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>
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<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.

**Box 2 of 4**

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.

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.

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.

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.

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.
- 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.

| Box 3 of 4 |
| **Kirkcaldy and Levenmouth CHP** |
| o The whole system approach management of Delayed Discharges. As stated previously the Local Management Unit aligned to the CHP has been reinvigorated to empower managers across Health and Social Work Services to focus on local improvement targets, unscheduled care and Delayed Discharge action planning. In this CHP the Local Management Unit will focus on the Local Improvement Targets in order to guide and direct change in delivery of services. |
| o The co-location of Hospital Discharge Support Nurses and Social Workers in the Kirkcaldy area linking Primary Care wards, Acute beds and Social Work Hospital Discharge Services together. This has resulted in the sharing of information, the development of appropriate information systems and regular marketing of problem areas that prevent discharge. |
| o Full involvement of Local Authority partners in the development of the Health Improvement Development Plan for the CHP. |

**The CHP Plans for Re-design as a Consequence of the New Ways of Working**

- Active joint management of the Delayed Discharge Action Plan Projects to integrate community services including Integrated Response Teams, Enhanced Care and Community Rehabilitation Teams, avoid duplication overlap and address service gaps.

- To create a simple point of access to all services within the Kirkcaldy and Levenmouth Communities.

- To continue full involvement of partners in the re-development of Randolph Wemyss Hospital, a community health facility in Levenmouth.

- To continue to develop the Community Rehabilitation Model at Randolph Wemyss (previously known as the Day Hospital) as part of the single point of access to a range of Community Services.
Summaries the key *inter-agency* challenges associated with establishing CHPS and how they were tackled/addressed.

**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.