOAs…”

Delphi Consultation Pilot Report, March 2009

Key discussion points

Partnership working to deliver outcomes is an area where focus groups commented that significant progress had been made since CHPs began to come into effect in 2004-2005. This is also reflected in the findings from the national CHP Study.

However, there was recognition within the groups that while progress had been made, there was some variation in the effectiveness of partnership arrangements. There were issues highlighted around the challenges of Community Planning Partnership (CPP) arrangements and the relationship between CHPs and their NHS boards.

It became clear from discussions within the groups that, effective partnership working, as a means to delivering outcomes, should not be regarded as a separate work-stream for improvement in its own right, but should be central to all service planning and delivery, particular given the increasing financial pressures on public services.

3 See Glossary of Reports and Key Documents at Appendix 1
As with the discussions around evaluating and sharing good practice, the focus groups were undecided on what would be the most appropriate and proportionate solution. However they were clear that whatever action was taken forward, there was a need to consider this in the context of the conclusions and recommendations from the national Study of CHPs.

Opportunities for development
Focus group members were supportive of joint working between NHS QIS and the Joint Improvement Team, but clarity of the respective roles would be very important.

All focus groups were of the view that there was already a very congested and confusing landscape of partnership working techniques and agencies offering support. The following were highlighted as potential opportunities for joint working and further development by the Joint Improvement Team and NHS QIS.

There was broad support for on-site support which facilitates all agencies working together. Partnership working structures is central. On-site support to help apply tools and techniques, facilitate a dialogue and understanding of the local landscape and agreement of ‘rules of engagement’ would be beneficial.

In addition, there is a need for greater attention to be placed on leadership development at CHP level to build up skills and abilities. Support from all central supporting agencies including NES, NHS Health Scotland and the Joint Improvement Team would be useful.

A stronger evidence base of partnership tools and techniques is crucial – particularly those which focus on, and provide evidence of, service change and enable the delivery of outcomes. A formal, evidence-based model of partnership working might help to raise awareness and improve practice. Any recommended tools, techniques and on-site support should, in the first instance, be tested in small discrete areas to measure the impact on whole systems.

Tools and techniques need to have a greater focus on the effectiveness of community planning partnerships and CHP contribution to this process. Furthermore, they should acknowledge that the relationship between CHPs and their NHS boards is equally important.

Some focus group members suggested that, in the longer term, there may be a need for standards on partnership working - aligned organisational development to support this could be beneficial.
Association of Community Health Partnerships (ACHP)
A VISION FOR THE FUTURE Discussion Document: A renewed and strengthened purpose
(March 2010)

A consultation document issued by the ACHP to its members and key stakeholders in March 2010. It refreshed the association’s founding principles, its aims as key influencers and shapers of national policy, and its role as the focal point for networked learning, sharing good practice and new ways of working for CH(C)Ps and their partners. The document also proposed a range of actions for the period 2010-15 to sustain the association’s function for the future, which it would evaluate and keep under review.

CEL 26 (2009)
Health Improvement and Community Health Partnerships (June 2009)

Provides updated advice to NHS board chief executives and directors/general managers of community health (and Social/Care) partnerships (CHPs) on the role of CHPs in improving health and reducing health inequalities in the context of the Single Outcome Agreement process.

Delphi technique

The Delphi technique involves identifying experts and obtaining their views anonymously. It can be characterised as a method for structuring a group communication process which allows a group of experts, collectively, to deal with a complex problem. This provides qualitative and quantitative information on expert views.

General Practitioners At The Deep End

A report of a special ‘Open Space’ meeting in September 2009 of general practitioners from the 100 most deprived general practice populations in Scotland. Jointly sponsored by the RCGP (Scotland) and the Scottish Government, the aim of the event was to share experiences and views on the challenges facing primary care in such areas and to take these into account before making recommendations to address inequalities in health in Scotland.

Healthcare Quality Strategy for NHSScotland (April 2010)

In December 2007, the Better Health, Better Care Action Plan made a series of commitments to improving the health of the Scottish population, as well as improving the quality of healthcare and healthcare experience. The Quality Strategy is development of Better Health, Better Care. Building on the Institute of Medicine’s six dimensions of quality, it aims to put people at the centre of our NHS, build on the values of NHS staff and their commitment to providing the best possible care for every person, every time, and making measurable improvements in the aspects of quality of care that patients and their families see as important.
| Shifting the Balance of Care Improvement Framework (July 2009) | This national policy document brings together policy strands and associated improvement work into an overarching Framework that will help NHS health boards and Local Authorities to describe Shifting the Balance of Care (SBC) priorities and actions over the next few years. It identifies eight priority areas where SBC is critical and includes links to a menu of evidence based improvements that are likely to have the biggest impact on shifting the balance of care and delivering key community care outcomes and HEAT targets. Eight Improvement Areas:  
- Maximise flexible and responsive care at home with support for carers  
- Integrate health and social care and support for people in need and at risk  
- Reduce avoidable unscheduled attendances and admissions to hospital  
- Improve capacity and flow management for scheduled care  
- Extend scope of services provided by non-medical practitioners outside acute hospital  
- Improve access to care for remote and rural populations  
- Improve palliative and end of life care  
- Improve joint use of resources (revenue and capital) |
| Study of Community Health Partnerships (CHPs) (April 2010) | In early 2009, the Scottish Government commissioned a research study of CHPs. The study examined the early progress CHPs have made in relation to key areas of responsibility. It also identified the factors which facilitated or possibly hindered progress and offered ways in which CHPs' capacity and capability could be improved to maximise their potential.  

The report of the study was published in April 2010. |