



Community Health Partnerships
Data Request

Please complete the following:

NHS Board:

NHS AYRSHIRE AND ARRAN

Contact for data queries:

Jean H Hendry

CHP:

EAST AYRSHIRE

Job Title:

Health Care Manager

Key contact:

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Date of return to Audit Scotland:

23rd July 2010

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General Guidance

Please read this section before starting to complete the data request

We are aware from initial scoping work that some of the data we are requesting may not be routinely available. Where this is the case we do not want CHPs to spend time collecting this. Please respond 'INA' where the information is not available. If you are unclear, please contact us using the details provided below.

This data collection tool aims to gather information from Community Health Partnerships (CHPs) for our national audit of CHPs. We use the term CHPs in this tool to cover CHCPs and CHSCPs, unless otherwise stated.

Where we refer to CHP Manager, we mean by this the CHP Manager, CHP Director or person who is accountable to the Health Board Chief Executive or Division Chief Executive for the overall management and use of resources of the CHP.

The tool is divided into three main sections:

Section 1: The role of CHPs, structure, governance and planning.

Section 2: Use of resources (finance, workforce, other).

Section 3: Performance and impact.

The contents page can be used to navigate this tool, with hyperlinks which can be clicked to jump from section to section. Where text is underlined, this is a link which, when left clicked with your mouse, will take you to the appropriate section.

Many of the questions require you to select the appropriate multiple choice answer from an existing list.

Where you see the text

Please select...

 clicking on this cell with your mouse will allow you to choose the most appropriate answer from a drop down menu.

The tool is designed to be completed electronically as opposed to being printed out and completed by hand. If you print out the spreadsheet you will find that the answers for multiple choice questions will not be visible.

When we are asking for information by year, unless otherwise stated, this is based on financial years running from the 1st of April to the 31st of March.

Please note we may come back at a later stage to ask you to provide supporting evidence for some of your answers.

Some questions ask for copies of documents that you may have. If these documents relate specifically to your CHP, please supply them with your return. If these documents are board level please indicate on this return and we will request them directly from the NHS board.

Please complete and return this data tool to lribchester@audit-scotland.gov.uk by 5pm on Friday the 23rd of July 2010. If you have any queries about the data collection tool, please contact Liz Ribchester on 0131 625 1810 or via the email address provided.

Alternative contact details for other team members are as follows: Rebecca Smallwood (rsmallwood@audit-scotland.gov.uk) 0131 625 1852; Carolyn Smith (csmith@audit-scotland.gov.uk) 0131 625 1847.

Audit Scotland Audit of Community Health Partnerships

Please refer to the Guidance Notes when completing this data request.

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Please provide us much information as possible, but where data is not routinely available then do not spend time collating this information. Please indicate that the data is not available by typing **INA** (for Information Not Available).

Background Information

We have already requested the most recent version of some of the documents listed below but we do not have copies of all of these documents yet. Please provide details of the formal title of the document and the dates it relates. We will check this against our records and contact you for copies of any documents we do not have.

	Title of document	Date (dd/mm/yy)
Scheme of establishment	All background information attached	
Strategic plan / development plan or equivalent document	under seperate cover	
Current annual budget for 2010/11		
Longer term financial plan for the CHP		
Most recent budget report		
Workforce plan if CHP specific		
CHP committee minutes (last three meetings)		
NHS Board minutes (last three meetings)		
Scheme of delegation		
Performance report (latest report)		
Joint formal agreements with the council for jointly delivered or delegated services		
Joint Health and Social Care Board minutes (last three meetings) (if appropriate)		
For CHCPs only, Council Minutes (last three meetings)		

Section 1: The role of the CHP

1.1 Structures and governance

1.1.1	Did the NHS board carry out a formal options appraisal to decide whether to form a CHP, a CHCP or CHaSCP? (Please note we may request supporting evidence at a later stage)	Yes
1.1.2	Are any changes planned to move from a CHP to CHCP or other structure?	No
1.1.3	If yes or awaiting an outcome before deciding on making changes, please explain below (giving dates where applicable). <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> During 2008 NHS Ayrshire and Arran with local authority partners from North, South and East Ayrshire Councils formed a Strategic Alliance and led a review of the existing CHP arrangements in Ayrshire in order to provide a focus on delivering shared outcomes, support service change and further integrate with community </div>	
1.1.4	Has the NHS board carried out any formal audits of the governance arrangements for CHPs to obtain assurance on their effectiveness and / or identify areas for improvement? If yes, please provide supporting evidence.	Yes, other

1.1.5 If other, please explain

A full assessment of the governance arrangements was carried out as part of the Strategic Alliance CHP review in 2008. This identified the need to strengthen and further exploit the partnership between NHS Ayrshire and Arran and North, South and East Ayrshire Councils, formally integrate the CHPs with existing local

1.1.6 Are the following NHS Board services devolved to the CHP to manage?

	Is the service devolved?	Date when the service was devolved? (dd/mm/yy)	Is the budget devolved?	Date when the budget was devolved? (dd/mm/yy)	Is the service integrated with council services?	Date of integration (dd/mm/yy)
Primary medical services (GMS & PMS contract)	No		No		No	
General dental services	No		No		No	
Community pharmaceutical services	No		No		No	
General ophthalmic services	No		No		No	
GP prescribing	No		No		No	
Mental health care services	No		No		No	
Learning disabilities health care services	No		No		No	
Specialist health care for older people	No		No		No	
Specialist health care for children	No		No		No	
Maternity and midwifery services	No		No		No	
Community based addiction services	No		No		No	
Community nursing	No		No		No	
Other community health care services	No		No		No	
Other specialist nursing services	No		No		No	
Community hospitals	No		No		No	
Public health and health improvement	No		No		No	
Other specialist national services	No		No		No	
Other specialist regional services	No		No		No	
Other specialist local services	No		No		No	

Other items (e.g resource transfer)	No		No		No	
Acute commissioned/ managed services	No		No		No	

1.1.7 Please provide any additional information to support your answers in 1.1.6

The new CHP arrangements were created to build upon and extend the already well developed partnership working arrangements in East Ayrshire and strengthen existing integrated service models across Ayrshire by creating the partnership environment to further develop service change and improvement. The new CHP arrangements facilitate the ability of each of the statutory agencies to provide the leadership and resources to deliver integrated services as required at a local level. The unique and dynamic CHP arrangement in Ayrshire enables a solely partnership focus to deliver shared outcomes and is not constrained by having to manage

1.1.8 Are the following council services delegated to the CHP to manage? We are aware if you have indicated there is an integrated service in 1.1.6 some of your answers may be duplicated here.

	Service delegated?	Date when service was delegated (dd/mm/yy)	Budget delegated?	Date when budget was delegated (dd/mm/yy)	Is there a formal agreement for this?	Date of formal agreement (dd/mm/yy)
a) Older people's services	No		No		Please select...	
b) Children's services	No		No		Please select...	
c) Mental health services	No		No		Please select...	
d) Learning disabilities services	No		No		Please select...	
e) Addiction services	No		No		Please select...	
f) Physical disabilities services	No		No		Please select...	
g) HIV / Aids	No		No		Please select...	
h) Support for asylum seekers and refugees	No		No		Please select...	
i) Social work criminal justice services	No		No		Please select...	
j) Children's panel	No		No		Please select...	
k) Other - please specify	No		No		Please select...	

1.1.9 Please provide any additional information to support your answers in 1.1.8.

See 1.1.7

We may contact you for a copy of supporting evidence.

1.1.10 Has the NHS board delegated any community based / health services to the council to deliver under the powers of the Community Care and Health Act (2002)?

No

If yes, please specify

1.2 Planning

1.2.1 In what way are senior representatives of the CHP involved in the NHS board's strategic planning and decision-making about services and resources?

The CHP is represented on the NHS board

1.2.2 Please provide any additional information to support your answers in 1.2.1 including details of the representatives positions' (for example executive or non-executive)

The local authority non-Executive member representative of the Health Board is the chair of the CHP committee. The CHP sub Committee (CHP Forum) is chaired by a NHS Board non-executive. The East Ayrshire CHP committee has representation from two NHS Executive Directors.

1.2.3 In what way are senior representatives of the CHP involved in the council's strategic planning and decision-making about social care services and resources?

The CHP is represented on council key planning committees

1.2.4 If other, please specify

Each of the Ayrshire CHP committees are chaired by a local authority elected member and have a further three elected member representatives. The elected members are fully involved in local authority decision making via full council/ Executive/ Cabinet and Scrutiny committees. In addition the Co-chairs of the CHP Officer

1.2.5 Are senior representative of the CHP involved in the Community Planning Partnership (CPP)?

Yes

1.2.6 If yes:

a) Are CHP representatives members of the the CPP Strategic Board?

Yes

b) What is the relationship between the CHP and the health and wellbeing or equivalent thematic partnership committee?

The CHP forms the health and wellbeing or equivalent thematic partnership committee

1.2.7 If other, please specify how

East Ayrshire Community Planning and Partnership Board is chaired by the Leader of the Council, who is also represented on the CHP Committee. In addition the Chair of the CHP Forum is represented on the Community Planning and Partnership Board.

1.2.8 Please rate the level of engagement of the following groups in the delivery of the strategy and priorities of the CHP. By engagement we mean involvement in service planning, new protocols, contract issues and performance.

	Extent of engagement	Quality of engagement
a) GPs	Single Issues	2 - Good
b) Dentists	Single Issues	2 - Good
c) Pharmacists	Multiple Issues	1 - Very good
d) Optometrists	Single Issues	2 - Good

Please use this space to provide any additional information to support your answer in 1.2.8

The CHP sub committee (CHP Forum) has representatives of all of the above NHS Independent contractors. The CHP Forum is consulted on all areas of new service planning, CHP priority setting and performance. In addition independent contractors are effectively engaged and involved in key partnership areas e.g. development of

1.2.9 Are the following protocols, guidance or other mechanisms in place and governed by the CHP to influence how GPs undertake the following;

	Protocols / guidance / mechanisms in place?	Does the CHP monitor this?	If yes, how often?
a) Referral protocols	Yes	No	
b) Long term conditions protocols	Yes	No	
c) Prescribing protocols	Yes	No	
d) Other guidance	Yes	No	
e) Enhanced services	Yes	No	
f) Other methods	Please select...	Please select...	

1.2.10 If other, please explain.

In Ayrshire the above GP protocols are remitted to the Primary Care Development Directorate or Long Term Conditions Collaborative. Each CHP has a Long Term Conditions Sub Group to take forward locally agreed initiatives on a partnership basis and this includes local GPs and links to the Ayrshire wide Long Term Conditions

1.2.11 Please tell us about any other examples of how the CHP has influenced how GPs work.

GPs are involved and engaged in a wide range of partnership initiatives and services. In East Ayrshire these include the development of community hospitals, innovative rehabilitation and enablement models, long term conditions management include the utilisation of SPARRA data on a partnership basis, the Keepwell

1.2.12 Does the CHP routinely monitor the level of health and social care services influenced by GPs as a result of their treatment decisions?

No

1.2.13 If yes, please tell us whether this monitoring activity has identified any of the following issues:

a) Variation in referral patterns by GP practices?	Please select...
b) Variation in prescribing by GP practices?	Please select...
c) Variation in prescribing of non-generic medicines by GP practices?	Please select...
d) Other issues? (Please state)	NA

1.2.14 Please tell us how the CHP is dealing with the issues mentioned above.

Variations in GP referral patterns is monitored through the Primary Care Development Directorate of NHS Ayrshire and Arran. Variations in prescribing patterns is monitored by the Pharmacy Advisor and Prescribing Methodology Committee. The Policy, Planning and Performance Department of NHS Ayrshire and Arran is

1.2.15 Does the CHP have systems in place to ensure health and social care professionals use SPARRA and other intelligence to identify and manage people at risk of hospital admission?

Yes

1.2.16 If yes, have you evaluated the effectiveness of these systems?

Yes

1.2.17 Please use this space for any other comment on the use of SPARRA or other intelligence

NHS Ayrshire and Arran in partnership with East Ayrshire Council, through the work of the Long Term Conditions Collaborative/CHP Long Term Conditions sub group, fully utilises SPARRA data with every GP practice contributing to the use of this intelligence. Through IT links and at multi-disciplinary meetings, SPARRA data

1.2.18 Please use this space for any other comments or information on section one

adaptor and facilitation approach to enable the identification and prioritisation of shared outcomes across NHS Ayrshire and Arran, East Ayrshire Council and the Community Planning and Partnership Board. The CHP is firmly placed within the context of community planning arrangements. This approach and structure is underpinned by a commitment to continuous improvement and robust performance management delivering directly on the Single Outcome Agreement. The arrangements allow for appropriate representation across health, council and community planning structures, consistent leadership and advocacy and the strengthened ability to tackle shared intractable problems such health inequalities. The CHP structure addresses the potential disconnect between hospital and community services through the engagement of senior NHS managers who have responsibility for managing services across acute and community services. This

Section 2: Resources

2.1 Finance

Please briefly describe the financial planning arrangements for CHP managed services and how this fits within the overall NHS board and councils financial planning arrangements including:

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2.1.1 Who is involved in preparing the budget?

East Ayrshire CHP does not have a devolved budget and does not manage services directly. The budgets remain the responsibility of each statutory agency and the individual health directorates/council departments. Whilst there are jointly commissioned services in localities; however these are not managed directly by the CHP.

2.1.2 Who is involved in approving the budget?

N/A

2.1.3 Please describe the costing methodology including the information used to prepare the budget.

N/A

2.1.4 We are interested in knowing how the CHP aligns its budget to priorities. Please explain what approaches you are currently using.

N/A

2.1.5 To what extent is the CHP Manager/Director involved in setting the CHP annual budget and long term financial plans?

Please select...

2.1.6 To what extent are Service Managers involved in preparing the annual budget for their service area?

Please select...

2.1.7 Is the CHP draft budget (for NHS board devolved services and functions and council delegated services and functions) scrutinised by the CHP committee prior to it being submitted to the NHS board and council for approval?

Please select...

2.1.8 To what extent is the CHP Manager/Director involved in NHS board budget wide financial planning?

Please select...

2.1.9 Is the CHP Manager/Director involved in setting the annual budget for services which the council has delegated to the CHP to manage?

Please select...

2.1.10 What joint budget arrangements are in place between the NHS board and council for joint services?

Service / Function Name	Type of budget	Date this commenced (dd/mm/yy)	Amount in each financial year (£)			
			2009/10		2010/11	
			Council Contribution £	NHS Board Contribution £	Council Contribution £	NHS Board Contribution £
Community Health Improvement Partnership and Recreation Partnership Service (Child Health)	Lead Commissioner	01/04/08	£346,000	£200,000	£358,000	£200,000
Lisalanna Respite Centre	Lead Commissioner		£283,902	£235,486	£281,480	£237,020
North West Area Centre	Lead Commissioner	01/12/06	£130,525	£294,329	£156,150	£297,280
Rapid Response Team	Lead Commissioner	01/10/00	£13,930	£162,758	£16,410	£162,758
Drongan Area Centre	Lead Commissioner	01/04/02	£1,844	£67,183	£1,850	£46,990
Dalmellington Area Centre	Aligned	01/09/01	£30,184	£38,708	£30,485	£30,720
Crosshouse Development	Aligned	12/04/10	n/a	n/a	£16,616	£70,835
Continued on separate sheet (attached)						

2.1.11 Where joint budget arrangements are in place between health and social care has this supported the following changes or improvements:

a) Service redesign	Yes
b) Efficiency savings	Yes
c) Increased flexibility of budgets	Yes
d) Improved financial control	Yes
e) Other change or improvement (please state)	Co-location

2.1.12 Are the financial delegation arrangements and controls for devolved services and functions set out in the NHS board's standing orders and scheme of delegation?

Yes

2.1.13 Are the financial delegation arrangements and controls for delegated services to the CHP set out in the councils standing orders and financial instructions?

No

2.1.14 Are front line staff able to decide how to spend budgets for care packages?

No

2.2 CHP budget and actual expenditure

Please tell us about the expenditure for the CHP in the following years. (Include services and functions that the NHS board and council have devolved or delegated to the CHP) . Please only provide information where readily available and you hold it in the categories specified. Please note for 2005/06-2007/08 we ask for actual expenditure, for 2008/09-2009/10 we ask for budget and actual expenditure and for 2010/11 we ask for budget and current year-end projected expenditure. If you do not hold any of this information or it is not available for a particular year then please enter INA in the appropriate cells.

2.2.1.	2005/06	2006/07	2007/08	2008/09		2009/10		2010/11	
	Actual expenditure (£)	Actual expenditure (£)	Actual expenditure (£)	Annual Budget (£)	Actual expenditure (£)	Annual Budget (£)	Actual expenditure (£)	Annual Budget (£)	Current year end projected expenditure (£)
The NHS board budget and actual expenditure incurred for CHP managed services <i>(Please complete this question for ALL primary, community and acute health care services under the CHPs management, irrespective of whether the NHS board devolves full control of the budget to the CHP)</i>	N/A								
Please provide a further breakdown of the CHP budget, actual and projected expenditure, where possible.									
Sub total: Independent contractor services									
Primary medical services (GMS contract)									
General dental services									
Community pharmaceutical services									
General ophthalmic services									
GP prescribing									
Sub total: Community based health care services									
Mental health care services									
Learning disabilities health care services									
Specialist healthcare for older people									
Specialist health care for children									
Maternity and midwifery services									
Community based addiction services									
Community nursing									
Other community health care services									
Other specialist nursing services									
Community hospitals									
Public health and health improvement									
Other specialist national services									
Other specialist regional services									
Other specialist local services									
CHP management & administration costs									
CHP capital									
Other items (e.g resource transfer) <i>(Please provide details in 2.2.3 below)</i>									

Sub total: Acute commissioned/ managed services									
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2.2.2	2005/06	2006/07	2007/08	2008/09		2009/10		2010/11	
	Actual expenditure (£)	Actual expenditure (£)	Actual expenditure (£)	Annual Budget (£)	Actual expenditure (£)	Annual Budget (£)	Actual expenditure (£)	Annual Budget (£)	Current year end projected expenditure (£)
The council budget and actual expenditure for social and community care services which it has delegated to the CHP to manage <i>(Please complete this question for ALL community care services that the CHP manages, coordinates or delivers on behalf of the council, irrespective of whether the CHP has full delegated control for the service or function budget)</i>	N/A								
Older people's services									
Children's services									
Mental health services									
Learning disabilities services									
Addiction services									
Physical disabilities services									
HIV/Aids									
Support for asylum seekers and refugees									
Social work criminal justice services									
Children's panel									
Council contribution to CHP management and administration costs									
Capital									
Other, Please tell us about these in the additional comments box at the end of this section).									

2.2.3 Please use the box below for any additional comments.

In East Ayrshire CHP there is a CHP facilitator post which is 50% funded by the NHS and Council. This is the only identifiable CHP staff resource.

2.2.4 The Scottish Government has set efficiency savings targets for NHS boards and councils of 1% in 2007/08 and 2% in 2008/09,2009/10 and 2010/2011. NHS boards and councils may also have additional targets. We would like to know if any of these targets have been allocated (in part or in full) to the CHP budgets, and if any efficiency savings have been made.

	2007/08	2008/09	2009/10	2010/11
NHS board efficiency savings target (£)	N/A			
NHS board efficiency savings target allocated to the CHP (£)				
Actual NHS board efficiency savings achieved by the CHP (£)				
Council efficiency savings target (£)				
Council efficiency savings target allocated to social work (£)				
Social work efficiency savings target allocated to the CHP (£)				
Actual council/social work efficiency savings achieved by the CHP (£)				

2.2.5 Please briefly describe the short, medium and longer term challenges for CHPs as a result of the current economic situation and planned reductions in public sector spending.

Short term challenges	Both organisations are required to make efficiency savings and budget reductions which could potentially have an impact on the current workforce as a result of non filling of vacancies thus potentially leading to reduced capacity, increased uncertainty and lower morale, diminishing prioritisation of partnership activity and loss of organisational experience and intelligence. The challenge will be to fully engage service users and employees in prioritising outcomes for the future, managing local expectations and encouraging their participation in the change process.
Medium term challenges	There will potentially be reduced levels of funding to support the delivery of newly emerging partnership models and a risk to viability of the third sector infrastructure due the decrease in public sector funding. There may also be challenges in maintaining the delivery of wider prevention activity such as health improvement, community development and youth work. A key challenge will be to manage workforce changes and transitional arrangements through the use of established change management approaches.
Longer term challenges	In the long term challenges could be associated with the negative impact on health inequalities; impact of economic situation on development of the wider local economy, the ageing demographic and reshaping care for the most vulnerable populations, reducing working age population, ageing workforce and ensuring the continued workforce capacity and skill base to manage the expected increase in service user demand and expectation.

2.2.6 How is the CHP working with the NHS board and council to deal with these challenges? Please tell us about any joint strategies and financial plans to deal with these challenges.

Working with the NHS board	Under the banner of the Integrated Resource Framework (IRF), NHS Ayrshire and Arran is one of 4 pilot sites across Scotland which is using the tools and approaches provided by the national Shifting the Balance of Care working group to examine local services. In East Ayrshire the phase two IRF programme is focusing upon adults with complex care needs and this work is being driven by the CHP via our Mental Health and Learning Disabilities Partnership and is reflected in East Ayrshire Council's agreed Efficiency Strategy (Strategic Review of the Business Plan 2019-2021 and Social Work Sustainability Sustainability Review)
Working with the Council	Please see above. The Ayrshire CHPs are the integrator for many of the Council and NHS partnership focused efficiency strategies and approaches to address the above challenges. In East Ayrshire partners have been sharing expertise and approaches around efficiency and continuous improvement. Examples include East Ayrshire Council and the the CHP Facilitator providing Best Value seminars and workshops for NHS Directors and wider staff teams and NHS Policy, Performance and Planning providing training for council and wider community planning staff in outcome planning and logic modelling

2.2.7 How often are financial reports provided to the following groups?

a) Service Managers/ budget holders	Other
b) CHP Manager/ Director	Other
c) CHP Committee	Other
d) NHS board	Other
e) Council	Other
f) Other group (please state below)	Please select...

2.2.8 If you have responded 'other' in 2.2.7, please explain.

There are no CHP specific budgets. Each organisation manages its own resource within their own financial governance arrangements.

2.2.9 Are the NHS board and council provided with the same financial report?
If no, please explain.

No

There are no CHP specific budgets. Each organisation manages its own resource within their own financial governance arrangements.

2.3 Staff management

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2.3.1 Do you have a workforce plan that covers all CHP staff groups?

No do not have a workforce plan

2.3.2 How was the CHP's workforce plan developed?

Do not have a workforce plan

2.3.3 If other, please explain

There is no specific CHP workforce plan as no staff are directly employed however both NHS and East Ayrshire Council have work force plans.

2.3.4

Please provide information on numbers of staff in post (CHP deployed*), vacancies, turnover, sickness absence and staff costs for key groups for 2009/10. **Please only complete the acute staff section if the staff are managed by the CHP, e.g. In some areas, the CHP is responsible for the rural General Hospitals.**

*Please note only include staff who are working within the CHP, and if they also work in the acute sector, indicate the proportion of time that they work within the CHP.

Vacancies: include unfilled posts at 30 September 2009 that were actively trying to be filled. Exclude 'frozen' posts and posts which are not being filled.

Turnover: the number of 'leavers' divided by the average number of staff in post in the year concerned. The denominator is calculated as: (staff post at 30 Sept 2008 + staff in post at 30 Sept 2009)/2. Excludes training grades from Medical and Dental staff category. (To avoid the distortion caused by the frequent rotation of staff in training placements). Excludes nurses in training.

Sickness absence: Percentage of hours lost due to sickness for staff employed. Includes permanent, fixed term and fixed/temporary contract types.

	NHS board (CHP deployed)									
	Community Staff					Acute/ hospital Staff				
	WTE in post	WTE vacancies	Turnover	Sickness absence	Staff costs FYE 2009/10 (£)	WTE in post	WTE vacancies	Turnover	Sickness absence	Staff costs FYE 2009/10 (£)
Medical & dental										
Nursing & midwifery										
Allied health professional										
Health science services										
Other therapeutic										
Social work										
Personal & social care										
Support services										
Administrative services										
Medical & dental support										
Other (please specify below)	0.50									
TOTAL										

	Council (CHP deployed)				
	WTE in post	WTE vacancies	Turnover	Sickness absence	Staff costs FYE 2009/10 (£)
Medical & dental					
Nursing & midwifery					
Allied health professional					
Health science services					
Other therapeutic					
Social work					
Personal & social care					
Support services					
Administrative services					
Medical & dental support					
Other (please specify below)	0.50				
TOTAL					

2.3.5 Please indicate whether the NHS board and the council have made any joint senior staff appointments to the CHP:

a) Joint Director of Social Work and Primary and Community Care

No

b) Joint head of a particular service eg children's services

No

c) Other (please specify below)

Yes

2.3.6 If other, please give details of the services and posts

A CHP Facilitator has been appointed for East Ayrshire CHP. This individual is a senior officer who is jointly funded by NHS Ayrshire and Arran and the Council.

2.3.7 What benefits, if any, have arisen from the joint appointments? (please select all that apply)

a) Efficiency of resource

Yes

b) Practical working arrangements

Yes

c) Other benefits

Yes

2.3.8 If other, please explain

The purpose of this innovative post is to drive forward partnership working between the Local Authority, NHS, independent contractors, voluntary organisations, staff and the public, resulting in improved services for clients, improved health for communities, a reduction in inequality and the delivery of national outcomes agreed between the partners.

2.3.9 If the NHS board and council have made joint appointments, at CHP level, are protocols in place to manage the following?

	Protocols in place	Have any issues arisen? (If yes, please explain below)	Have the protocols changed following the resolution of any issues?
a) Performance management	Yes	No	Not applicable
b) Grievance and disciplinary procedures	Yes	No	Not applicable
c) Different employment terms and conditions	Yes	No	Not applicable
d) Other	Yes	No	Not applicable

2.3.10 If other, please explain. If there have been any issues, please give brief details

NHS provides the travel and training costs. Council provides base costs and admin support.

2.3.11 We are interested in examples of innovative new staff roles or formally approved extended roles for existing members of staff, to enhance service delivery. By formally approved, we mean that the extended role has a job profile which specifies the required competencies. If you have any examples of these, please use this box to describe these new or extended roles. Include information on the tasks or competencies that make this a new or extended role and the training in place to support these competencies. Please also explain why the new or extended role was put in place.

New role	Reason new role was put in place	Tasks or competencies
CHP Facilitator	To facilitate the overall development of the community health partnership, driving forward the implementation of new partnership	Electronic job description attached for reference- See section 6 Key Result Areas

2.3.12 Has the CHP experienced problems with recruitment, retention or sickness absence for specific staff groups? **Please only complete the acute staff section if the staff are managed by the CHP, e.g. In some areas, the CHP is responsible for the rural General Hospitals.**

	NHS board (CHP deployed)						Council (CHP deployed)		
	Community Staff			Acute Staff			Recruitment	Retention	Sickness Absence
	Recruitment	Retention	Sickness Absence	Recruitment	Retention	Sickness Absence			
Medical and dental	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...
Nursing and midwifery	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...
Allied health professional	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...
Health science services	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...
Other therapeutic	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...
Social Work	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...
Personal and social care	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...
Support services	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...
Administrative services	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...
Medical and dental support	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...
Other (please specify)	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...	Please select...

2.3.13 If you have experienced difficulties, please provide details of these difficulties and how you are managing this

NA

2.4 Use of other resources

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2.4.1 Does the CHP have an asset management plan covering the assets it uses including:

Premises	Information Management & Technology	Equipment	Vehicles	Other
No	No	No	No	No

2.4.2 If other, please specify

Following the CHP review and NHS Ayrshire & Arran re-focus in 2008 the responsibility for all services and assets reverted to the parent NHS directorates.

2.4.3 If not included within the NHS board's plan, is the asset management plan linked to the NHS board's plan?

Please select...

2.4.4 Is the CHP's asset management plan linked to the council's asset management plan?

Please select...

2.4.5 Does the CHP have an asset register covering the assets it uses?

Please select...

Premises	Information Management & Technology	Equipment	Vehicles	Other
No	No	No	No	No

2.4.6 If yes, does it include?

2.4.7 Please provide details of any shared resources.

What is shared?	Shared between whom?	Who owns the resource?	Arrangements with other parties
			Please select...
			Please select...
			Please select...

2.4.8 If other, please explain

2.4.9 Is there a formally documented and agreed Information and Communications Technology Strategy (ICT) that supports the aims and vision for the CHP?

No

2.4.10 Has the CHP carried out any analysis or assessment to demonstrate whether sharing resources has contributed to improved outcomes or efficiency savings?

No

2.4.11 If yes, please explain briefly below

2.4.12 Please use this space for any other comments or information on section two

As previously stated the unique arrangements in Ayrshire are focussed on a partnership approach and therefore the CHP has no direct responsibility for resources or assets

Section 3: Performance

3.1 Performance management

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3.1.1 Does the CHP have an up-to-date strategy document, for example a development plan. Yes

3.1.2 If yes, for clarification, what is it's title. Please supply a copy if you have not already done so

The development plan for the CHP in East Ayrshire is the Improving Health and Wellbeing Action Plan of the Community Plan which is linked to the delivery of the Single Outcome Agreement. In addition the Children and Young People's Service Plan is a key driver of the CHP's work in East Ayrshire.

3.1.3 Does the CHP routinely monitor its contribution towards the following:

a) HEAT targets	Some
b) Single outcome agreement indicators	Some
c) National Community Care Outcome Framework	Some
d) National Performance Framework	Some
e) Shifting the balance of care impact measures	Some
f) Local performance indicators	Some

3.1.4 How often are CHP performance reports on these indicators presented to:

a) CHP committee	Annually
b) NHS board or NHS board committee	Annually
c) Council or Council Committee	Annually
d) Joint health and social care board	Other
e) Community Planning Partnership	Annually
f) Other	Please select...

3.1.5 If other, please specify

There is no Joint Health and Social Care Board

3.1.6 Does the CHP report to the public on its performance against its priorities? Yes, other

3.1.7 If yes, please explain further.

The CHP reports progress to the public using a range of methods including the Community Planning and Partnership Annual SOA performance report, NHS Annual Review, local authority Public Performance Reporting, Public Partnership Forum networks, surgeries and annual events, Community Planning Forums, NHS and Council communications and publications.

3.2 Service delivery

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We are looking for examples of how CHPs have facilitated better joint working between acute, primary, community health and social care services.

3.2.1 How has the CHP helped to remove barriers to effective joint working between acute, primary, community health and social care?

East Ayrshire CHP fully embraces and enables integrated health and care pathways and joint working including acute care, primary care, health improvement, social services, early years, housing services, leisure services and others. Examples of these are successfully reducing the number of delayed discharges from hospital of older people; the

3.2.2 Has the CHP and its partners redesigned services to make the best use of resources?

Yes

3.2.3 If yes, how? Please provide details.

The new CHP arrangements are beginning to bear fruit on a wide range of programmes and service delivery models. As previously stated the CHP is fully engaged in the Integrated Resource Framework initiative and other improvement processes to deliver effective service redesign and broaden the partnership approaches to make most

3.2.4 Has the CHP and its partners redesigned services to shift the balance of care?

Yes

3.2.5 If yes, how? Please provide details.

*In terms of Shifting the Balance of Care the CHP is driving the planned introduction of rehabilitation and enablement services with a single point of contact, design of occupational therapy pathways, broadening the role of community hospitals in extending the numbers of services available locally and integrating more fully with local

3.2.6 Which of the following services have moved from acute care into the community or were developed specifically to manage demand in acute services?

Service has transferred	Date transferred (if applicable) (dd/mm/yy)	Has the CHP carried out any analysis on:	
		The number of clients involved in any transfer of services?	The effect on costs of any transfer of services?
a) Minor injuries and illness clinics Please select...	NA	Please select...	Please select...
b) Anticipatory care for people with long-term conditions eg asthma, COPD Please select...		Please select...	Please select...
c) Diabetes Please select...		Please select...	Please select...
d) CHD clinics Please select...		Please select...	Please select...
e) Telecare Please select...		Please select...	Please select...
f) Rapid response services Please select...		Please select...	Please select...
g) Near patient testing Please select...		Please select...	Please select...
h) Musculo-skeletal services Please select...		Please select...	Please select...
i) Expert patient type initiatives Please select...		Please select...	Please select...
j) Intermediate level services eg day hospitals Please select...		Please select...	Please select...
k) Enhanced end of life care provision in the community Please select...		Please select...	Please select...
l) Blood testing Please select...		Please select...	Please select...
m) Learning disabilities Please select...		Please select...	Please select...
n) Mental health Please select...		Please select...	Please select...
o) Other (please specify) <input style="width: 150px;" type="text"/>		Please select...	Please select...

Please include evidence of any analysis of the number of clients involved and/or the costs of any transfers of service with your submission

3.2.7 Where services have moved into the community please explain how funding has transferred? If funding has not transferred, how is it funded?

The service areas above are the responsibility of the Primary Care Development and Mental Health Directorates.

3.2.8 Has the CHP introduced any initiatives to increase the number and capacity of informal carers?

Yes

3.2.9 If yes, please give brief details

East Ayrshire CHP has developed and approved a Carers Action Plan and established a Carers Subgroup which reports directly to the CHP Forum and has two Carers representatives appointed as members on this group. Key objectives of this group will be to increase capacity and improve communication among carers and give them a

3.3 Access and patient satisfaction

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3.3.1 How accessible are CHP services to people with disabilities?

Don't know

3.3.2 Has the CHP carried out an access audit in the past eighteen months?

Please select...

3.3.3 If yes, were people with a disability involved in the access audit?

Please select...

3.3.4 Has the CHP recently carried out an analysis on the needs of the following groups of their local population?:

a) Ethnic minority groups

Yes

b) People with learning disabilities

Yes

c) People with visual or hearing problems

Yes

d) People with other physical disabilities

Yes

e) The travelling community

Yes

f) Lesbian, gay, bisexual or transgender (LGBT) communities

Yes

g) Other diverse groups (please specify)

Addictions/LAAC

Yes

3.3.5 If yes, please explain. Please note we may ask for supporting evidence at a later date.

CHPs do not have responsibility for directly managing services. Individual services linked to the CHP have undertaken needs assessments to inform the targeting and delivery of services and new services are Equality Impact assessed where relevant.

3.3.6 Has the CHP carried out a client satisfaction survey for access to services in the past eighteen months?

Not at all

Please note we may request supporting evidence at a later stage

3.3.7 Has the CHP carried out a client satisfaction survey on the quality of its services in the past eighteen months?

Not at all

Please note we may request supporting evidence at a later stage.

3.3.8 Please use this space for any other comments or information on section three

Performance management for East Ayrshire CHP is fully integrated with Community Planning Partnership arrangements with the CHP reporting on the Improving Health and Wellbeing element of the Community Plan and Outcomes 5,6,7,11 in the Single Outcome Agreement. In addition specific CHP work is reported in Annex 6 of the NHS Ayrshire and Arran Local Delivery Plan and relevant HEAT targets are included in the Single Outcome Agreement. NHS Ayrshire and Arran Policy, Planning and Performance team support the CHP performance management arrangements in terms of the provision of validated local and national performance indicator information and advising on outcome modelling and development. Performance information is recorded on East Ayrshire Council's electronic performance management system and shared on a partnership basis to facilitate continuous improvement. Performance is monitored and controlled via exception reporting to CHP committee and lead officers at senior level from across the CHP membership have delegated ownership and accountability for specific actions within the Improving Health and Wellbeing Action Plan. In terms of Shifting the Balance of Care the CHP has built on the existing direction of travel of the previous arrangements to move services to local communities. The CHP has supported the development of the new Primary Care "Your Health: We're in it together" Strategy and will be contributing significantly to the partnership implementation of this. Each of partner agencies has a responsibility for the management and assessment of buildings and services to meet Equalities Legislation. Each of the partner agencies also has the responsibility to collate satisfaction surveys as the CHP does not manage services directly. An initial assessment of performance results demonstrate that the activities of the CHP are making a

EAST CHP SECTION 2.1.10 CONTINUED

Service / Function Name	Type of budget	Date this commenced (dd/mm/yy)	Amount in each financial year (£)			
			2009/10		2010/11	
			Council Contribution £	NHS Board Contribution £	Council Contribution £	NHS Board Contribution £
Homelessness Task Force	Lead Commissioner	01/09/05	£21,173	£21,173	£21,385	£21,385
Aids & Adaptations	Lead Commissioner		£50,000	£50,000	£51,200	£51,200
Additions	Lead Commissioner		£131,936	£154,882	£133,267	£156,445

The joint budget arrangements exclude all payments made by NHS A&A in respect of Resource Transfer liable on the closure of beds. NHS A&A paid £6.8m under resource transfer arrangements in 2009/10; these funds are used by EAC to support individuals in their own homes through a variety of measures. The CHP -OLGs work in partnership to make innovative and effective use of resources to develop joint services which improve health and social care outcomes for our local residents.