NHS
Executive
Headquarters
Department of Health
Quarry House
Quarry Hill
Leeds LS2 7UE
Tel 0113 254 5000

To: Community Health Councils
Regional General Managers
District General Managers
Regional CHC Links
SHA General Managers
NHS Trust Chief Executives
FHSA General Managers
Association of Community Health Councils
Society of Community Health Councils Staff
Regional Associations of Community Health Councils
Unison

Copies 1:
- The Chair
- Exec Board

Could you let Bri Ham have any comments by the 6/11/95. He can then forward a response prior to deadline of 10/11/95
BF to BH 6/11/95

Copy: Local Authority Associations

EL(95)118
19 October 1995

Dear Colleague,

Community Health Councils: Membership Issues

I am writing to seek your comments on CHC membership issues which have emerged from the work on the implications of the change in the establishing arrangements since consultation on the CHC working group's report . These are:

- Guidance on Secretary of State Appointments (Annex A)

  From April 1996, following the abolition of Regional Health Authorities, the one sixth of the CHC membership which are currently appointed by the Regional Health Authorities will be appointed by the NHS Executive on behalf of the Secretary of State. The attached guidance proposes that a small selection panel of independent community representatives, chaired by the Regional Chairman or a Health Authority Chairman acting on behalf of the Regional Chairman, makes recommendations on the Secretary of State appointments to CHCs. Ministers and Regional Chairmen have expressed their overall support for the proposed process.

  A CHC member specification and application form are appended to the draft guidance. It is proposed that these should also be made widely available to voluntary organisations and local authorities to assist them in selecting CHC members.

  Views are invited on the guidance.

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- Change to the CHC reporting year, changes to the CHC membership year and the effect of new health authorities on CHC boundaries (Annex B)

  Following responses to the consultation on the CHC working group report proposals for changes to the CHC membership and reporting years are set out at annex B, including the effect of related local government changes (ie. the implementation of unitary authorities) and the effect of the advent of new health authorities.

  Local Authority Associations are also being consulted on these issues.

You should write with your comments to Ms Pat Lewis, Directorate of Human Resources and Corporate Affairs, Room 4N34B, Quarry House, Leeds, LS2 7UE by **10 November 1995**. If you would like your comments to remain confidential, please state this in your response.

Yours sincerely

Miss A M Edwards
Deputy Director of Corporate Affairs

This letter - but not the attached documents - will be cancelled on 19th October 1996

THE APPOINTMENT OF MEMBERS OF COMMUNITY HEALTH COUNCILS BY THE SECRETARY OF STATE

Guidance on appointment procedures

October 1995

1. Introduction

1.1 Community Health Council (CHC) members are appointed for a period of 4 years, with the CHC year beginning on 1 September in England and 1 July in Wales. Half of the membership terminates every two years on even years. At least one half of the membership is appointed by the local authority, at least one third by the voluntary sector and the remaining members (up to one sixth of the membership) are appointed by the establishing body, (in England, the Regional Health Authority; in Wales, the Secretary of State).

1.2 From April 1996, following the abolition of Regional Health Authorities, the NHS Executive will make these appointments on behalf of the Secretary of State on the basis of recommendations made by the Regional Chairman for the region in question.

1.3 In arriving at their recommendations, Regional Chairmen will be assisted by sifting panels which will include representatives of the local community.

1.4 CHC members make an important contribution to the National Health Service. CHC members should come from a wide range of different backgrounds bringing relevant skills, experience, personal qualities and commitment to the important task of representing the interests of their local community in the local health service. There are many committed and enthusiastic people within the community who would be willing to serve on CHCs.

1.5 The appointments process described in this guidance is designed to encourage such people to come forward for consideration as well as seeking an open approach in line with the appointment of non-executive directors of health authorities and NHS Trusts.

2. *Aims and principles*

2.1 The aim of this guidance is to establish a national framework within which suitable candidates for appointment to CHCs can be identified.

2.2 The Secretary of State has laid down the following key principles for the appointments system:

- it is open to anyone to become a CHC member providing they are committed to the values of the National Health Service and that they can bring to the CHC skills, knowledge and experience which will help the CHC do its job better, (providing they are not disqualified from eligibility for appointment as laid down in the regulations).

- procedures are clear to potential candidates

- Regional Chairmen are responsible for the integrity and effectiveness of the arrangements in their region and for making formal recommendations on appointments to the NHS Executive.

2.3 Potential candidates should be assessed against agreed criteria. Selection panels will be set up for this purpose, independent of the CHC on which successful applicants will serve.

2.4 The process will be operated in a way which maintains the principle of independence of any CHC from their local Health Authority or NHS Trust.

2.5 There will be a broad consistency of approach nationwide.

3. *Attracting candidates*

3.1 The recruitment process should aim:

- to ensure that people have the opportunity to apply for appointment to their local CHC at the appropriate times.

- to ensure as wide a range of people as possible are reached and that sections of the community are not excluded by restrictive search activities

- to ensure consistency in messages given about CHC membership and opportunities

3.2 These aims will usually be achieved by advertising vacancies at both regional and local level. (This may not necessarily be vacancy by vacancy for each CHC; composite advertisements may be appropriate on an area basis.) Advertisements for CHC members may be included in or combined with advertisements for chairmen and non-executive directors of health authorities and NHS Trusts.

3.3 There is a range of other methods that might be adopted to supplement the use of advertising, including:

- nominations from community groups or voluntary organisations

- self-nominations

- CHC information days/open access seminars

- provision of standardised leaflets on CHC membership together with information on individual CHCs

3.4 Sufficiently rigorous attempts to attract interest should be undertaken in order to provide selection panels with a choice of candidates for each CHC.

4. The selection process

Panel Membership

4.1 The Regional Chairman could chair the sifting panel but may choose to delegate this responsibility to a chairman of a health authority provided it is not purchasing services for the population(s) represented by the CHC(s) whose membership is being considered.

4.2 The remainder of the panel will consist of three independent members one of whom will be a Chairman from a different CHC in the Region.

4.3 The 3 independent members of the panel will be appointed by the Regional Chairman, who should take advice from the Regional Association of CHCs.

Equal Opportunities

4.4 An equal opportunities policy will always be followed in the selection process. While appointments should always be made on the basis of a candidate's suitability, it is desirable that the composition of CHCs reflects the population balance both as a whole and particularly in the area served considering such factors as age, sex, race, and locality of residence.

Selection procedures

4.5 All candidates for appointment will be assessed and selected on the basis of merit against agreed criteria (see attached 'person specification' for CHC members). This will help to ensure that all those recommended for appointment possess the skills, personal qualities and experience required. This will encourage consistency in the selection of high quality candidates across the country as all regions will apply the same criteria.

4.6 The candidates application form will be used as initial evidence of their match with the person specification, in order to form a shortlist. Panels will wish to interview shortlisted candidates personally as appropriate but this will be a matter for local choice depending on the circumstances.

4.7 However, there is also a need to create a balanced CHC whose combined membership is able to make an informed and comprehensive contribution to the ongoing and future work programme. In addition, therefore, in relation to each CHC, the panel will take into account the pre-existing composition of the CHC membership and the newly appointed local authority and voluntary sector members. These appointments provide an opportunity to address any gaps or imbalance in the composition of the membership.

4.8 The views of each individual CHC should be sought and taken into account when identifying any such gaps. This could be on the basis of geographical coverage of the CHC's 'patch', representation of local minority ethnic groups, or to ensure input to issues affecting a particular section of the community eg older people or those with a mental illness.

4.9 In order to make their proposals, the selection panel will need information about new appointments and existing membership. They would therefore normally need to meet as soon as possible after the local authority appointments and voluntary sector appointments had been made in order to be furnished with this information.

CHC member re-appointments

4.10 CHCs should be given the opportunity to provide an assessment of the performance of any existing CHC members or co-opted members who are to be considered for appointment or reappointment as a Secretary of State's appointee (regardless of the original nominating body).

4.11 Assessments should be objective and confined to matters of record that can be substantiated eg members attendance record, appointment and contribution to sub-groups of the Council and involvement in the agreed activity programme for the CHC. The selection panel will be able to use this information when making their decision whether to recommend appointment or re-appointment.

Casual vacancies

4.12 Half of all CHCs' membership terminates every two years, in even years; normally the panels would therefore only need to meet once every two years. At the same time as making recommendations for the main turnover of members they might agree candidates to go on to a regional database for appointment at a later stage in response to a need to fill a casual vacancy on a CHC. However depending on the number of casual vacancies occurring, the panels might need to meet on further occasions in the interim.

5. *The role of Regional Chairmen*

5.1 The role of the Regional Chairman within the appointments procedure is to make appropriate arrangements to ensure that candidates have been selected according to the procedures in this guidance and to make formal recommendations on appointments to the NHS Executive which will act on behalf of the Secretary of State. A senior officer of each Regional Office of the NHS Executive may take on this role.

5.2 Regional Chairmen must be able to assure the NHS Executive of the integrity and effectiveness of the process in order that they can make appointments with confidence.

5.3 Regional Chairmen will need to be supported in their task by the regional offices of the NHS Executive who will need to make appropriate resources available.

6. *Induction and development*

6.1 Regional Offices will ensure that once appointed, all CHC members are supported through appropriate induction and training programmes and receive further development opportunities at suitable intervals, at both local and regional level.

7. *Timetable*

7.1 These arrangements will be in place by 1 April 1996.

PERSON SPECIFICATION - CHC MEMBER

Thank you for expressing an interest in appointment as a member of a CHC. Our aim is to attract candidates from all walks of life in order to create CHCs which reflect the balance of their local community considering such factors as age, sex, race, and locality of residence. Most importantly, those appointed to the CHC must be fully committed to its aims, objectives and values, and to be willing to take on the responsibility to consider and represent the needs and best interests of ALL the people in your district.

To help you decide if you have the sort of skills and experience we are looking for, we have drawn up the checklist below. We expect those recommended for appointment to be good communicators with plenty of common sense and able to meet most, but not necessarily all of these criteria:

- a keen interest in health and healthcare
- enthusiasm, willingness and commitment to making an important contribution to your local community
- commitment to the public service values of accountability, probity and openness (see separate note on CHC members Code of Conduct)
- an understanding of the needs of your local community, particularly the issues affecting groups such as minority ethnic groups, older people, people with learning disabilities or mental health problems)
- significant experience of using your local health service, (eg your family doctor, local health clinic or hospital) or close involvement with other people who use health services regularly eg as a carer, friend or relative, or as a member of a voluntary organisation or user group.
- interpersonal skills with both the confidence to question and challenge NHS managers and the sensitivity to gain the respect and trust of health service users
- some experience of working in groups, formally or informally
- availability for the equivalent of at least four days per month and to attend daytime, evening, and, occasionally, weekend meetings
- you should live or work in the area served by the CHC for which you are applying and know it well

NB Certain people are not eligible for appointment - to ensure that you are eligible, please refer to separate guidance on disqualification for eligibility.

APPLICATION FORM FOR CHC MEMBERSHIP

Please ensure that you read the back of this form regarding criteria for disqualification before continuing

Please indicate for which CHC you are applying for membership

Please indicate where you heard about CHC member appointment

Details of the individual or organisation recommending or supporting your application (if any)

1. PERSONAL DETAILS

Surname	Title .....
Forenames	Date of Birth .....

Home address Postcode:	Work address (if applicable) Postcode:
Tel:	Tel:

Professional or other qualifications

Ethnic origin (please tick)

White ☐ Black Caribbean ☐ Black African ☐ Black other ☐

Asian Chinese ☐ Asian Indian ☐ Asian Pakistani ☐ Asian other ☐

Please note: This information is used for monitoring purposes only

Disability (please tick)

Registered disabled? Yes ☐ No ☐

2. EMPLOYMENT

Present occupation .....

Position held .....

Previous employment

Are you or have you ever been an NHS employee? Are you a family practitioner? If so, please give details.

3. VOLUNTARY SECTOR EXPERIENCE

Any involvement in voluntary, community, or other groups

Details of any business interests, positions of authority in a charity or voluntary body in the field of health and social care or any connection with a voluntary or other body contracting for NHS services.

4. OTHER APPOINTMENTS

Current and previous public appointments (with dates)

5. OTHER INTERESTS

Non-professional interests / hobbies

6. ANY SPECIAL HEALTH RELATED INTERESTS (please tick)

Medical services		Mental health services	
Health education		Womens' health	
Services for older people		Children's services	
Services for people with a disability		Nursing services	
Services for people with learning difficulties		Dental services	
Community services		Pharmaceutical services	
Services for minority ethnic groups		HIV/AIDS Services	
General Practitioner services		Other (please list)	

7. SUPPORTING INFORMATION

Reason for interest in CHC member appointment

8. DECLARATION

I confirm that to the best of my knowledge and belief, the information given is correct. I further confirm that I have considered and understood the criteria for disqualification from CHC membership and that I do not fall within any of the descriptions of persons specified in those criteria. I understand that if I am appointed and if the information which I have provided is incorrect, or any of the statements regarding ineligibility for CHC membership which I have made in this declaration are untrue or subsequently circumstances arise at any time before the end of my term of office which would render any such statements untrue, then my tenure of office is liable to be terminated.

I also confirm that I have received and considered information outlining the role, responsibility and workload entailed in CHC membership and I understand and am willing to give this commitment

Signature ..... Date .....

Please return to:

Regional Office
NHS Executive

Candidates should note that if their name is considered for a CHC membership vacancy, which is a public appointment, it may be necessary to pass copies of this form, in confidence, to relevant people. If you have any objection to this, please make this clear when returning this form.

All applicants will receive an acknowledgement letter advising them of what will happen next.

CHC MEMBERSHIP

Proposals for changes to the reporting and membership years and the effect of unitary local government authorities and new health authorities

CHC reporting year

It is proposed to bring the CHC reporting year into line with the financial year (April to March). The reporting year would then align with the financial and membership years (on the basis of the proposals set out below). The change will mean that CHCs will be required to submit their annual reports within a reasonable time following the end of the year in March, eg, by July of each year.

Views are invited on this proposed change.

CHC membership year

Currently, half of CHC members are appointed by local authorities, one third by voluntary organisations and one sixth by the establishing body (currently RHAs, Secretary of State post April 1996). Half of the membership terminates every two years in even years. The membership year runs from 1 September until 31 August (in Wales from 1 July to 30 June).

It is proposed that the membership year be changed to run from April to March. This would align the membership year with the CHC financial cycle and business planning cycle and would facilitate development of forward planning and member commitment to and ownership of plans.

Views are invited on this proposed change.

Possible options for membership year changes for all members (voluntary sector, Secretary of State appointments and local authority appointments)

None of the options set out below are ideal because of the effect on local authority membership appointments of the implementation of unitary authorities over more than one year (details of this are set out below).

Proposed options

i) Moving all members to the new membership year from April 1996. This would mean terminating all members appointments early; half by five months, half by two years, five months. Half of the new appointments would be for two years, half for four years. This would involve a considerable adminstrative burden in respect of elections, etc.

ii) Terminating existing appointments 5 months early both in 1996 and 1998. However, the administrative burden on both regional offices and CHCs in 1996 would still be considerable. Appointments would be for four years.

iii) September 1996 appointments to go ahead, but for 3 years and 7 months (next appointments would be from April 2000 for 4 years) and the September 1998 appointments brought forward to April 1998 and to last for 4 years. This would curtail the terms of those members appointed in September 1994, 5 months early.

iv) September 1996 and September 1998 appointments go ahead, but for 3 years and 7 months (next appointments would be from April 2000 and April 2002, respectively for 4 years). No existing members would lose any of their term of office but it would take that much longer to move all members to the new membership year.

Views and proposals for other options are invited.

Wales

The Welsh Office are also proposing a similar change of membership year. However, circumstances are different in Wales in that all local authorities in Wales are to be replaced by unitary authorities from April 1996.

Unitary local government authorities

In England a first tranche of these will be implemented in April 1996 and a second in April 1997.

When a unitary authority replaces an existing local authority, the members elected by the District or County Council will cease to have any legitimacy and the new unitary authority will need to appoint new members. It is proposed that when this happens those new members' membership year should move to the proposed new membership year ie. April to March. Half of the appointments would be for two years and half for four years. In 1997 half the appointments would be for one year and half for three years. Regional offices will need to liaise with shadow unitary authorities in the run up to April 1996 and April 1997 to ensure new appointments are made for membership to be taken up from April in each year.

Views are invited on this proposal.

Effect of new health authorities on CHC boundaries

Where the current consultation on new health authorities proposes any boundary changes, this may result in corresponding proposals by RHAs to adjust the relevant CHC boundaries to match. This could result in the shift of responsibility for some communities transferring from one CHC to another in line with changes in HA areas. Existing regulations allow for RHAs (and amended regulations from April 1996 will allow for the Secretary of State) to adjust the membership for CHCs in such circumstances. It is possible that some changes to membership will need to be made in those CHCs affected by boundary changes, from 1 April 1996, further supporting the shift to a new membership year.

Views on the effects of new health authority boundaries are invited.