

EAST AYRSHIRE COMMUNITY HEALTH PARTNERSHIP COMMITTEE

TERMS OF REFERENCE

1. Introduction

- 1.1 The East Ayrshire Community Health Partnership (CHP) Committee is identified as a Committee of NHS Ayrshire and Arran and reports to the East Ayrshire Council structure. The approved Terms of Reference and information on the composition, and the frequency of the Committee, will be in accordance with the, the Community Health Partnership (Scotland) Regulations 2004 (SSI 2004 386) and the extant NHS Ayrshire and Arran CHP Scheme of Establishment approved by Ministers.
- 1.2 The Committee will be known as the East Ayrshire Community Health Partnership (CHP) Committee
- 1.3 The vision for Community Health Partnerships is that

CHPs will unite all stakeholders in a locality partnership with the aim of improving the health, social care and healthcare of local populations.

The vision should lead to:

- *Local people having the healthiest lives possible;*
- *Integrated health promotion activities, healthcare and social care services; and*
- *Reduction in inequalities, protection of the vulnerable, and services tailored to local needs.*

The principal mechanism to measure the extent to which this vision and its associated impact deliver the anticipated outcomes will be the Single Outcome Agreement.

2. Remit

- 2.1 To provide assurance to the NHS Board and East Ayrshire Council that systems, procedures and resources are in place to monitor, manage and deliver on the key outcomes identified for CHPs, as specified in paragraph 1.1 of the CHP Scheme of Establishment taking cognisance of current policy, including:
- Shifting the balance of care to more local settings,
 - Reducing health inequalities,
 - Improvement in the health of local people
 - Responsibility for integrated working between Health and the Local Authority
 - The interface of the Single Outcome Agreement, Community Plan, JHIP.
- 2.2 To monitor the delivery aspects of the Single Outcome Agreement as specified.

- 2.3 To approve the contribution of CHP Officer Locality Group to the Local Delivery Plan and similar.
- 2.4 To ensure a successful partnership between the various stakeholders described in the CHP Scheme of Establishment.
- 2.5 To provide assurance to the NHS Board and East Ayrshire Council that the CHP is working within its delegated authority.

3. Committee Membership

- 3.1 The Committee will be established as a Committee of NHS Ayrshire and Arran and the East Ayrshire Local Council structure, and be comprised of the following members:
 - The NHS Board Member nominated by East Ayrshire Council who will Chair the meeting
 - Three other East Ayrshire Council elected members
 - Three other members from NHS Ayrshire and Arran who would be a Non-Executive member, an Executive member with a clinical remit, and an Executive member with a non-clinical remit.

4. Quorum

- 4.1 Four members will constitute a quorum with at least one member from Health and the Local Authority.

5. Attendance

- 5.1 The Partnership Facilitator will attend the Committee in accordance with the remit of that post.
- 5.2 With the prior approval of the Chair, officers of NHS Ayrshire and Arran will be able to provide deputies on an exceptional basis.

6. Frequency of Meetings

- 6.1 In general this will be on a bi-monthly basis, with a minimum of four meetings per annum.
- 6.2 The Chair may at any time convene additional meetings of the Committee.

7. Authority

- 7.1 Committee is authorised to:
 - Investigate matters which fall into its Terms of Reference;
 - Form sub-groups to support its functions;
 - Seek and obtain information as required to carry out the function of the partnership taking account of policy and legal rights.

8. Duties

8.1 The Committee will have oversight to ensure systems are in place for children and adults to address current and future priorities and the delivery of the key outcomes as detailed in the Statutory Guidance and Scheme of Establishment, specifically:

- Reduce inequalities in access to information by providing targeted and coherent health messages particularly aimed at excluded or disadvantaged groups.
- Reduce the number of premature deaths by preventable diseases through the local actions taken by key partners to improve health.
- Improve access to services by increasing the level of joint service provision and co-location of services.
- Increase the quality of care through the systematic implementation of more evidence based care and multi-disciplinary guidance and protocols.
- Increase the number of single points of access for all community based services.
- Reduce the time taken to agree care packages by extending single shared assessments.
- Reduce the number of delayed discharges from hospitals through increased provision of rehabilitation services, rapid response teams and other similar interventions.
- Reduce the number of people admitted to hospital in an emergency by improving the level and quality of chronic disease management and increasing community based support.
- Decrease the number of inappropriate hospital visits by improving the quality of referrals to consultants and increasing the skills of community practitioners.
- Management of waiting times for in-patient and out-patient services more effectively by using their understanding of local demand to influence and adjust the supply and/or design of services.

8.2 In addition, the Committee will address locally identified priorities as described in the Single Outcome Agreement, Integrated Children's Service Plan and other integrated service planning.

8.3 The Committee will also be responsible for ensuring that appropriate systems and procedures are in place to monitor and manage the performance of the Partnership and for delivering against agreed outcomes and actions.

9. Conduct of Business

- 9.1 Meetings of Committee will be called by the Chair of the Committee.
- 9.2 In the absence of the Chairperson, members of the Committee will nominate a member who is not an Officer of either the NHS Board or Local Authority to chair the meeting.
- 9.3 The Agenda and supporting papers will be sent to members at least five working days before the date of the meeting.
- 9.4 The meetings will not be held in public.

10. Reporting Arrangements

- 10.1 Minutes will be kept of the proceedings of the Committee and these will be circulated in draft, normally within five working days to the Chair of the Committee, and within five working days thereafter to members prior to consideration at the subsequent meeting of the Committee.
- 10.2 The Chair of the Committee shall provide assurance on the work of the Committee and the unapproved minutes will be submitted to the NHS Board and East Ayrshire Council structure.
- 10.3 The Committee will work within the performance management framework jointly determined by the NHS Board and East Ayrshire Council.
- 10.4 Items requiring urgent attention by the NHS Board and East Ayrshire Council can be raised at any time at the Committee meeting, subject to the approval of the Chair.
- 10.5 No member of Committee will make any official statement in public or to the Press relating to the work of the CHP Committee without prior consultation with the Chairperson of the CHP Committee.