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Date: 19 October 2005
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Dear Mr Kerr

REDRAWING NHS BOUNDARIES IN ARGYLL & CLYDE – RESPONSE FROM ARGYLL AND BUTE COUNCIL

At its meeting on 12 October 2005 Argyll and Bute Council considered all seven options in the consultation document on the dissolution of NHS Argyll and Clyde. The Council favoured option 1 (amalgamation of Argyll and Bute Council area with Highland Health Board); the possibility of splitting the area between health boards was overwhelmingly rejected.

The debate was wide ranging, based on detailed analysis of the options under headings focused on:

- population and geography
- governance
- efficient government
- financial impact
- community voice.

The Council, were of the view that option 1 best met the foregoing criteria and also provided safe, sustainable health care services. The meeting acknowledged the experience within Highland Health Board of managing services across mixed, urban, rural and island communities and felt this was a common feature with Argyll and Bute.

There are key messages arising from the debate that the Council would like to see considered alongside the steps taken to amalgamate the Argyll and Bute area with the current Highland Health Board – should that be the Minister's preferred option. They are:

- concerns about effective and appropriate representation for Argyll and Bute on a health board that is based a significant distance from all communities in Argyll and Bute and which reflects Argyll and Bute's population comprising almost of a third of the new Board's population
- the need for an Argyll and Bute CHP which is coterminous with the Council area and one which is highly empowered and autonomous to enable effective local planning, commissioning and delivery of services with community partners such as the Council and with secondary care providers in Glasgow
- the strong local partnerships that already exist (at a number of levels from the strategic level of Community Planning with a strong focus on health issues through to operational) with local NHS managers and staff and the desirability of using these as a foundation on which to build
- local flexibility and control for local NHS managers so that they can work effectively with Council staff and other partner organisations to identify opportunities to integrate planning, delivery and support services so that together we can improve efficiency, quality of patient outcomes and improve the health of local people.

There were concerns expressed in the debate about the identity of Argyll and Bute within a larger Health Board. "Highland" is not a name or area that people in Argyll and Bute identify with. A signal to indicate appreciation of this concern with a name change would be beneficial.

We look forward to your final decision and would reiterate our willingness to work with the new health board to improve services within Argyll and Bute.

Yours sincerely

James McLellan
Chief Executive

Copy - All Directors
All Councillors
Policy & Strategy Manager