REPORT FOR MINISTERIAL STEERING GROUP  
For Health and Community Care  

Community Health Partnerships – models, challenges and achievements  

Template return as a response to letter of 30/01/06 from Chief Executive NHS Scotland 
for: ___________________________ (please specify CHP name)  

Each CHP in your area should be addressed in the responses to the information required. Information should consist of brief details and summaries and all information should be supplied on the template below only. No attached papers should be provided.  

<table>
<thead>
<tr>
<th>Information Required</th>
<th>Brief Summary</th>
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| • Briefly summarise the model of CHPs within your area of responsibility. E.g. Joint / integrated models with Local Authorities; joint and/or single managers, devolved decision making from high level committees. | Box 1 of 4  
The three CHP in Fife are constituted as operational/delivery units of NHS Fife, along with the Operational Division. Each CHP Committee is a standing committee of Fife NHS Board. The General Managers are accountable to the NHS Chief Executive for the overall management and use of resources within the CHP.  
The three CHPs manage the full range of community health services in their area and also currently undertake the role of “host manager” for some Fife wide services e.g. Children’s Services, Mental Health, Community Store  
The CHPs are an integral part of joint planning and decision making process through at a strategic level:  
Fife Health & Well-being Alliance (Health Improvement)  
Health and Social Care Partnership (Joint Future)  
Partnership Management Group (servicing the Partnership) and Children’s Services Group  
in planning and delivering integrated services locally through:  
- six Local Management Units (community care services)  
- six Children’s Services Groups |
Summarise the key **inter-agency** challenges associated with establishing CHPs and how they were tackled / addressed.

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<th>Box 2 of 4</th>
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<td>There are clear benefits of coterminosity at Fife Council/NHS Fife level. However, below that level, the challenges in establishing CHPs in terms of interagency working are not dissimilar to those previously experienced across NHS Fife and Fife Council in that joint working is set within the complexities of two structures which inevitably means working across geographical boundaries. It is also important to ensure that there is a balance between services that support local need whilst working within a Fife wide framework.</td>
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<td>However the delegation of significant responsibility for management of service to CHPs has undoubtedly enhanced the ability of local managers to have greater autonomy in planning and redesigning services locally.</td>
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<td>The governance arrangements for Joint Future have been reviewed to reflect the development of CHP’s and also to take account of the newly implemented structure within the Social Work Service. Partner agencies have moved to a Health and Social Care Partnership Model with strengthened arrangements through delegated authority by each agency for the use of resources at both a strategic level and locally through Local Management Units. A more focussed approach in ownership of improvement targets will continue to develop and strengthen partnership working in Fife.</td>
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<td>Local Management Units reflect local community arrangements at a level below CHPs (e.g. individual towns such as Kirkcaldy, Dunfermline and Glenrothes) – they also coincide with local children’s services planning arrangements.</td>
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<td>There will continue to be challenges in areas such as understanding roles and responsibilities, working within the context of different terms and conditions of services, the use of secondment/attachment policies to support joint working, the development of joint premises etc and these have been tackled wherever possible through the development of local policies and guidance.</td>
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- Summarise the key inter-agency achievements so far, resulting from the establishment of CHPs or plans to design services differently as a consequence of the new ways of working.

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<tr>
<td><strong>Glenrothes and NE Fife CHP</strong></td>
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**Key inter-agency agreements:**

A Clinical Lead has been appointed to co-ordinate work across the two LMUs that are within the Glenrothes and NE Fife CHP. This has resulted in a greater focus of both LMUs on the Local Improvement targets and co-ordination of services.

The Glenrothes and NE Fife CHP manage the Joint Community Equipment store. Ways of increasing access to a greater range of staff are under investigation and a bid for funding for training for a range of council and health staff to access equipment has been submitted to the Joint Senior Managers Group.

A CHP wide post to manage discharge planning from the community hospitals has been created using existing resources. Fife Social Work Service has agreed in principle that the post holder should work with the supervision of local social work managers to arrange access to social work services.

The NE Fife Integrated Response Team has been redesigned to take account of the population scatter in NE Fife, the 3 community hospitals and the links with Ninewells Hospital in Tayside as well as with Fife Acute Hospitals.

NE Fife CHP is to locate its office in the Fife Council Offices in Cupar increasing links between the local health and council operational managers.

Glenrothes LMU have been examining the delayed discharge statistics from Glenrothes Hospital and are investigating the possibility of using local bed sits with the support of local services to provide care for patients awaiting suitable housing, home adaptations or non nursing dependent care home placements. This would provide suitable arrangements for up to 5 delayed discharge patients and speed up patient flow out of hospital care.
Box 4 of 4

Joint Performance Management Arrangements are agreed through the system of Local Improvement Targets that will link directly with the Development Plans of each CHP and Service Plans within the Council. Through this they will also have a direct link to national targets.

These targets have been developed with the Local Management Units and will be monitored through Finance and Performance Management Group to the Partnership Management Group and the Partnership Group itself.

For particular pieces of work e.g. the Discharge Programme within Learning Disabilities a Service Level Agreement process is being used to manage the transition from hospital and redesign of a larger service.

Partnership agencies will work with users and carers of service through current involvement arrangements e.g. age concern user panels as will as through Public Involvement process to ensure that our local communities are engaged in the agreement of targets and any changes in service provision.