

Update

July 2008

Community Health Partnership (CHP) review

The purpose of this Community Update is to bring you up-to-date with the Community Health Partnership (CHP) review.

At its meeting on 25 June 2008 the NHS Board agreed the proposals from the CHP review. The proposals will lead to:

- Local people having the healthiest lives possible
- Integrated health promotion activities, healthcare and social care services
- Reduction in inequalities, protection of the vulnerable and services tailored to local needs

Why did we carry out a review?

When the CHPs were first set up we agreed that we would review the structure and the way the partnerships were working. This is why we are having a review now.

Since the CHPs were set up we have made considerable progress around partnership working. This is reflected in the review. The key driving force behind this review is the desire to improve and strengthen the existing partnership working between healthcare and health and social care.

What has happened so far?

How did we involve staff in the review?

We set up a number of ways for staff to be involved in the CHP review.

These were:

- Staff meetings (more than 20 so far and these are still ongoing)
- Drop-in sessions

- Online forum on the intranet
- Dedicated telephone number
- Use of the mobile Care to comment 'Cam Room'

We met with independent contractors through the established professional committees and have also met with GPs locally.

We invited Local Authority colleagues to the meetings in each area, and on Arran, and organised meetings in Local Authority premises to make it easier for staff to attend.

We met with the Council for Voluntary Organisations (CVO) in each Local Authority area. These meetings secured agreement to host a CVO summit in Ayrshire and Arran to establish how the councils will work together in the future and how they will fit in with the new CHP structure.

What are the key issues?

Successful partnership working

During the meetings staff identified a number of key issues that they felt were important in good partnership working. These were:

Appropriate membership of the groups at each level of the new structure

Strong, collaborative relationships between each level of the new structure

The development of partnership working by building on experience of frontline service delivery

Working with staff from partner agencies in shared premises

The development of integrated Information Management and Technology systems and shared client records

The creation of joint budgets to deliver health and social care services

The development of integrated information management and technology and staff sharing premises will form part of existing plans through the Data Sharing Partnership and individual planning between Local Authorities and NHS Ayrshire & Arran.

Expected impact of the review

The review has allowed us to consider a new way of working which will provide a clear structure for each CHP with appropriate membership of the groups. It will also make sure that the CHP committees are accountable for delivering the proposals following the review.

The CHPs will involve all stakeholders in a local partnership with the aim of improving the health, social care and healthcare of local people.

This should lead to:

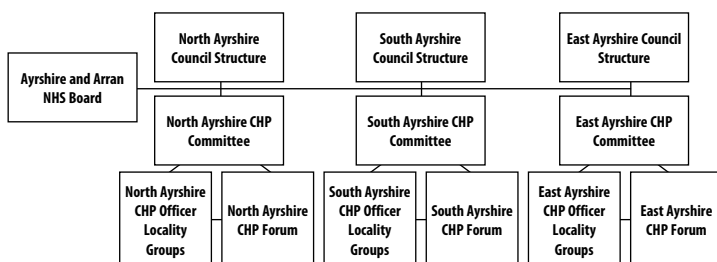
- Local people having the healthiest lives possible
- Integrated health promotion activities, healthcare and social care services
- Reduction in inequalities, protection of the vulnerable, and services to meet local needs

What is the new structure?

There will be three Community Health Partnerships, working in the three geographical Local Authority areas in Ayrshire and Arran.

The fine detail of the role, remit and membership of the groups within the proposed structure has yet to be developed and we will let you know this as soon as it is available.

This diagram shows the committees, forums and officer groups of the proposed CHP structure.



Each local area will have a:

- CHP officer locality group
- CHP forum (or sub-committee)
- CHP committee

The CHP officer locality group will:

- include officers from health and local authorities who will meet to discuss and resolve issues at a local level
- have two groups in each local authority, one for adult services and one for integrated children's services
- focus on health, health services and social care and will involve other appropriate agencies

The CHP forum will:

- be a sub-committee of each CHP
- consider issues identified by independent contractors, staff-side and the public. These can be referred to the CHP officer locality group for the committee to take forward
- be chaired by a non-executive director of NHS Ayrshire & Arran who also sits on the CHP committee

The committee for each area will be made up of:

- A NHS Board member nominated by North, South or East Ayrshire council, who will chair the meeting
- Three local authority elected members
- Three other members from NHS Ayrshire & Arran; a non-executive member, an executive member with a clinical remit and an executive member with a non-clinical remit.

What are the benefits of the new structure?

- The new CHP structure is clearer and will improve partnership working.
- The new CHP structure will enable us to focus on local issues to improve health and reduce inequality.
- As members of the NHS Board, the chairs of the CHP Committees will be responsible for ensuring that the new structure and way of working improves and strengthens partnership working
- The chairs of the forums will make sure the views of the forum are reflected at committee and NHS Board level.

- The chairs of the Area Partnership Forum (APF) and Area Clinical Forum (ACF) will hold the Chairs of the Committees and forums jointly responsible for ensuring that the views of the independent contractors and staff-side are considered in forming the CHP position.
- The chairs of the Committees, the chairs of the forum and other committee members will have the opportunity to influence decision making at NHS Board level.
- Local Authority representation and participation will be the same across Ayrshire and Arran.
- All members of the committee will be able to influence and encourage the use of resources to support local service change.
- The committees will be able to take into account the views expressed in the forums before making any decisions.
- A stronger relationship with community planning partners. Chairs of the committee and sub-committees will represent NHS Ayrshire & Arran on the community planning board.
- The chairs and members of the committees will be NHS Board Members and the chair of the forum will be a Board member. This means there will be a direct link between local planning, decision-making and the NHS Board.

These committees will focus on local need and tailor services, treatment and care to meet this. As the committee has both health and local authority representatives they will be empowered to use resources to help service change at a local level.

These committees will report directly to the Ayrshire and Arran NHS Board. While there is an agreement in principle that the CHP committees will also report into each Local Authority, we will have further discussions to identify the most appropriate reporting mechanisms into each council's structure and community planning arrangements.

Further details on the membership of the groups and their terms of reference is available in the paper presented to the Ayrshire and Arran NHS Board on 25 June 2008.

Other issues coming out of our discussions

Why are we proposing to make changes at the same time as the changes we are making to refocus the organisation?

We are committed to improving partnership working. The proposed changes will compliment the other refocusing changes currently taking place within the organisation.

How will we support staff during the changes?

The Organisational Change Policy is in place to help guide staff, managers and staff-side colleagues through any change process. In addition to this, the Partnership Facilitators are involved in the engagement process to help protect the rights and interests of staff who are affected.

Who will make decisions?

Decisions will be made locally through this new structure.

The responsibility for providing services will be different in the future, but the focus will be on the planning, management and provision of services to local communities.

What are the next steps?

We are:

- Arranging to engage with independent contractors through the Primary Care Development Directorate. A strategy for primary care will give a clear path for the development of this sector.
- Improving the way we involve the public. This includes improving support for PPFs as well as ensuring they have a say through the forum.
- Holding a development day for NHS local staff partnership forums. Any actions we agree during the day will help to build our partnerships.

If you would like to find out any more information about the CHP review please contact Paul Ardin, Director of Primary Care Development on 01292 513816 or email paul.ardin@aapct.scot.nhs.uk.

Tell us what you think... If you would like to comment on any issues raised by this Community Update, please complete the form and return it to: Communications Department, 3 Lister Street, Crosshouse. You can also email us at comms@aaaht.scot.nhs.uk or comms@aapct.scot.nhs.uk. If you provide your contact details, we will acknowledge your comments and pass them to the appropriate departments for a response.

Name and department (optional)

Comments

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0800 169 1441
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