Paper 2

CHP COMMITTEE LAUNCH EVENT

FRIDAY, 3RD OCTOBER 2008 AT 1.00 PM

GAILES LODGE, MARINE DRIVE, IRVINE

Following the welcome by the Chairman, the launch event commenced with the members of the CHP Committees being provided with an overview and background information on the local needs assessment in each of the three local authority areas, drawn from the Community Health and Wellbeing profiles.

The CHP Agreement

The changes within NHS Ayrshire & Arran from 2005 to 2008 were explained together with the focus on healthcare pathways. It was noted that the interface with local authorities was wider than social services with a number of departments impacting on health and wellbeing. There is now a direct linkage between CHPs, Community Planning Partnerships and the Single Outcome Agreement. The importance of the Integrated Resource Framework to promote shifting the balance of care would figure in the work of the CHPs.

The work undertaken on the remodelled CHP arrangements was explained, particularly that, whilst the CHPs are not statutory bodies, they are underpinned by statutory guidance and there was a requirement to seek the approval of Ministers should specific key changes be made to CHPs i.e.

- Size and number of CHPs
- Significant change to level of devolved functions and responsibilities and/or
- Significant change to the accountability and governance arrangement.

Within NHS Ayrshire & Arran the remodelling of CHPs together with the refocusing of the organisation required that a further Ministerial submission be made. This comprised an overarching statement setting out the NHS refocusing and CHP remodelling exercises; the material amendments to the existing 2005 Scheme of Establishment for the development of CHPs; the NHS Scheme of Delegation to CHPs; an Outline Development Programme together with the NHS Board and Council paper of June 2008, which underpinned the arrangements.

The remodelled arrangements provide a whole system focus for the NHS from corporate to local level, through an organisation which is fit for the future with CHPs centre stage. There were also changes within the three Ayrshire Local Authorities in that previously, the partnership had been with CHPs, and now it is within CHPs.

Roles and Responsibilities

The vision for CHPs in Ayrshire & Arran and the roles and responsibilities of the CHP Committees, Sub-committees and Officer Locality Groups were detailed. It

was highlighted that the focus was in achieving healthier communities through partnership working. It was also noted that there would be a development process for CHPs and as this progressed the remits and outcomes would become more refined.

It was confirmed that each CHP would have two Officer Locality Groups, one for adult services and one for children's, which would manage the delivery of services. These were not brand new groupings, but built on the existing good partnership working in these areas.

It was clarified that in each of the three local authority areas the CHP Committee would report both to the Community Planning Partnership and the NHS Board and that the Chair of the Sub-committee would be a member of the Community Planning Partnership Board.

The Partnership Facilitator, one in each CHP, is key to the development of the Partnership and would provide support to the CHP Chairs and throughout the supporting arrangements.

Two examples were given of how it was expected that CHPs would take a unified approach to shared challenges, in the context of being adaptable to local circumstances, and how this had reaped benefits to patients/clients and the services involved.

Discussion

The following matters were discussed:-

The mapping of services between health and local authorities to reduce duplication – it was confirmed that early discussions were taking place with South Ayrshire Council and the Joint Improvement Team in relation to how this could be achieved for Older Peoples Services. Preparatory work was already underway on preparing information on the Integrated Resource Framework.

NHS Scheme of Delegation to CHPs – although a Scheme of Delegation has been prepared for the NHS, it is believed that, at this time, the local authority Schemes of Delegation are strong enough to support the CHP development, but the matter would be kept in view.

Clarification of the relationship of public health/health promotion with the CHPs – it was confirmed that around 80% of public health/health promotion activity takes place in the community. There are mechanisms in place to map the appropriate officer input into the Officer Locality Groups. It was confirmed that the management arrangements for Health Promotion are subject to ongoing discussions.

Membership of Officer Locality Groups – the membership is not yet finalised and would be subject to further discussion by the Strategic Alliance.

Development of CHP Committees, Sub-committees and Officer Locality Groups – there would be a development programme during which processes were expected to be further refined.

In the context of the remit of the Sub-committee, the requirement, or not, to distil the views or expert advice given on matters – it is the role of the Sub-committee to distil the views and advice it receives but equally there is a need to link to the Officer Locality Groups which will also inform such views. These groups will work together to ensure the CHP committee receive the best advice on the needs of the locality. It was recognised that this could involve a good deal of communication between these groups.

The role of the Partnership Facilitator – the Partnership Facilitator will also bring together the appropriate views within a locality and provide key advice and support to the Chairs of the Committee and Sub-committee and would be involved in the Officer Locality Groups.

The concern of the patient/public representatives and Health Council regarding the strength of the public voice within the revised arrangements – it was acknowledged that there should be a strong public voice within CHP, the views expressed receive consideration and are appropriately reflected to the Committee or Officer Locality Groups. The Sub-committees will also seek the views of the Officer Locality Groups on specific matters.

CHP involvement on the NHS Board – The remodelled arrangements greatly strengthen the input of CHPs on the NHS Board through the involvement of both Executive and Non-executive Directors on the CHP Committees and Sub-committees.

Scrutiny and monitoring of the CHPs regarding their outputs – the Single Outcome Agreement, supported by performance management systems, will be the single most effective method of scrutinising and monitoring the impact of CHPs. The SOA comprise outcomes on both pan Ayrshire and locality levels.

Officer Locality Groups – It was confirmed that these groups would be the engine room of the CHPs, creating and identifying opportunities to provide locality base improvements.

Maintaining momentum following the CHP Committee meetings at the end of October – The Partnership Facilitator appointments are critical to development of the CHPs and whilst two appointments have been made a third is outstanding. Further development events are planned and it is expected that the Committees, Sub-committees and Officer Locality Groups would come together for a further development day in November.

Longer term aspiration - in future, the Annual Review undertaken by the Cabinet Secretary for Health and Wellbeing may focus on the NHS and local authorities' combined performance against the Single Outcome Agreement.