

EAST AYRSHIRE COMMUNITY HEALTH PARTNERSHIP

FORUM- 15 DECEMBER 2010

THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP)- PARTNERSHIP FUNDING WITHDRAWAL AND SERVICE REDISGN

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to update the Community Health Partnership Forum in relation to the Community Health Improvement Partnership (CHIP) in East Ayrshire including key services, performance and outcomes, and to outline the Community Health Partnership approach to addressing the impact on services as a result of a funding shortfall from April 2011 which was previously provided by NHS Ayrshire & Arran.

2. BACKGROUND

- 2.1 The Community Health Improvement Partnership (CHIP) was established in 2001 to directly address health inequalities within East Ayrshire's most deprived communities with a particular emphasis upon coronary heart disease.
- 2.2 The service initially focused upon the delivery of the CHIP Van Mobile Healthy Living Centre which enabled East Ayrshire's most isolated communities to access the same services as those living in more urban areas. This outreach method of promoting health improvement was recognised nationally as a model of good practice and locally gained an excellent reputation and almost iconic status amongst the population of East Ayrshire thus providing an excellent platform for the development of further health related activities utilising the brand.
- 2.3 Since this time the focus of the service as a whole has expanded, in line with local and national priorities to address the wider reducing health inequalities agenda. As such the service now incorporates a Lifestyle Referral Scheme, an extensive programme of community based classes and interventions, a men's health and equalities programme including homeless people and the prison population, the Healthworks workforce initiative, older people's community and home based lifestyle programmes, Cookwell healthy eating programme and a range of community based health events and initiatives.
- 2.4 In 2008, following seven years of temporary external funding, CHIP was mainstreamed by East Ayrshire Council in partnership with NHS Ayrshire and Arran and became a permanent service. The NHS Ayrshire & Arran funding arrangements necessitated the development of a Service Level Agreement which is currently more than half way through its 3rd year.

3. KEY SERVICES & PERFORMANCE

3.1 Lifestyle Referral Scheme (LRS)

This service accepts referrals from primary and secondary care health professionals for individuals who are at risk or have chronic medical conditions. An assessment is carried out on lifestyle factors and information, advice and

support is provided based on individual need. This comprises of an initial meeting which lasts approximately one hour and then four follow up meetings which last about 20-30 minutes.

All General Practitioner surgeries (26) in East Ayrshire refer patients to this service for specific lifestyle interventions. During 2009/2010, 1,109 referrals were received and a range of evidence is available to demonstrate the impact the interventions have on the health & wellbeing of those referred. Recent external research found that the LRS has supported individuals to reduce their weight, BMI, resting heart rate, consumption of alcohol and blood pressure and increased their physical activity levels. It states that: *“A reduction in these measurements is a positive step towards a reduction in many life threatening conditions”*. – Catherine AL Rae, 2010

3.2 Programmes for long term conditions/frail elderly/specified illnesses

Provision of a community based network of gym and exercise classes are delivered to ensure local opportunities are available for adults to maintain or increase current physical activity levels. A high proportion of these classes address the exercise, education and lifestyle needs of patients with long term conditions including those with Coronary Heart Disease, Diabetes, Chronic Obstructive Pulmonary Disorder (COPD), MS and cancer patients. Close links have been developed with disease specific rehab programmes including the pilot currently running at EACH. In 2009/10 there were over 11,000 attendances at these programmes and the attendance records of this element of the service has shown continuous increase in the last three years which is the clearest indication of positive health behaviour change.

3.3 Equalities Programmes

A range of services specifically targeted to address the health needs of the most vulnerable groups in East Ayrshire including the homeless, the prison population and those with mental health problems. These groups are likely to care less about their own health given their current life circumstances and therefore require frequent and intensive support to make positive changes. Over and above this, a programme specifically targeting men, who are less likely than females to visit their GP regularly, is also delivered.

3.4 Healthy Eating

A range of healthy eating interventions are delivered within the community including Cookwell (a six week practical cooking skills programme to promote healthy eating and teach basic skills in the selection and preparation of nutritious meals on a budget), cookery demonstrations, healthy buffets and weight management sessions. These also connect to a wider range of community activities including MEND, work with Residential Children’s Houses and Schools of Sport.

3.5 Healthy Communities and Workplaces

A programme of regular visits to over 30 communities via the CHIP Van providing an important first point of contact for many people who are concerned about their health. Interventions include smoking cessation services (with Fresh Air-shire), health checks, dietary advice, signposting on to relevant

agencies/initiatives, general support and attendance at community events. In addition the CHIP Service leads on the community delivery and awareness of a wide range of national campaigns and events including Alcohol Awareness, learning disabilities, men's health etc. In 2009/10 this service is utilised by over 4,000 residents per year many of whom require specific interventions to change their lifestyles.

A similar programme is delivered to workplaces with a view to improving productivity, reducing absenteeism and encouraging health behaviour change, last year there 350 people participated in this.

3.6 Keep Well

In 2009 addendum to the original service level agreement was required by NHS Ayrshire & Arran which required CHIP to deliver new elements of work based on the National Keep Well Initiative in order to continue receiving NHS Funding. This work was in addition to all existing areas of the service level agreement and placed a strain on existing resources at the time. However, the service adapted positively within the constraints of this requirement and although uptake on Keep Well Health Checks remained relatively low, the service exceeded all agreed targets. The CHIP team are provided with a list of postcodes and streets that are known to be home to a specific number of people within the Keep Well target group. Names and addresses of potential Keep Well clients have not been provided which has made attracting the individuals exceptionally difficult.

The CHIP van provides a dedicated service 2 days per week to communities within the Keep Well criteria, delivering leaflets through thousands of households in a week in advance of the visits taking place. To date 50 Keep Well Checks have been conducted which is clearly not commensurate with the level of time and energy being expended on this initiative.

3.7 Walking Development

Over 20 community based walking groups are delivered every week with more than 6,000 people participating each year. In addition weekly walks are delivered at psychiatric units in Ayrshire with walks being led in both Crosshouse and Ailsa for patients with mental health problems prior to their rehabilitation to the community where they can continue to walk as part of the programme.

3.8 Mental Health and Well-being

The CHIP service, in partnership with Libraries & registration in East Ayrshire delivers a range of individual and group support sessions to specifically promote reading as a tool to support acceptance, behaviour change and general health improvement. This initiative is currently being researched in order to pilot a programme with Looked After Children with a view to increasing resilience amongst this population of young people.

3.9 Healthy Weight Community

CHIP is the lead partner in delivery of one of only eight National Government Pathfinder Healthy Weight Communities in Scotland. This programme is broadly based on the French Epode Scheme and has successfully formed steering and

implementation networks to ensure a coherent approach to tackling overweight and obesity. Whilst funding is drawn down from the Government to support the employment of specific staff, it is existing community based services including CHIP Classes and Walks that form the core ingredients of public engagement in the programme.

4. OUTCOMES / IMPACT

- 4.1 The services of CHIP have been specifically developed to improve health and wellbeing and reduce health inequalities within East Ayrshire Communities. As such the service specifically contributes towards achievement of local and national outcomes of the Single Outcome Agreement: 'We live longer healthier lives' (Outcome 6); and 'We have tackled significant inequalities in Scottish society' (Outcome 7). The service delivers on the following indicators in particular:
- Expected years of life in good health;
 - Life expectancy at birth;
 - Reducing hospital admissions for respiratory disease; and
 - Coronary Heart Disease Mortality rate per 100,000 population under 75 years in the most deprived communities.
- 4.2 CHIP has performed well, exceeding most targets since the commencement of the Service Level Agreement. The impact of this on local people in East Ayrshire includes:
- Reduced weight, BMI, resting heart rate, consumption of alcohol and blood pressure and increased levels of physical activity amongst clients of the lifestyle referral scheme;
 - Improved quality of life of those diagnosed with long term conditions including Cancer, COPD and MS as a result of specific exercise programmes
 - Improved confidence, independence and resilience amongst older people as a result of participation in exercise and wellbeing interventions including Class Diamonds
 - Increased awareness and support to change behaviour and improve personal health and wellbeing amongst the homeless population including uptake of physical activity

5. SERVICE REDUCTIONS

- 5.1 Following a review of the Service Level Agreement (SLA) led by their Policy, Planning and Performance Department, NHS Ayrshire & Arran have given notice of their intent to terminate the current SLA at 31ST March 2011 (end date) resulting in the withdrawal of NHS partnership funding allocated to CHIP, producing a shortfall of £130,000.
- 5.2 Following the indication of the NHS not to renew the SLA and the subsequent funding shortfall, the CHP committee at its October meeting directed the Officer Locality Group Adults and Older People to establish the implications of the reduction of funding for the CHP and detail partnership options which could be available beyond 31 March 2011.
- 5.3 Table 5.4 below presents the current level of service in hours per week along with the estimated costs to deliver each element of the service outlined at section 3 of this report.

5.4 Current Level of Service / Estimated Cost

	WORKSTREAM	CURRENT LEVEL OF SERVICE	ANNUAL COST
3.1	Lifestyle Referral Scheme	60 hours per week	£52,600
3.2	Programmes for long term conditions/frail elderly/specified illnesses	70 hours per week	£61,200
3.3	Equalities Programmes	25 hours per week	£22,080
3.4	Healthy Eating	10 hours per week	£8,600
3.5 (&3.6)	Healthy Communities and Workplaces (inc Keep Well)	66 hours per week	£76,760
3.7	Walking Development	50 hours per week	£44,000
3.8	Mental Health & Wellbeing	10 hours per week	£8,600
Total			273,840

5.5 At their meeting in November OLG members reached a consensus that the CHIP service was so important to the delivery of Improving Health and Wellbeing services on a partnership basis in East Ayrshire. The following funding has been allocated as a result of re-prioritisation of existing budgets in order to ensure sustainability of CHIP-

- £32,500 from East Ayrshire CHP budget and
- £40,000 from Choose Life Budget.

It must be noted that to meet the priorities of these funding streams, the activities of the CHIP Service will require to be reviewed.

5.6 This allocation will go some way in ensuring the sustainability of some elements of the service however a shortfall of £67,500 remains. To this end OLG members have also agreed to consider exploring the possibility of identifying additional resources from ADP monies and Re-shaping Care for Older People allocation in recognition of the contribution that the CHIP Service can and does make to delivering positive outcomes through these priority workstreams.

5.7 The OLG findings were reported to the CHP committee in November who have further remitted the OLG to instruct the relevant CHP lead officers to re-profile the CHIP budget and reset priorities as part of the emerging Improving Health and Wellbeing Action Plan for 2011- 2015 utilising an expected minimum budget of £206,340.

5.8 Additional at the request of the CHP Forum on 27 October this paper was presented to the East Ayrshire GP Locality Group on 24 November for information and discussion as the local GP community utilise the services of CHIP. The members of this group were very supportive of the service and were disappointed to learn that it would not be possible to sustain the existing levels of provision.

6. RISK ASSESSMENT

- 6.1 The major risk associated with this report is the reduction in service locally and the subsequent impact on the health and wellbeing of local people in East Ayrshire who are currently being supported via one or more elements of the CHIP Service that will terminate.
- 6.2 In addition consideration will be required in respect of key targets and work streams within the East Ayrshire Community Plan and single outcome agreement in particular around life expectancy and years lived in good health.
- 6.3 There could also be consequential negative impact on other corporate agendas which will require be addressing and revising including the emerging older people's strategy, alcohol and drugs strategy and corporate programmes around Healthy Working Lives and Active Nations.

7. LEGAL / AUTHORITY IMPLICATIONS

- 7.1 Delivery of these services is underpinned by a Service Level Agreement which has been approved by Legal Services within both NHS Ayrshire & Arran and East Ayrshire Council and is subject to annual reporting through the Council Cabinet and the Committee of the Community Health Partnership.
- 7.2 Section 20.4 of the Service Level Agreement relating to the Community Health Improvement Partnership states the following: "Any party shall be entitled to terminate this Agreement at any time without cause by giving not less than six months prior written notice to the other party".

8. FINANCIAL IMPLICATIONS

- 8.1 The reduction of funding from the current CHIP budget will require a reduced and redesigned service based on the revised annual budget

9. POLICY / COMMUNITY PLANNING IMPLICATIONS

- 9.1 CHIP delivers directly on aims one, two and five of the Improving Health & Wellbeing thematic Action Plan of the Community Plan and at this stage CHIP services form a major part of the revised plans as part of the ongoing 4 yearly review for 2011-2015.
- 9.2 The Services of CHIP have been designed to directly deliver upon the recommendations of key national and local strategies relating to Health and Wellbeing. The key drivers in on-going service development include Equally Well, the National Physical Activity Strategy, Improving Scotland's Health – The Challenge, Better Health – Better Care, Ayrshire & Arran Primary Care Strategy, Ayrshire Cancer prevention Strategy and a range of other key policy documents and frameworks.

10. CONCLUSION

- 10.1 Since the commencement of the Service Level Agreement in 2008, the Community Health Improvement Partnership has performed well, exceeding the majority of set targets.

- 10.2 Since its inception in 2001, CHIP has continuously developed and improved its range of services available in line with prioritised needs of East Ayrshire residents. As outlined above the service has greatly contributed to improving health of the population of East Ayrshire with particular reference to increasing participation in physical activity, supporting those with long term conditions and importantly facilitating positive health behaviour change amongst local people. CHIP has achieved a national reputation for innovation and excellence particularly in the sphere of health improvement and anticipatory care and is highly valued by local residents, NHS and council professionals.
- 10.3 Through the CHP the Community Health Improvement Partnership service will be reconfigured to respond to local priorities and an ongoing attempt will be made to ensure that the service is adequately resourced to carry out this vital partnership work within our communities.

12. RECOMMENDATIONS

12.1 It is recommended that CHP Forum

- i) take note of the recent developments in relation to the reduction of funding and associated redesign of the Community Health Improvement Partnership Services
- iii) otherwise note the content of this report

Eddie Fraser

Chair of Officer Locality Group (Adults and Older People)

18 November 2010

(Updated by CHP Facilitator Dec 2010)

LIST OF BACKGROUND PAPERS

1. Service Level Agreement with NHS Ayrshire and Arran – March 2008
2. Community Health Partnership Committee Report -Year 1 SLA Progress - 18th May 2009
3. Addendum to Service Level Agreement with NHS Ayrshire and Arran – November 2009
4. Community Health Partnership Committee Report -Year 2 SLA Progress - 17th May 2010
5. East Ayrshire Lifestyle Referral Scheme – External Evaluation – Catherine AL Rae, November 2010
6. Letter from NHS Ayrshire and Arran Director of Public Health to East Ayrshire Council Head of Leisure indicating the cessation of NHS funding to CHIP at March 2010- 29TH October 2010