

West Dunbartonshire Community Planning Partnership

Board Meeting: 14th August 2006

Covering Report for Frequently Asked Questions on the Community Health Partnership

Background: The Community Health Partnership (CHP) has now established itself in West Dunbartonshire and is playing a full and active role as a Community Planning partner. At the recent Civic Forum, the CHP led on discussions relating to health inequalities and health improvement. This proved to be a valuable input for those present and raised the public profile of the CHP.

Frequently Asked Questions: As with any new and evolving organisation, communities and partner agencies are curious as to its functions, its governance, role and remit. In a Community Planning context, it is important that partners are aware of each other if we are to work well together. The attached paper outlines those questions which CHP and other staff working in communities and with partners are often asked. The paper is a starting point for discussion with the Director of the CHP but can be used in other information-sharing contexts.

WEST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP

FREQUENTLY ASKED QUESTIONS

What are the origins of Community Health Partnerships?

The NHS White Paper 'Partnerships for Care' in 2002² outlined a vision for the structural arrangements for the NHS in Scotland involving:

- A move towards a single NHS system of organisation
- Thus the abolition of the separate 'trust' entities
- A move towards greater integration with local authority services (such as social work/community care) and community planning
- A move towards more powerful and comprehensive planning at a local level – this being carried out through Community Health Partnerships

What is the West Dunbartonshire Community Health Partnership (CHP) established to do?

Essentially it is set up to run local health services and contribute to the health improvement of the area. The 'Scheme of Establishment' identifies the following purpose of the CHP:

- Manage local NHS services
- Improve the health of its population and reduce health inequality
- Co-ordinate and articulate the NHS inputs into the community planning process
- Achieve better specialist health care for its population
- Drive NHS community care and children's service planning processes
- Lead NHS participation in local joint future and children's planning arrangements with West Dunbartonshire Council (WDC)

When was the CHP established?

The CHP became operational on 1st December 2005 although many posts, structures and processes were not in place as of then. In fact many of the key posts and structures are not fully in place although mostly these, or interim arrangements are established.

How does the CHP link to the Health Board?

Each CHP is effectively run by a sub-committee of NHS Greater Glasgow and Clyde Board. Thus the CHP reports directly to the Board structures and is accountable to them. The CHP is also supported by central Board functions such as Performance Management, Communications, Procurement, etc as well as specialist teams within the Board and located within other parts of the system.

The CHP also has strong links to child and adult Acute Services as well as the Mental Health Partnership and the RES?

Who is on the committee that manages the CHP?

The CHP committee is chaired by a non-executive NHS GG & C Board member (Rani Dhir) and is comprised of:

- 4 members from the Professional Executive Group (PEG) which represents a range of clinical/public health staff in the CHP
- 2 members from the Public Partnership Forum (PPF) which represents the patient and public's concerns
- A representative from the Staff Partnership Forum (SPF)(which is linked to union type representation)
- The Leader of West Dunbartonshire council
- The Director of the CHP
- A representative from West Dunbartonshire Council for Voluntary Services who represent the voluntary sector constituency

When does this committee meet and does it meet publicly?

The committee meets every 2 months and from August?? this will be held publicly with public notice given.

Can you tell me more about the PEG, the PPF and the SPF?

The PEG is linked with the Partnership Committee and an integral part of the CHP Management arrangements. It ensures much wider professional representation than can be achieved by Committee membership alone. The PEG will have clear responsibilities to lead service re-design, planning and prioritisation.

The key priorities of the PEG will be to:

- Provide clinical and professional leadership
- Provide direction and oversight of planning activity
- Identify and support service re-design and clinical developments
- Ensure Engagement with secondary care
- Clinical governance oversight

The PPF will have three main roles:

- To ensure the CHP is able, through the PPF and other means, to inform local people about the range and location of services
- To engage with local service users, carers and the public in discussion about how to improve health services
- To support wider public involvement in planning and decision making and to seek to make public services more responsive and accountable to citizens and local communities.

Voluntary Sector links

West Dunbartonshire Council for Voluntary Services (CVS) has been commissioned by the CHP to organise robust linkage to the many voluntary sector organisations in the area. The CVS will have a seat on the CHP Committee and represent the voluntary sector perspective.

The Staff Partnership Forum is the way that the CHP ensures that NHS Greater Glasgow and Clyde meets its statutory requirement around staff governance and, from a wider perspective, that staff involvement is embedded in the new organisation.

In the next period the intention is to work towards a fully functioning Staff Partnership Forum for West Dunbartonshire CHP. Local stewards have been identified through NHS GG & C Area Partnership Forum to discuss issues on an ongoing basis. Further work is required to clarify final membership and constitution. It is expected that the full meetings of the SPF will begin in August including an opportunity for a development session with members.

West Dunbartonshire used to be within both Greater Glasgow and Argyll and Clyde Health Board areas. With the formation of the new Greater Glasgow and Clyde Health Board how will this affect services?

In the short term this is unlikely to have any direct effect but in the long term this will allow more consistency of services across West Dunbartonshire. It will certainly allow for easier linkage to the local authority to effectively have one point of engagement with the NHS – namely the CHP.

Ultimately there are many excellent services both within the old Greater Glasgow and Argyll and Clyde areas and the intention of the CHP is to use the best practice from each to inform any new arrangements.

Argyll and Clyde Health Board had well documented financial problems. Will this affect the CHP in any way?

Whilst the deficit accrued by Argyll and Clyde was written off by the Scottish Executive the system itself was losing a significant amount of money each year. The Health Minister has given the new Board around 3 years to bring the old Argyll and Clyde area into financial balance. This will mean that there will be a significant challenge to find this £28 million over the next 3 years and clearly West Dunbartonshire will have to contribute to this although the intention of the CHP is to minimise the impact of this on front-line services. The CHP's contribution to the financial recovery will also only be applied to the old Argyll and Clyde area.

What kind of services/workers will the CHP be responsible for?

The services/workers include:

- Community Nurses
- Health Visitors
- Relationships with Primary Care Contractors (such as GPs)
- Local Older People's and Physical Disability Services
- Mainstream School Nurses
- Chronic Disease Management Programmes and Staff
- Oral Health Action teams
- Allied Health Professionals
- Palliative Care

- Addiction Services
- Learning Disability Services
- Community Mental health Services
- Health Improvement/promotion

West Dunbartonshire CHP will also:

- Host the Diabetic Retinal Screening service for the former Greater Glasgow area;
- Have a lead role on behalf of CH(C)Ps in relation to the diabetes Managed Clinical Network; and
- Have a lead role on behalf of CH(C)Ps in relation to the Glasgow Integrated Eye care Scheme (GIES)

In the first 8 months of the CHP what has been achieved?

In the first period of operation the CHP has:

- Established the CHP Partnership Committee
- Established the PEG and the PPF, organised initial arrangements for Staff Partnership representation as well as voluntary sector involvement
- Recruited almost all of the key managers for the CHP including:
 - Director
 - Clinical Director (s)
 - Head of Finance (shared with West Glasgow CHCP)
 - Head of Health and Community Care
 - Head of Mental Health and Partnerships
 - Head of Children's Services
 - Head of Planning and Health Improvement (post-holder takes up post in October)
 - Health Improvement and Inequalities Manager
 - Planning Manager
- Established initial meeting structures
- Established to Board wide structures/meetings and ensured good information flow from centre
- Established interim Human Resource/OD arrangements
- Established financial
- Built on from the existing strong partnership arrangements in the area and set up appropriate representation and linkage with key local authority/community planning structures and groups many of them joint groups
- Some initial organisational development work
- Set up CHP Communications group
- Written initial outline Health Improvement Plan following developmental events
- Developed first CHP plan

What are important service and thematic priorities for the next year?

Cross-cutting:

- Building up the CHP staff team, developing the new organisation, evolving a positive organisational culture, ensuring structures and processes are sound, developing motivated and focused teams
- Ensuring that the CHP embraces 'transformational' themes
- Developing comprehensive internal and external communication systems

Primary Care:

- Setting up a monitoring framework for Quality and Outcomes including 48hour access.
- Agree Local Targets across West Dunbartonshire
- Develop care pathways for dementia patients
- Develop a supported training model for practice staff and management
- Develop a Primary care premises plan
- Continue to review demand and capacity of general dentist pra
- Work to integrate AHP services in West Dunbartonshire including those hosted by West Glasgow and Highland.
- Work with the Pharmacy Team to agree priorities for self management for chronic diseases and minor injuries
- Review MCNs in Chronic disease
- Develop models of care co-ordination and care management and review the role of specialist nurses
- Integrate Health Improvement work with service delivery and planning.

Older people:

- Further integrate older people's services across the authority
- Establish of a local Rehabilitation and Assessment model
- Develop a robust Joint Performance Information framework, including joint agreed local targets in conjunction with Local Authority Partners
- Further develop of community based services for older people, ensuring a continued focus on community provision of care
- Develop a Joint Commissioning Strategy for older people's services with WDC through the OPSG
- Develop clarity on Delayed Discharge Systems and agreeing Joint Processes with Argyle and Clyde
- Deliver access to G Giles joint equipment store across West Dunbartonshire
- Complete a joint service plan for people with dementia by December 2006

Children's Services:

- Contribute substantially to the joint Child Protection inspection
- Contribute to the Integrated Children's Service Plan review process and key areas of development such as:
 - Establishing updated planning arrangements for child and adolescent mental health services
 - Support and develop local specialist children's services
 - Needs assessment for Looked After and Accommodated Children
 - Developing a shared Parenting strategy/framework
 - Implementing Hall 4/West of Scotland Child Health Assessment Record related work
 - Supporting implementation of Additional Support for Learning
 - Exploring service options to respond to young people with addiction problems and young carers
 - Explore advocacy models

Health Improvement:

- Establishing new combined team of health improvement workers
- Implementing actions contained within the Joint Health Improvement Plan, CHP Health Improvement Plan and CHP plan including:
 - Establishing robust health base-line profile
 - Leading on public/patient involvement structures
 - Interventions linked to Breastfeeding/Infant Feeding, Parenting support, Smoking Cessation, Oral Health, Youth Health/Health Services, Older People, Worklessness, Financial Inclusion, Food initiatives, Sexual health, Mental Health and stress services, Men's Health, Workplace Health and Learning Disability, Physical Activity, Transport, etc
 - Support key partner organisations such as the Healthy Living Initiative
 - Supporting the whole CHP workforce and partners to contribute to health improvement/reducing inequalities
 - Ensure work targets key geographical and thematic communities who suffer from poorer health
 - Ensuring key linked initiatives reflect health improvement imperative (such as the changes in worklessness structures and the potential Regeneration Trust)

Mental Health:

- Developing a West Dunbarton Mental Health Strategy Group and strategy
- Establishing a West Dunbartonshire Crisis Service for mental health operating 7 days per week and with 24 hour access
- It is intended to reprovide the IPCU service for Alexandria/Dumbarton/Helensburgh from the remote Lochgilphead Hospital to Gartnavel Hospital
- Continuing the development of integrated social work/health services at point of delivery including joint service commissioning
- Develop primary care mental health network

Addictions:

- Implement and consolidate the new shared management arrangements for addictions with the local authority
- Building on from the existing shared plans on alcohol/drugs

Sexual Health

- Supporting the development of a shared local sexual health action plan linked to the national strategy
- Support the development of Sandyford 'Hubs' in Dumbarton and Clydebank

How do I find out more?

The CHP web-site (www.chps.org.uk/westdunbartonshire) contains a range of important information.

A regular newsletter will be produced (quarterly) and a service directory is in process of being produced.

Key contacts for groups are:

- PPF – George Murphy (george.murphy@glacomen.scot.nhs.uk tel 0141 435 7505)
- PEG – Dr Alan Mcdevitt (alan.mcdevitt@gp40224.glasgow-hb.scot.nhs.uk)
- CVS – Selina Ross (selina.ross@btinternet.com tel 0141 941 0886)