

# Policy Briefing 05:

## Community Health Partnerships a local National Health Service



The National Health Service (NHS) is the U.K.'s political hot potato, since its inception in the early 1930's and final implementation in 1948 it has for six decades been the mainstay of primary and acute health care in the U.K. and as part of the devolution settlement Scottish politicians have direct policy control of Scotland's NHS. Community Health Partnerships have become the local management delivery agent of primary and social care in Scotland with direct links to community representatives and voluntary sector involvement since 2004. The then Health Minister set out the CHP's role in *Partnership For Care Scotland's Health White Paper* in 2003; CHP's should

- ensure patients, carers and the full range of health care professionals are involved;
- establish a substantive partnership with local authority services (e.g. social work, housing, education and regeneration);
- have greater responsibility and influence in the deployment of Health Board resources;
- play a central role in service redesign locally;
- focus on integrating primary and specialist health services at local level; and
- play a pivotal role in delivering health improvement for their local communities.

### Background

Since devolution in the U.K. health has been the major area for policy divergence. In Scotland, this has been led by the Labour & Liberal Democrat administration from 1997 to 2007 and continued under the Scottish National Party administration since 2007. Initial changes to the local delivery of health was seen as a priority of the devolved administrations and built up on work undertaken through Local Health Care Co-operatives (LHCC's) bringing the design and delivery of services closer to citizens. The essential elements of the changes include

- 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.

CHP's can differ in their structure with partnerships also containing social care & social work divisions and are called Community Health and Social Care Partnerships, this is the structure that the legislation would hope for in each CHP locality though it is not a necessity.

**Direct participation** in service design and identifying local needs play a central role in the CHP structure with citizens being enabled through local Public Partnership Forums (PPF) which elect a minimum of 1 direct representative to the local CHP, the legislation also calls for a minimum of 1 voluntary sector representative to be appointed either collectively by the local voluntary sector or by appointment. The separation of public and voluntary sector representation is critical and ensures that conflicts of interest are overcome e.g. organisations are service providers and should not speak on behalf of individuals who may use services.

### **Localism: CHP delivery and impact**

- Reducing local health sector bureaucracy
- Reducing health inequalities
- Promoting improvements in partnership working
- Allow for citizen participation in health design, governance, and decision making processes
- Increasing accountability of NHS Boards
- Promoting innovation in service delivery

### **Implications: Practical implications at local level**

- Greater scrutiny of local budgets
- Increased partnership working through Community Planning Partnerships & Local Authorities
- Services based on the ability to deliver with maximum impact
- Changes in the way local procurement is undertaken
- Direct community representation at CHP Board level elected via Public Partnership Forums
- Direct Voluntary Sector representation at CHP Board level
- Changes in organisational relationships to the local market place, especially for voluntary health sector organisations

### **Read more:**

<http://www.sehd.scot.nhs.uk/chp/index.html>

<http://www.sehd.scot.nhs.uk/chp/Pages/CHPfinal%20guidanceOCT2.pdf>

### **What can your organisation do?**

Contact us for more information about your Local Voluntary Health Sector Network and get information on how to be a part of transforming the opportunities for the Third Sector in our communities.