

New light through old windows: Community Health Partnerships as vehicles of change in health and social care

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This paper explores a new set of working relationships in Scotland between providers of health and social care services. Health and social care in the UK has had a chequered history. Providers of these services have often been at odds with each other over definitions of need - and hence who pays for care - and as a result have often viewed each other with suspicion. In recent years the UK Government has attempted to reconcile these differences but has met with mixed success. Since devolution and the setting up of a Scottish Government in 1999, Scotland has made what appears to be better progress in this area. Using as examples new Community Health Partnerships (CHPs), the paper will examine emerging models of partnership working which appear to offer new and innovative solutions to old problems in ensuring health and social care agencies work together in the delivery of services to clients. The paper fits with the conference theme by providing on an examination of innovative models of partnership working (the CHP) and of the processes involved in developing these models of health and social care delivery.

Key words partnership working, innovation, change

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Collaboration between health and social care services in the UK have a chequered history. From 1948, the National Health Service (NHS) took charge of providing health care and Local Authorities took charge of providing social care (Glendinning et al, 2005). However, the boundary between health and social care has often been blurred in relation to defined need. This has had implications for the funding of services to clients and has led to turf wars and a fragmentation of service provision to vulnerable clients (Glendinning et al, 2005). Successive UK Governments have sought to overcome these difficulties but have been hamstrung as health and social care providers developed their own organizational structures, professional staffing arrangements and were funded from Government differently. At the same time, some what paradoxically, the NHS and Local Authorities provided a range of similar services to a similar group of clients.

Devolution in 1999 saw Scotland develop its own Government and take control of a number of former centrally mandated policies from Westminster in London. Two such areas were health and social care. In 2000 in an attempt to foster closer working relationships between the Scottish NHS and Local Authorities, the Scottish Government forced these two agencies to establish health and social care partnerships. Frustrated by a perceived lack of joint working in this area, the Scottish Government then outlined a new agenda for health and social care in 2003 (Scottish Executive, 2003) and in 2004 new Community Health Partnerships (CHPs) were established which formalized these arrangements. CHPs are new partnership models in health and social care and have as their focus the improvement of the health of local communities in Scotland. This is to be achieved through the development of joint NHS and Local Authority services in innovative ways thus bringing about service change for clients. This could be through, for example, the development and delivery of new services, joint management arrangements and the pooling of resources to enable flexibility in service or programme designs.

Currently 39 CHPs have been established in Scotland. The Scottish Government issued guidance on what shape CHPs should take (Scottish Executive, 2004). However, this guidance was not mandated and three models of CHP have since emerged since 2004, which developed from previous working relationships between the Scottish NHS and Local Authorities. This paper examines the development of these new partnership models and focuses on one NHS/Local Authority area in Scotland as it seeks to develop its existing CHP model towards the integrated delivery of health and social care services. Using a qualitative based methodology, data was collected using a series of telephone and face-to-face interviews with 40 senior managers and service practitioners within the CHPs models operating in Scotland between August and December 2007. The paper will examine: previous and current relationships and how these have led to the different CHP models emerging; the structure and modus operandus of the CHPs models; and the role of these models in bringing about service change for the benefit of service providers and clients alike.

References

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