



'Putting the "community" into Community Health Partnerships

(A BRIEFING ON COMMUNITY HEALTH INITIATIVES POTENTIAL ROLE IN CHPs)

Community Health Partnerships (CHPs) offer an exciting opportunity for community members to shape and influence the implementation of local NHS services. These new partnerships are a move to harness the involvement of all those who have an interest in health and as recipients of services, community members more than most, have a major interest! However, there is a significant challenge in ensuring that this opportunity is turned into reality with decision making processes that encourage participation, ways

of working that take account of different expertise and delivery of service that reflects contributions from community and voluntary organisations. This Briefing aims to provide an insight into policy and practice aspirations, and assist community health initiatives (CHI) – community health projects, healthy living centers and other community organisations with a health focus – to assess their potential involvement and ways of supporting community members in having a significant stake in CHPs. It highlights the background to the policy, current level of awareness, checklist of ideas, and recommendations for future action.

Although the Briefing is primarily aimed at CHIs, it would also be useful for any health worker involved in supporting the engagement of community members in CHPs.



Cartoon by Graham Ogilvie

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Community Health Partnerships

Background

Community Health Partnerships were introduced in the White Paper 'Partnership for Care' (Jan. 2003) and are now incorporated into legislation through the NHS Reform (Scotland) Bill. The thinking behind CHPs is the requirement for stronger partnership working between primary care, secondary care, local authorities and community and voluntary sectors: the need to improve the design and integration of specialist and acute services, along with social care provision. They are to be in place and fully operational by April 2005.

In addition to bridging the divide between primary and secondary care and health and social care, there is an intention to devolve resources and decision making to frontline staff. CHPs are not being viewed as replacing existing organisations or 'taking over' successful partnership arrangements. Rather, they are being introduced to move the agenda forward by building on existing good practice and enabling frontline staff to focus on innovative solutions and affect positive change in the delivery of local health and social services.

It is intended that by working jointly with local partners in local authorities and community and voluntary sectors, there will be positive changes in clinical services and greater impact on health inequalities. CHPs will progress the Joint Future agenda, pool budgets between NHS and local authorities and enter into joint management arrangements on a wide range of services. There will be no one size fits all approach, but an expectation for the development of agreements and protocols which will avoid duplication in the management and organisation of services in each CHP.

CHPs will be included within the overall community planning framework and will shape the delivery of Joint Health Improvement Plans (JHIPS). They will also contribute to achieving the Community Planning Partnership's targets, with priority on tackling health inequalities.

Benefits to Communities

The Scottish Executive Guidance on CHPs view the benefits to communities as:

- ✗ systematically involving patients and members of the public as partners in improving the health of local communities;*
- ✗ supporting the delivery of the four pillars of Improving Health in Scotland – The Challenge;*
- ✗ informing NHS Board priorities and activities through ongoing needs assessment for local communities;*
- ✗ ensuring there is a specific focus on health promotion within communities;*
- ✗ taking local action to improve the wellbeing, life circumstances and lifestyles of local communities;*
- ✗ reducing the number of premature deaths by preventable diseases.*

Engaging Local Communities

It is envisaged that CHPs will establish a formal dialogue with their local communities through the establishment of a local Public Partnership Forum (PPFs). While PPFs are viewed as the formal mechanism for dialogue and decision-making, there is also the potential to influence CHPs through informal dialogue and networking. The Scottish Executive Guidance recommends a number of principles for engaging with communities:

- χ the duty placed on NHS Boards to involve and consult the public will apply to CHPs and any current or future national guidance or standards for public involvement should underpin the work of CHPs;
- χ wherever possible CHPs should see to use or tap into local authority, voluntary sector and other existing public involvement mechanisms;
- χ Public Partnership Forums should have a formal role in the decision-making processes of CHPs but this must not compromise their 'independent voice';
- χ the role of the Scottish Health Council locally will be to monitor and support the development of the Public Partnership Forum and to ensure that it operates effectively in accordance with standards developed by the Council, and according to standards for community engagement currently being developed by Communities Scotland, COSLA and other partners.

Public Partnership Forum

As the main vehicle to promote dialogue between CHPs and the community and voluntary sectors, the Scottish Executive has produced Draft Advice Notes on initiation and implementation - finalised in Autumn 2004. The Advice Notes make the following recommendations:

Two representatives should be invited on the CHP Committee (including one representative from the voluntary sector). A Working Agreement will be established between the CHP and the PPF.

The Forum will have three main roles:

- 1. Inform local people about the range and location of services and information, which the CHP is responsible for, including NHS Board wide services, which are available within the CHP area.**
- 2. Engage local service users, carers and the public in discussion about how to improve health services, with particular attention to those who are more socially excluded or facing discrimination when accessing services.**
- 3. Support wider public involvement in planning and decision making of local health services.**

PPFs will bring together existing local groups and networks of patient groups, voluntary organisations, interested individuals and others with the key role of considering and informing the CHP on specific issues. The work of the PPF will be seen as integral to the existing public involvement structures to support joint planning initiatives including Joint Future, Children's Services, Managed Clinical Networks, as well as community planning. They should also develop clear links with the Scottish Health Council (SHC) in its capacity as quality assurance of Patient Focus: Public Involvement activity of NHS Boards.

It is intended that PPF's will be supported by existing staff, who are already working within communities including health promotion staff, public health practitioners, community learning and development staff and staff from the community and voluntary sectors. A support Administrator (funded by the NHS Board) will be appointed by the CHP to provide administrative, day-to-day support and co-ordinate the management of information. The Draft Advice Note can be accessed from www.show.scot.nhs.uk/sehd/chpdg/Pages/PWI02008letter.pdf

Community Health Initiatives - Experiences So Far...

Because of our weak year-to-year funding base we are limited in what level of commitment we can give to the local CHP.

Lochaber Health for All

A useful development would be for the voluntary/community sector to be treated appropriately, i.e. involved/engaged from the start and as an integral part of the process.

Firth and Mossbank Family Centre, Shetland

Feel that the whole balance of community/clinicians needs to be turned on its head within CHPs and the credibility of the community health sector is a 'gift' to the CHPs if only they'd realise it!

Islay and Jura Healthy Living Initiative

We would prefer to have been involved at the earliest stage not just once the NHS has 'got its house in order'.

Dundee Healthy Living Initiative

Would really like to raise the profile of HLCs and generally raise the consciousness of NHS/Primary Care sector. Would like to see a much more strategic approach to community health development generally.

Inverkeithing Healthy Living Centre

We'd like to get information out and information about how people could get involved and would like to involve the cross-locality community capacity group (a network which has developed into a health forum/action group) but no avenue to do this as yet.

Have a Heart Paisley

We are quite well engaged with the Community Planning process and feel we're reasonably influential but haven't really thought about useful developments or engagement with CHPs as we haven't been engaged with that process so far.

Forth Valley Food Links

We have had no prior consultation but would be interested in getting involved in CHPs

Kelburn/Woodhall Resource Centre

We would like to see the proposals being much more about community involvement/health improvement rather than the current over-concentration on quality of service/NHS service provision.

East End Health Action, Glasgow

Useful developments would be to improve communication between all partners and develop good networking.

3 Towns Healthy Living Company

The Project has been able to voice specific local priorities and in collaboration with others have created opportunities for various community and voluntary sector agencies to pursue specific initiatives which play to their strengths and cover their particular role and responsibility.

Pilton Community Health Project

Would see the main route for CHI involvement being in having direct representation on the CHP, or at the very least being consulted on developments.

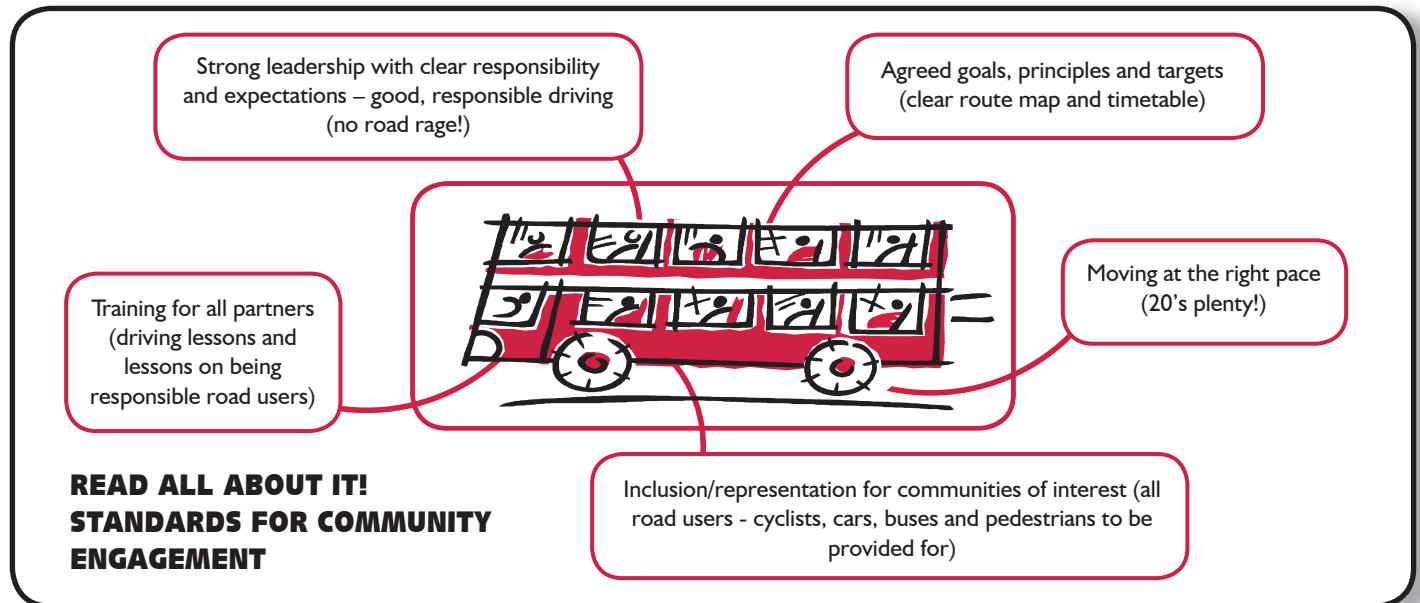
Fullarton Community Health House

CHEX National Seminar, June 2004 - Vision and Issues

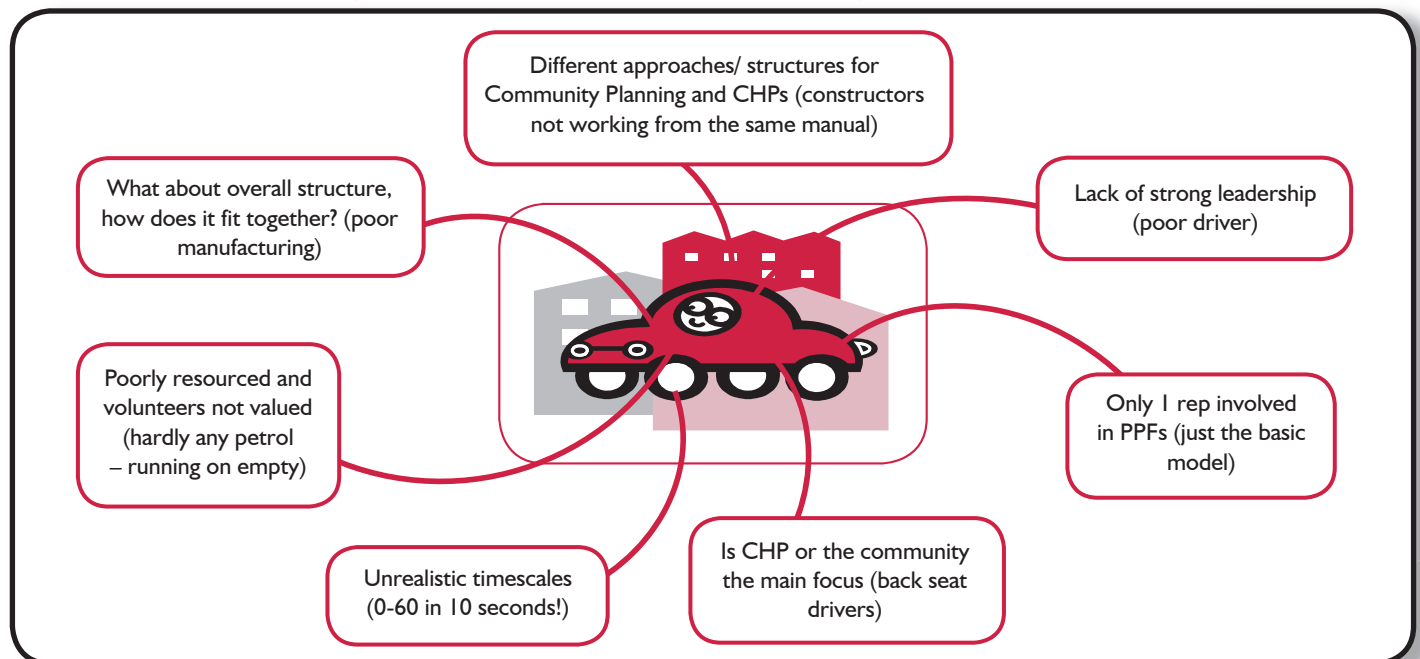
At the CHEX Seminar 'Putting the Community into Community Health Partnerships' (June 2004), participants identified a vision that built on learning from previous partnership working and exploited the potential for new ways of working between community members and health professionals. This is illustrated below with some of the main issues and opportunities that were identified on the day highlighted in each diagram.

In addition the seminar participants identified key actions that need to be taken to drive the process forward and these are highlighted on the back page.

CHP 'Bus' (The vision)



The CHP 'Car' (The Problems/Issues)



LOOK AT	QUESTIONS	THINKING
<p>Scottish Executive's Policy on Community Health Partnerships</p>	<p>Are you familiar with the content of the SE's Guidance? Do you know what it says about 'Benefits to Communities'? Do you know about the role of the Community Health Partnership Development Group (CHPDG), its remit to support the development of community based health improvement and implementation of strategy for modernising primary care and its initiative on developing effective leadership in CHPs?</p> <p>Do you about the Advisory Notes on Public Participation Forums, which will accompany the SE Guidance?</p>	<p>It would be useful to track the original Scottish Executive consultative document on CHPs, and note the changes that have taken place through responses and how these have shaped the Draft Guidance (May 2004) and final Guidance (due out in Autumn 2004) eg. As a result of the consultative process, there is further recognition of the role that community and voluntary sector organisations can undertake in shaping and designing services. It would be useful to identify effective ways of feeding back your experience to the CHPDG and help to monitor the level participation and impact on delivery of services.</p>
<p>Community Health Partnership</p>	<p>Are the Health Board and/or Local Health Care Co-op (LHCC) organising meetings to inform the wider community about ongoing developments? Do you know what size of population your CHP will cover (minimum 50,000)? Do you know who the key players and members are in the CHP? Is the CHP co-terminus with the boundaries of the Community Planning Partnership or Local Authority? Are you familiar with the community and voluntary organisations that are participating in the CHPs?</p>	<p>You should be able to get copies of CHP proposals from LHCC General Managers Health Board's Head of Health Promotion, Designated Director for Patient Focus/Public Involvement or Public Health Practitioner. Try to identify whether there are intentions to bring about fairly radical change on the back of the CHPs on a more gradual evolution of LHCCs and integration of NHS and local authority services. This should be reflected in a commitment to fresh thinking, along with building consensus for agreed direction from all interested parties?</p> <p>It would be useful to: organise a meeting with one of these officers to find out about the developments towards establishing the CHP in your area and how your CHI can become involved in the process. Find out from your local Community Health Network or Council for Voluntary Services (CVS) if they have organised meetings and become actively engaged with other NHS and local authority partners.</p> <p>Given the commitment to health improvement as well as treating illness, it would be useful to get information on how resources will be distributed around the NHS and Local Authorities and what local flexibility there will be to make decisions about service provision for local communities.</p>
<p>Decision-making Structures</p>	<p>Do you know what the organisational arrangements are? i.e. where will decisions be made and how will they be carried out?</p> <p>What can you bring to inform the clarity of purpose, vision and accountability within organisational structures and to the wider community?</p>	<p>As it is still early days for shaping and implementing CHPs, it's important to find out now about what is going on how you can influence decision-making. As new vehicles to engage with Community Planning Partnerships, explore the mechanisms that are evolving to ensure that CHPs do not run in parallel to CPPs, but effectively feed into the Partnership. The Joint Health Improvement Plans (JHPs) are the most likely mechanism, but other structures and processes could also be being considered.</p> <p>Given that the Public Partnership Forum (PPF) is being viewed as the main mechanism for engaging with community and voluntary sector, assess how you could or if you in a position to participate and influence its role.</p> <p>The Guidance states there is a minimum requirement for one representative from the PPF and voluntary sector on the CHP. The diversity of community and voluntary organisations obviously makes this difficult therefore why not discuss with other local groups about the steps to increase the level of representation.</p>

<p>The work of your own CHI</p>	<p>How does the work of your CHI fit into CHP? How can you build on and take forward lessons from your previous involvement/work with the Local Health Care Co-op? What action/research have you participated in, which can inform the CHP? What models of good practice that you've used would be valuable to promote with the CHP eg. 'Participatory Appraisal', 'Story Dialogue' and 'Health Issues in the Community'?</p>	<p>It's important that other partners in the NHS and Local Authorities know of your pivotal role in engaging with community members, working with vulnerable and 'hard to reach' individuals, partnership working with other agencies/organisations, and developing innovative approaches to gaps in service provision. Map out your previous and existing contribution to health improvement, highlighting successes and learning, along with emphasising your ability to sustain initiatives, which have proven particularly challenging.</p>
<p>Training and Capacity Building</p>	<p>What type of training and capacity building would be useful to you? What aspects of other organisational cultures would you want to know about eg decision-making processes in the NHS and Local Authorities? How budgets are decided on devolved roles and responsibilities within clinical services and community care? What are the most effective ways of influencing the implementation of policies? What are the best ways of building consensus around identified health priorities?</p> <p>Is there training and capacity building to assist CHIs to participate in CHPs? What agencies and organisations could provide this? eg. LHCC, Health Board, Local Authority, Health Scotland, CHEX, Voluntary Health Scotland, Volunteer Development Scotland, other voluntary organisations and local colleges.</p> <p>What time and resources can be allocated to training and capacity building from your CHIs and other partners?</p> <p>What lessons can be carried forward from other partnership working with LHCC? Social Inclusion Partnerships? Community Care Partnerships? Community Planning Partnership? Regeneration Partnerships?</p> <p>What material and models of working exists to inform thinking and action planning?</p> <p>What experiences can be learned from others outwith Scotland?</p>	<p>While CHPs offer a new opportunity for CHIs to shape and influence the implementation of local NHS services. It is important to recognise they also offer opportunities for transfer of experiences and lessons from one partnership to another. There is a wealth of material in Scotland that highlights lessons from communities' experiences in partnership working let's embrace that old hackneyed cliché 'don't reinvent the wheel' and try and learn from the case studies, findings from evaluations and people's stories and experiences. Recurring themes on building trust, being open and honest, being inclusive, agreeing priorities, recognising diversity, building positive relationships consistently emerge in working with others. If we accept that CHPs do offer a positive opportunity for new thinking ways of doing things and delivering a more responsive and effective health service, what would be the training and capacity building that would help in getting under the skin of these laudable statements and ensure community and voluntary organisations have a major stake in the development of CHPs.</p>
<p>Contacts, networks and resources</p>	<p>What are the contacts, networks and resources that exist to assist your CHI to become involved and influential in CHPs. What help and resources to they offer, and how can your Initiative access them?</p>	<p>There are contacts, networks, and resources that can help your CHI become involved in Community Health Partnerships. For example key people/agencies/organisations people/agencies/organisations in the NHS, Local Authorities, and community and voluntary sector who are in strong positions to give information and guidance about the development of CHPs. For example:</p> <p>At a national level,</p> <p>Scottish Executive's (SE) Community Health Partnership Development Group, Officers within the SE Health Improvement Team, Health Scotland, NHS Involving People Team, Scottish Health Council (SHC), COSLA, Communities Scotland, CHEX, Voluntary Health Scotland, Volunteer Development Scotland and Scottish Community Diet Project.</p> <p>At a local level</p> <p>NHS – Designated Lead Officers Local Health Care Co-Op – Public Health Practitioner, Public Involvement Officer Local Authority – Health Improvement Officer, Community Planning Partnership Designated Officer, Social Work Directorate, Integrated Community Schools Officer Health Board – Health Promotion staff, Forthcoming Scottish Health Council Local Advisory Councils Communities Scotland Capacity Building Officers Community and Voluntary Sectors Community Health Projects Healthy Living Centres West of Scotland Community Health Network Lothian Community Health Projects' Forum Councils for Voluntary Services</p>

CHEX National Seminar, June 2004 - Action Points

There is a need to recognise the social model of health as having equal value and being complementary to the medical model rather than replacing it. There is also a need to take account of competing agendas and organisational constraints and a need to develop increased mutual understanding between sectors.

Action: inter-agency training/awareness-raising with all sectors – whose responsibility?

We need to emphasise and highlight the positive contribution that the community/voluntary sector have to make in order to increase real community involvement with CHPs.

Action: learn from one another, pull together examples of good practice and develop opportunities for learning – CHEX, VHS, Community Health Networks

There's a need for more information as well as signposting to potentially useful sources.

Action: CHEX to produce briefing sheet by the Autumn. This to include more information about CHPs, the views and ideas of CHIs and a checklist for engagement.

Need to move on from this point .

Action: CHEX to organise more local, more focused events to help CHIs develop face-to-face engagement with both local and national decision-makers. Consideration also to be given to a national follow-up event in a year's time to gauge whether there has been any substantial progress or change.

USEFUL CONTACTS

These are useful contacts and websites for information and advice related to the development of Community Health Partnerships in your area.

National

NHS Community Health Partnerships Development Group, www.show.scot.nhs.uk/sehd/chpdg, Vicky Irons, vicky.iron@scotland.gsi.gov.uk

NHS Involving People Team, Jane Davies, jane.davies@scotland.gsi.gov.uk

Community Health Exchange, CHEX, www.chex.org.uk, Janet Muir & Dave Allan, chexadmin@scdc.org.uk Tel 0141 248 1990 Suite 329, Baltic Chambers, 50 Wellington Street, Glasgow

Voluntary Health Scotland, www.vhs.org.uk Bill Weir bill.weir@vhs.org.uk, Tel 0131 557 6845, 11 Waterloo Place, Edinburgh EH1 3B

Local

NHS Staff directly involved in CHPs -

NHS Highland, Jackie Agnew, Jackie.agnew@hpct.scot.nhs.uk

NHS Highland, Dr Dennis Tracey, Consultant in Public Health Medicine, dennis.tracey@hnb.scot.nhs.uk

NHS Argyll & Clyde, Stephen Whiston, Stephen.shiston@achb.scot.nhs.uk

NHS Forth Valley, Beverly Finch, Service Design Consultant, Beverly.finch@fvpc.scot.nhs.uk

NHS Forth Valley, Anne Hawkins, Chief Executive, PCT, anne.Hawkins@fvpc.scot.nhs.uk

NHS Grampian, Calum Campbell, Director of Strategy and Innovation, calum.Campbell@ghb.grampian.scot.nhs.uk

NHS Fife, Dr Frances Elliot, NHS Fife, Interim Chief Executive, franceselliott@fife-pct.scot.nhs.uk

NHS Fife, Dr A. Kilpatrick, Chair NE Fife LHCC, Andrewkilpatrick@fife-pct.scot.nhs.uk

NHS Fife, Dr A McGovern, Chair Dunfermline LHCC, AlanMcGovern@fife-pct.scot.nhs.uk

NHS Shetland, Michael Johnson, LHCC General Manager, Michael.Johnson@shb.shetland.scot.nhs.uk

NHS Ayrshire and Arran, Paul Ardin, Director of Corporate Services, paul.ardin@aapct.scot.nhs.uk

NHS Dumfries and Galloway, Chris King, Head of Strategic Planning and Commissioning, jmwilson@dghb.scot.nhs.uk

NHS Greater Glasgow, Alex Mackenzie, Assistant Director of Planning and Community Care, alex.Mackenzie@gghb.scot.nhs.uk

NHS Greater Glasgow, Ian Reid, Chief Executive, PCT, Ian.reid@gartnavel.gla.comen.scot.nhs.uk

NHS Borders, Robbie Pearson, Director of Corporate Management and Performance, Robbie.pearson@borders.scot.nhs.uk

NHS Lothian, Paul Currie, paul.currie@lhb.scot.nhs.uk

NHS Western Isles, Alison Clark, LHCC General Manager, Alison.clark@wihb.scot.nhs.uk

NHS Lanarkshire, Colin Sloey, Director of Patient Services, colin.sloey@lanpct.scot.nhs.uk

NHS Tayside, Alison Wood, Alison.wood@tpct.scot.nhs.uk

Primary Care, Public Health Practitioners, c/o Pauline Craig, Health Scotland, (Glasgow Office), www.phis.org.uk Tel 0141 300 1010, NHS Scotland, Clifton House, Clifton Place, Glasgow.

Health Boards, Designated Directors for Patient Focus: Public Involvement, c/o Jane Davies, NHS Involving People Team, jane.davies@scotland.gsi.gov.uk

Health Promotion Officers, c/o Health Scotland (Edinburgh Office) www.healthscotland.com, Tel 0131 536 5500, Woodburn House, Canaan Lane, Edinburgh, EH10 4SG

Local Authorities, Health Improvement Officers, c/o COSLA, www.cosla.gov.uk, Tel 0131 474 9200, Rosebery House, 9 Haymarket Terrace, Edinburgh EH12 5XZ

Community Health Networks –

West of Scotland Community Health Network, c/o East End Health Action www.eastend.org.uk, Tel 0141 550 7333, 35 Springfield Road, Dalmarnock, Glasgow Glasgow G40 3EL

Lothian Community Health Projects' Forum, Jean McEwan-Short, Tel 0131 554 4557, 4 Duncan Place, Edinburgh EH6 8HW

Council for Voluntary Service, c/o Margaret Wilson, CVS Scotland, www.cvsscotland.org.uk Tel 0131 556 3882, The Mansefield, Traquair Centre, 15 Mansefield Place, Edinburgh EH3 6BB.