

NHS Lothian

Edinburgh CHP Sub-Committee
13 August 2009

Edinburgh CHP Assistant General Manager

SOUTH EDINBURGH PUBLIC PARTNERSHIP FORUM DEVELOPMENT**1 Purpose**

To update the Edinburgh CHP (EHP) Sub Committee on progress being made to re-establish a functioning South Edinburgh Public Partnership Forum (SEPPF) and to seek support for the proposed supporting structures (see reference note below).

SUMMARY

This paper sets out and seeks support for the proposed structure for a re-established South Edinburgh Public Partnership Forum.

2 Recommendations

2.1 That the Coordinating Group is retained until the structure outlined in this paper and illustrated in appendix 1 has been fully developed. It is anticipated that the Coordinating Group will function in its present form until the end of the financial year (April 2010).

2.2 That the EHP recognises a SEPPF structure which has a core group of representatives integrated into a wider but defined membership.

2.3 The SEPPF should reflect in its membership structure the two core responsibilities of the EHP to the public: firstly to deliver and develop an agreed portfolio of recognised health services and secondly to address health inequalities mainly through partnership working. The membership would therefore be drawn from 'thematic' groupings to represent service delivery and from Neighbourhood Partnerships to represent the health inequalities interests.

2.4 That the Chair and Vice Chair of the SEPPF should be appointed on a three year cycle by the EHP sub committee (the role and remit of these positions will be developed in the working agreement).

2.5 That two representatives from the re-established SEPPF will be elected to sit on the EHP using an election process agreed by the Coordinating Group members and the EHP. Each representative will be supported by an elected deputy.

Reference Note: The term SEPPF relates to a fully re-established SEPPF. The term Coordinating Group will be used where the information pertains to work that is being done by the group currently working to develop the SEPPF.

3. Main Issues

Background and Context

3.1 The Scottish Executive Community Health Partnerships: Involving People, Advice Notes (Dec 2004) and CHP Statutory Guidance (October 2004) stressed that wherever possible, CHP's should seek to use existing public involvement mechanisms.

3.2 NHS Boards are committed to implementing local sustainable frameworks for patient focus and public involvement (PFPI) and community engagement, and should ensure that PPFs add value to and complement, local service change, development and improvement as well as community planning processes for the ECHP.

3.3 The Coordinating Group has recognised the wide variety of PPF arrangements across the country, with the common challenge of engaging meaningfully with a wide cross-section of the public. PPFs have been developed to fit variations in each CHP such as community planning structures, geography and demography.

3.4 At the ECHP Sub Committee meeting on 29th April it was agreed that the Coordinating Group would explore the potential for closer working arrangements with Neighbourhood Partnerships in South Edinburgh which are the recognised local community planning structures.

The remit, role and structure of the Coordinating Group and the re-established SEPPF

3.5 Neighbourhood Partnerships (NPs) did not exist when PPFs were first developed but they can now provide the ECHP with an important part of the structure on which to develop the SEPPF which delivers the requirements in the Scottish Executive Community Health Partnerships: Involving People, Advice Notes (Dec 2004) and CHP Statutory Guidance (October 2004) summarised below.

- I. To ensure that the CHP is able through the PPF and other means to inform local people about the range and location of services and information which the CHP is responsible for, including Health Board wide services which are available within the CHP area. This will lead to better understanding by local people about how and where to access services.
- II. To engage local people in discussion about how to improve health services to enable the CHP to respond to their needs, concerns, and experiences. The PPF will need to ensure that it is able to represent the views of all members of the communities served by the designated CHP area paying particular attention to those who could be socially excluded or face discrimination when accessing services. This will help to inform the work plans of CHPs and to determine local priorities for service improvement.
- III. To support wider public involvement in planning and decision making and to seek to make public services more responsive and accountable. The CHP will need to engage through the PPF with agencies and organisations such as community planning. PPFs will be able to link in with local involvement mechanisms in relation to health improvement and service planning issues.

3.6 Most NPs have developed, or are developing, a health (inequalities) sub group to deal with health issues identified and prioritised by the local community. These sub-

groups already include members of the local community who are interested in improving the health of their local communities. These groups are currently actively working to implement local actions relevant to identified local health priorities.

3.7 The remit of the Coordinating Group until April 2010 is set out in Appendix II.

3.8 The remit of the re-established SEPPF will be developed by the Coordinating Group and set out in the working agreement. It should include the following.

- I. To ensure that involving people achieves meaningful and valuable outcomes for both local communities and the ECHP
- II. To provide feedback to local communities following a period of involvement
- III. To continually evaluate the performance of the SEPPF and the ECHP with regard to public involvement activities

SEPPF Membership

Neighbourhood Partnership membership

3.9 To achieve the best possible balance of representation each South Edinburgh NP health (inequalities) sub-group Chair in discussion with the SEPPF Chair, would be responsible for nominating two NP members, giving a maximum of twelve SEPPF members from NP sub groups.

3.10 The benefits of drawing SEPPF members from the existing NP structures are summarised as follows.

- I. Wide engagement and communication with local communities.
- II. Issues that emerge will reflect community need and the ECHP will be supporting health related developments generated by local communities through community planning mechanisms.
- III. Ability to address health issues at local level.
- IV. ECHP contribution to the community planning structure will be strengthened.
- V. NP's involve all community partners.
- VI. Provision of links to local voluntary organisations and community groups.
- VII. Outcomes achieved that are related to the Single Outcome Agreement.

3.11 Some of the existing Co-ordinating Group members are already members of NPs. Their knowledge about NP systems and structures as well as the knowledge they have gained as Coordinating Group members about the SEPPF structure, roles and responsibilities will be invaluable to the re-established SEPPF.

Thematic membership

3.12 It is recognised that people may wish to engage with the SEPPF on the basis of professional interest, care programme grouping, or communities of interest as well as voluntary organisations, community group and partner agencies. A 'thematic' membership is therefore proposed.

3.13 To provide the 'thematic' membership, two people from groups, networks, forums or communities of interest would be linked with the appropriate Core Management Team (CMT) lead for the following thematic groupings.

- Mental Health Services
- Older People's Services

- Childrens Services
- Disability Services
- Services to Minority Ethnic people

3.14 The 'thematic' representatives would be required to have knowledge of, personal experience of, or an interest in, the thematic group they are assigned to. NPs, Coordinating Group members, voluntary sector partners, local authority partners, etc. would all be asked to suggest where and how to identify these representatives. They would also sit on the SEPPF giving a maximum of 10 further members.

3.15 The benefits of linking people to the thematic groups are as follows.

- I. They will be linked to a CMT lead and will therefore gain a wide knowledge of the service.
- II. Their capacity and capability will be developed.
- III. They will ultimately be able to advise and guide the SEPPF members based on the insight and knowledge they gain of the thematic group they are linked to.

Involvement of other people (members of the public, forums, networks, organisations, etc)

3.16 People who are not SEPPF members through either the NPs or the thematic groupings will be welcome to register on the SEPPF database and attend meetings. Questions or issues about health services they wish to raise should be submitted to the SEPPF Chair in written or verbal form before the start of the meeting. These may then be raised at the meeting at the discretion of the Chair but will in all cases be logged and become part of the record of the meeting.

Edinburgh Equalities Network Involvement

3.17 Work is being progressed to involve members of the emerging Edinburgh Equalities Network in the work of the SEPPF.

ECHP involvement

3.18 Senior managers will develop and maintain a close working relationship with the SEPPF and will regularly attend meetings to ensure that both ECHP priorities and health related issues raised through the NP structures are addressed. ECHP support to the SEPPF, Scottish Health Council staff and other people from South Edinburgh communities will also regularly attend the SEPPF meetings.

3.19 ECHP staff who attend the NP health (inequalities) groups, for example Public Health Practitioners, Locality Development Managers and the Community Development Facilitator will attend the SEPPF meetings to feed back the issues raised from the community. This will not only provide a support structure for these health service staff it will also ensure that health issues raised in more than one area of South Edinburgh are addressed together thereby better utilising health service resources.

Projected SEPPF attendees

3.20 The SEPPF consisting of the Chair and Vice-Chair, 12 people from NP health (inequalities) sub groups and 10 from the thematic membership would develop a

shared understanding and an overview of the business of the SEPPF. They would be required to commit to a reasonable level of consistent participation and attendance and would be tasked with making decisions for the effective and efficient operation of the SEPPF.

4 Impact on Health Inequalities

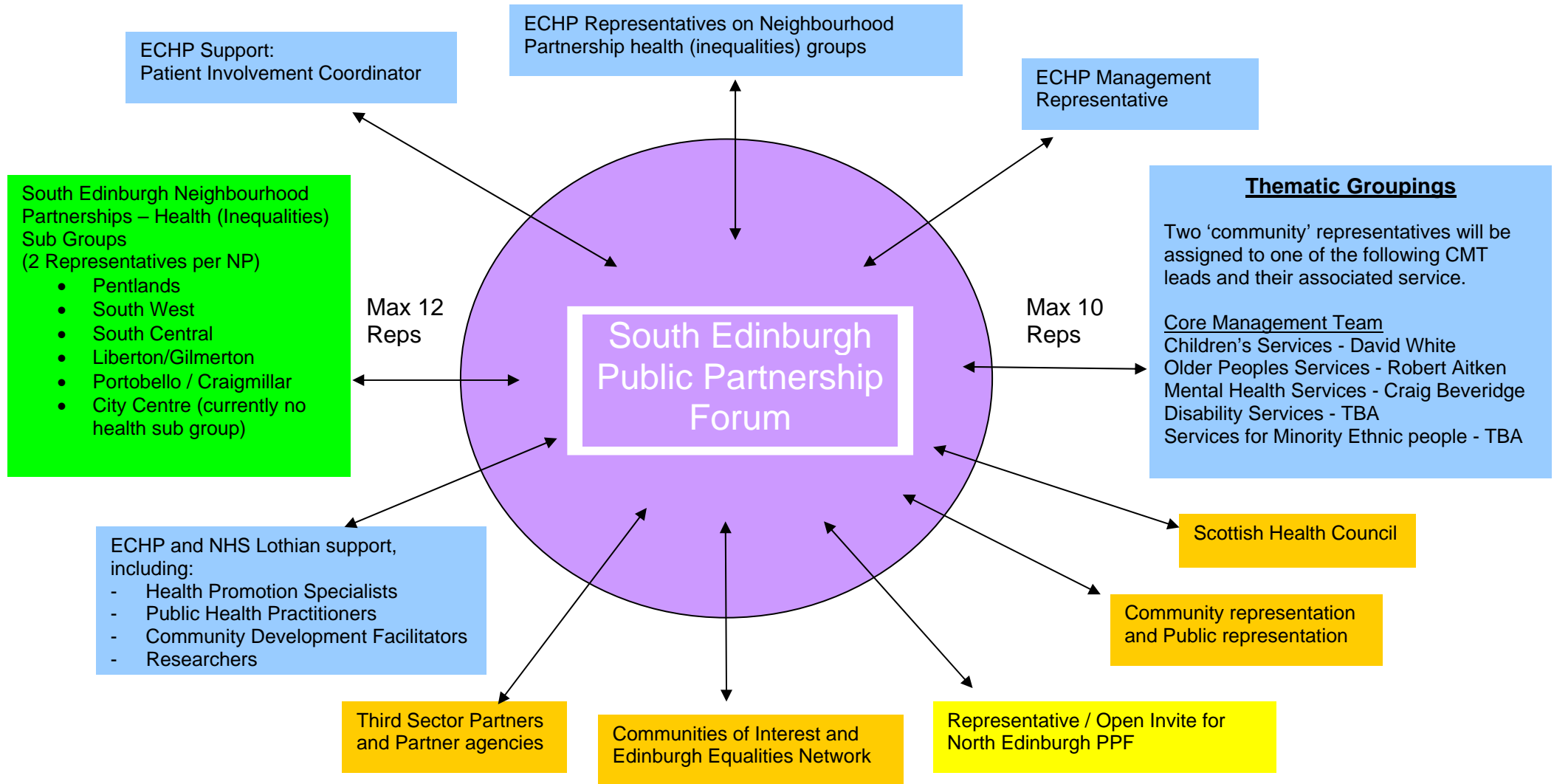
The public clarification of the ECHP purpose to deliver agreed services and to address health inequalities will help to give reducing health inequalities the support it needs to be effective.

5 Resource Implications

The dedicated resources for this area are fixed. The implications of this structure however would result in an increase in structured senior management time dedicated to public involvement.

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Edinburgh CHP

South Edinburgh Public Partnership Forum Illustrating Proposed Involvement Structure



APPENDIX II

Draft Remit of SE PPF Coordinating Group until April 2009

1. Develop and agree with the ECHP Sub Committee, a Working Agreement which would govern the activities of the SEPPF (including election processes, codes of conduct, etc.)
2. Take forward for action the recommendations made to the ECHP in the Paper presented to the ECHP sub committee on 13 August 2009.
3. Provide induction for new members.
4. Identify training opportunities for new SEPPF members.
5. If requested, send a representative to the ECHP sub committee meetings until the SEPPF is re-established.
6. Liaise with Neighbourhood Partnership Health (Inequalities) Sub Group Managers, Partnership Information Managers and Chairs to identify potential candidates for the thematic representatives to attend the SEPPF.
7. To liaise with groups, networks, forums or communities of interest to identify potential candidates for the thematic membership.