

REPORT TO: POLICY AND RESOURCES COMMITTEE - 13 DECEMBER 2004
REPORT ON: COMMUNITY HEALTH PARTNERSHIP DEVELOPMENT
REPORT BY: ASSISTANT CHIEF EXECUTIVE (COMMUNITY PLANNING)
REPORT NO: 835-2004

1 PURPOSE OF REPORT

To advise the Council of the statutory development of Community Health Partnerships by Health and the role of the Council within this development. This report seeks approval to progress the Council's role in the development of a Community Health Partnership for Dundee. This report recommends a phased approach in progressing Community Health Partnership development.

2 RECOMMENDATIONS

It is recommended that the Council:

- notes the statutory development of Community Health Partnerships
- approves progress made in the development of Community Health Partnerships
- approves Council membership of the Dundee Community Health Partnership
- remits the Assistant Chief Executive (Community Planning) to produce an update report in March 2005 confirming a phased approach over a twelve month period towards the development of a Dundee Community Health Partnership

3 FINANCIAL IMPLICATIONS

There are no financial implications that arise directly from this report.

4 LOCAL AGENDA 21 IMPLICATIONS

The report is relevant to the Local Authority Agenda 21 theme in that the recommendations in this report focus on meeting local needs. The report is consistent with the Council's Anti-Poverty Strategy, in particular through the development of services that will help reduce health inequalities.

5 EQUAL OPPORTUNITIES IMPLICATIONS

The report is consistent with the principles contained within the Local Authority's Equal Opportunity Policy in that the process should be used to bring about improvements in streamlining the delivery and provision of health and social care particularly for vulnerable groups within the community.

6 BACKGROUND

6.1 Community Health Partnerships

- 6.1.1 The move towards developing Community Health Partnerships is one of the changes arising from the reorganisation of the health service nationally and is underpinned by the legislative changes contained in the National Health Service Reform (Scotland) Act

2004. The duty to bring in these changes lies with the National Health Service. Statutory guidance proposes that Community Health Partnerships will work as part of a decentralised and integrated health and social care system. The enhanced role for Community Health Partnerships is to:-

- ensure patients and communities and a broad range of healthcare professionals are fully involved in the planning and review of services;
- establish a substantive partnership with local authority services;
- have greater responsibility and influence in the deployment of resources by NHS Boards;
- play a central role in service design locally;
- act as a focus for integrating health services, both primary and specialist, at local level and;
- play a pivotal role in improving the health of their communities

6.1.2 Within this context, Community Health Partnerships are intended to create better results for the communities they serve by being aligned with local authority counterparts and by playing an effective role in both planning and delivering local services. The work will be driven by a focus on jointly agreed outcomes and will provide a focus for integration between NHS primary care and specialist care and local authority social care. Community Health Partnerships are seen as:

- tackling health inequalities and improving the health of local communities by working within community planning frameworks
- the main NHS agent through which the Joint Future agenda is delivered
- the main NHS agent through which the recommendations of 'For Scotland's Children' are implemented
- the principal NHS partner in Integrated Community and Health Promoting Schools

A full list of Community Health Partnership planning and service activity outlined by the statutory guidance is listed in Appendix 1.

6.1.3 During 2004, the development process for Community Health Partnerships has been taken forward concurrently through national and local development processes. COSLA has been represented on the national CHP Development Group and Dundee City Council input to the local development process has been led by Corporate Planning and Social Work Departments. To date, the development process locally has included input from a range of relevant frontline Council staff.

While this is an NHS led process Community Health Partnerships are expected to be developed in partnership with Local Authorities. Within this context, Health Boards are required to submit a scheme of establishment to the Scottish Executive regarding the setting up of Community Health Partnerships within their health authority areas by 24 December 2004.

6.2 Community Health Partnerships in Tayside - Scheme of Establishment

6.2.1 NHS Tayside have developed a Scheme of Establishment for Tayside that will be submitted to the Scottish Executive on 24 December. The Scottish Executive must approve the Scheme of Establishment before Community Health Partnerships can be established. The Scheme of Establishment for Tayside proposes:

- there will be three Community Health Partnerships in Tayside each co-terminous with Local Authority Boundaries and building on the work of the three Local Healthcare Co-operatives (LHCC's)
- a transition period of twelve months from 1 April 2005 when shadow Community Health Partnerships will be established. It is intended that this will allow time for services, functions and responsibilities to be transferred from the Primary Care Division to the Community Health Partnerships with minimum disruption. It is proposed that Community Health Partnerships will be fully operational from 1 April 2006
- Community Health Partnerships will have direct responsibility for a wider range of services delivered within their respective communities. These services will comprise existing range of LHCC services and will also include Elderly and Rehabilitation, Mental Health, Clinical Psychology, Area-wide Continence Service. A detailed list of services is listed in Appendix 2
- some community services will retain a Tayside-wide focus because of their specialist nature and will require to be managed as a single service. Where this happens, one lead Community Health Partnership will 'host' this service on behalf of the three CHPs and hosting protocols will be developed. These services will only transfer to the lead Community Health Partnership when the hosting protocol and service agreements are in place. The proposed services to be hosted are outlined in Appendix 3
- Organisational arrangements for Community Health Partnerships are in accordance with statutory guidance and regulation. Each Community Health Partnership will have its own committee which will be a standing committee of Tayside NHS Board. The Chairperson will be appointed by NHS Tayside in consultation with respective Local Authority partners. The minimum core membership of the CHP Committee as laid down in statutory guidance, is outlined in Appendix 4.
- Community Health Partnerships will involve the public and communities in directing and influencing the way services are delivered. This will be done via NHS Tayside Public Partnership Forum, partnership agreements with the voluntary sector and the new Scottish Health Council (to be established from April 2005). The Statutory Guidance also states that wherever possible, CHPs should seek to use or tap into local authority mechanisms for engaging the community
- the resource allocation for each Community Health Partnership will initially be based on the services and functions for which they will be responsible. Over time it is anticipated that the resource allocation process will be driven by strategic priorities, relative need and health inequalities. Within this context, relative autonomy to set budgets will be devolved to Community Health Partnerships in accordance with Extended Local Schemes of Delegation. As standing committees of the Health Board, CHPs will be accountable to Tayside NHS Board. The transition shadow period will provide the opportunity to ensure the proper arrangements are in place to secure sound governance and accountability within Community Health Partnerships

- Community Health Partnerships will involve staff in the decision-making process that affects the planning and delivery of services. Within this context, NHS Tayside will work through the established health service Joint Staff Forums in each area and a staff representative will be appointed to each CHP committee for a minimum two year term of office

6.3 Community Health Partnership in Dundee - Working with Dundee City Council

The Scheme of Establishment for Tayside broadly outlines the direction in which Community Health Partnership across Tayside will be developed. Nevertheless, the proposed co-terminosity of each CHP with the respective Local Authority boundary emphasises the importance and impact of the working partnership with a range of local authority services. Within this context, the Scheme of Establishment for Tayside acknowledges the requirement of building on the relationship with Dundee City Council towards the development of a substantive partnership with the proposed Dundee Community Health Partnership. This process would be developed during the shadow transition period of 2005/2006.

In developing a substantive relationship with the Dundee Community Health Partnership, a number of key issues would require to be addressed. These issues are:

- Council membership of the Dundee CHP Committee still has to be finalised, however, the Council recommendation is that membership should be the Convener of Social Work or representative, the Chief Executive or representative and the Director of Social Work or representative
- the full working relationship with Dundee City Council still has to be discussed and agreed. Of particular importance is Council membership of the Dundee CHP Committee along with the development of appropriate protocols/systems necessary to ensure the governance and accountability of Dundee City Council. In addition, the role and relationship to the Health Board should also be taken into account particularly in view of existing elected member representation on the Health Board
- the impact on the key planning and service infrastructure of Joint Future given that the Dundee Community Health Partnership will be the main health service agent through which the Joint Future agenda will be delivered. The challenges in this existing area of joint working are to develop more integrated planning while ensuring there is sufficient devolved decision-making and mechanisms to maintain appropriate service delivery. Of particular importance will be the potential impact on services during the transition development period of the Dundee Community Health Partnership. In line with statutory guidance, the inclusion of the Joint Future process within the Dundee Community Health Partnership must be discussed and agreed with Dundee City Council
- the impact on the integration of Children's Services as Dundee Community Health Partnership will be the lead health service agent through which the recommendations of 'For Scotland's Children' will be implemented in partnership with the Council. Within Dundee City Council this will be a new way of working with the Health Service and similar to the Joint Future approach this presents equivalent challenges in planning and service delivery.
- The implications of the Dundee Community Health Partnership working within the Community Planning framework requires to be explored in greater detail. Particularly the way the different joint planning and service dimensions of Community Planning, Joint Future and Children's Services can effectively be

integrated to ensure better outcomes for the community. Within this context there will also be a requirement to explore the development of joint processes around drugs and alcohol.

- The prospective impact of the Dundee Community Health Partnership on a range of Council-wide services means there will be a number of cross-departmental issues that will require to be addressed on an ongoing basis during the transition period/ development period of the Dundee Community Health Partnership e.g. in Social Work, Housing, Education and Communities Departments.

While the Scheme of Establishment for Tayside outlines the statutory direction in which Community Health Partnerships across the region will be developed issues around joint working with Dundee City Council in setting up a Dundee Community Health Partnership still require to be addressed. Within this context, the intention is to develop a phased approach during 2005/2006 with set dates during which time outstanding Council-specific issues will be resolved.

7 **CONSULTATION**

Directors of all departments have been consulted in the preparation of this report.

8 **BACKGROUND PAPERS**

National Health Service Reform (Scotland) Act, Section 2, 2004.
 Community Health Partnerships Statutory Guidance, October 2004.
 Community Health Partnerships in Tayside – A Scheme of Establishment, Draft Version 6
 NHS Tayside, November 2004

Chris Ward
 Assistant Chief Executive (Community Planning)..... 08/12/2004

COMMUNITY HEALTH PARTNERSHIPS - STATUTORY GUIDANCE

The Statutory Guidance states that Community Health Partnerships will be expected to:

- deliver services more innovatively and effectively by bringing together those who provide community based health and social care;
- shape services to meet local needs by directly influencing Health Board planning, priority setting and resource allocation;
- integrate health services, both within the community and with specialist services, underpinned by service redesign, clinical networks, and by appropriate contractual, financial and planning mechanisms;
- improve the health of local communities, tackle inequalities and promote policies that address poverty and deprivation by working within community planning frameworks;
- be the main NHS agent through which the Joint Future agenda is delivered in partnership with local authorities and the voluntary sector;
- be the main NHS agent through which the recommendations of *For Scotland's Children* are implemented in partnership with local authorities;
- be the principal NHS partner in Integrated Community and Health Promoting Schools;
- lead the implementation and monitoring of child health surveillance and relevant aspects of screening of children;
- promote involvement of, and partnership with, staff whether employed by or contracted to the NHS; and
- secure effective public, patient and carer involvement by building on existing, or developing new mechanisms

COMMUNITY HEALTH PARTNERSHIPS IN TAYSIDE

Proposed Integrated Area Services

- **LHCC Services**

- Older People Services
- Community Hospitals
- Community Nursing/Public Health Nursing/Practice Nursing
- Allied Health Professionals
- Pharmacy
- Specialist Palliative Care/McMillan Services (Dundee LHCC)
- Palliative Care (Perth & Kinross LHCC)
- Psychiatry of Old Age
- Community Learning Disability (Perth & Kinross LHCC)
- Medicine for the Elderly (Perth & Kinross LHCC)

- **Elderly and Rehabilitation**

- Assessment and Rehabilitation
- Continuing Care
- Psychiatry of Old Age
- Specialist Palliative Care (Dundee and Angus)
- Brain Injuries Unit

- **Mental Health**

- Advanced Interventions/Neurosurgery
- Adult Mental Health
- Forensic Psychiatry
- Learning Disability
- Child and Family Psychiatry
- Substance Misuse
- AHP
- Family Planning and Well Woman
- Community Dentistry

- **Clinical Psychology**

- Primary Care
- Severe and/or enduring Mental Illness/Forensic
- Learning Disability
- Child and Adolescent Mental Health
- Older People
- Addiction
- Health (chronic pain, physical illness)
- Neuropsychology

- **Area Wide Continence Service**

COMMUNITY HEALTH PARTNERSHIPS IN TAYSIDE**Proposed Tayside-wide Services Subject to 'Hosting' Arrangements**

- Forensic (Mental Health) Services
- Specialist Adult Mental Health Services (IPCU, Specialist Continuing Care and Rehabilitation In-Patient)
- Specialist Learning Disability (Tayside-wide In-Patients, Day Services and Forensic Community Team)
- Child and Adolescent Mental Health Services (aligned with Children's Services)
- Area Substance Misuse Services
- Clinical Psychology (specific services)
- Community Dentistry
- Family Planning and Well Woman Services
- Brain Injury Unit
- Specialist Palliative Care
- Area Continence Service

It is intended that hosting arrangements will allow services to be partially integrated into Community Health Partnerships but will also allow them to be strategically co-ordinated through area-wide partnerships.

COMMUNITY HEALTH PARTNERSHIPS IN TAYSIDE
CHP Committee Membership and Source of Nominations

No	Discipline of Member	Nominations Through
2	General Medical Practitioner(s)	GP practices in the CHP area
1	General Manager who is an officer of NHS Tayside	Appointment
1	Nurse	Appointment of lead nurse
2	Medical Practitioner(s) who does not provide primary medical services	Acute Services Division
3	Medical Practitioner(s) who does not provide primary medical services	CHP secondary care clinicians
1	Community pharmacist	Registered pharmacists with support of the Area Pharmaceutical Committee
1	Dentist	General Dental Practitioner Sub Committee
1	Optometrist	Area Optical Committee
1	Allied Health Professional	Allied Health Professional Liasion Group
1	Staff Representative	Area Partnership Forum
3*	Councillor(s) or officer(s) of the Local Authority	Local Authority
1	Public Partnership Forum member	Public Partnership Forum (PPF) or from the Public Partnership Group until PPF is formed
1	Voluntary Sector member carrying out services similar or related to the Health Board	Local Councils for Voluntary Services
1	Non Executive NHS Board member	Tayside NHS Board

* Statutory Guidance states that local authority membership should be commensurate with their substantive partnership arrangements with the CHP.