GREATER GLASGOW AND CLYDE NHS BOARD
EAST RENFREWSHIRE COUNCIL

Minute of meeting of the
East Renfrewshire Community Health and Care Partnership Committee
held at 10.00am on 22 August 2007 in
Eastwood House,
Eastwood Park, Giffnock

PRESENT

Councillor Douglas Yates (in the Chair)
Mr Gordon Anderson Staff Partnership Forum Co-Chair (NHS)
Mrs Safaa Baxter Chief Social Work Officer (Professional Executive Group)
Mr Stephen Devine Staff Partnership Forum Co-Chair (Council)
Councillor Jim Fletcher East Renfrewshire Council
Councillor Barbara Grant East Renfrewshire Council
Mr Peter Hamilton NHS Greater Glasgow and Clyde Board (Vice Chair)
Mr George Hunter Director
Mrs Melanie Lambert Public Partnership Forum
Mr Ian Millar Professional Executive Group
Dr Alan Mitchell Clinical Director
Dr Leslie Quin Clinical Director
Mrs Jaqui Reid Public Partnership Forum
Councillor Jim Swift East Renfrewshire Council

IN ATTENDANCE

Craig Bell CHCP Finance Manager
Eamonn Daly Principal Committee Services Officer
Tim Eltringham Head of Health and Community Care
Julie Murray Head of Planning and Health Improvement

ALSO IN ATTENDANCE

Alan Cowie Senior Development Manager, Macmillan Cancer Support

APOLOGIES

Mr Ronnie Cleland NHS Greater Glasgow and Clyde Board
Councillor Ian McAlpine East Renfrewshire Council
Dr Jim MacRitchie Professional Executive Group

ACTION BY
34. EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP – MINUTE OF PREVIOUS MEETING

There was submitted the Minute of the meeting of the East Renfrewshire Community Health and Care Partnership Committee (CHCPC) held on 18 April 2007, a copy of which had been issued previously to each member.

DECIDED:

That the Minute be approved.

35. MATTERS ARISING

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, providing details of the progress made relative to a number of issues discussed at the meeting of the Committee on 18 April 2007.

Referring to the Communications Strategy, the Head of Planning and Health Improvement explained that discussions on the draft Strategy approved by the Committee had taken place over the summer months. However, there had been little change to the draft in view of which it had been considered unnecessary to bring it back to the Committee for approval. Implementation of a number of points included in the Action Plan that accompanied the Strategy, such as the regular issue of a Director’s Bulletin to all staff, had already commenced, and a small Implementation Group would now ensure that the actions arising from the Strategy were implemented.

Having highlighted the increase in staff resources that had been made available relative to Levern Valley Mental Health Services, the Head of Planning and Health Improvement referred to the successful open event held by the Public Partnership Forum (PPF) on 11 June and indicated that the PPF annual report would be issued to members of the Committee for information in the next few days.

DECIDED

That an update on progress in the implementation of the Communication Strategy Action Plan be submitted to the next meeting of the Committee.

Head of Planning and Health Improvement

36. PROFESSIONAL EXECUTIVE GROUP

There was submitted the Minute of meeting of the Professional Executive Group (PEG) held on 13 June 2007, a copy of which had been issued previously to each member, and which forms Appendix 1 accompanying this Minute.
Mr Millar clarified that the Minute had still to be formally approved by the PEG at its next meeting.

**NOTED**

37. **STAFF PARTNERSHIP FORUM**

There was submitted the Minute of meeting of the Staff Partnership Forum held on 13 June 2007, a copy of which had been issued previously to each member, and which forms Appendix 2 accompanying this Minute.

**NOTED**

38. **PUBLIC PARTNERSHIP FORUM**

There was submitted the Minute of meeting of the Public Partnership Forum held on 25 July 2007, a copy of which had been issued previously to each member, and which forms Appendix 3 accompanying this Minute.

Referring to the Minute, Mr Hamilton explained that the Scottish Health Council (SHC) had expressed an interest in the work of PPFs and that a representative from SHC would be attending a future meeting as part of their task to assess the effectiveness of PPFs. He further reported that members of the PPF were enthusiastic about developing communication structures and methods and expressed the hope that the PPF would be involved in any developments in the Communications Strategy.

Mrs Lambert also reported that the Council’s Environment Partnership was keen to examine the operation of the PPF which was considered by the Partnership to be a good model of public engagement, and may form the template of future public engagement exercises by the Partnership.

**NOTED**

39. **PERFORMANCE REPORT – QUANTITATIVE**

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, providing an overview of performance for the fourth quarter of 2006/07.

The report explained that in relation to the status of indicators against targets, 52.2% were assessed as on or above target, with 28.3% close to target, and 19.6% significantly below target. In relation to performance trends for individual indicators, 58.5% were improving, 21.9% had been maintained and 19.5% showed deterioration. Overall, performance had improved from the previous quarter.

A copy of the full performance report, showing performance levels against agreed targets and performance trends, together with exception reports in respect of those areas where performance had been significantly below target, accompanied the report.
Referring to the report, the Head of Planning and Health Improvement explained that locally, there is currently little influence over some of the waiting time targets for acute services but this will change as joint working between the CHCP and the Acute Division progresses.

With regard to waiting times for physiotherapy services, it was explained that waiting times had improved but they were still significantly below target. In an effort to reduce waiting times further, resources would be made available to employ part-time physiotherapists.

Councillor Swift sought clarification on the sources of the data used in the performance management process. In reply, it was explained that the data came from a variety of sources such as the Board and the Council’s Citizen’s Panel. In addition, the Director explained that in the past, it had been accepted practice to collect information that was available rather than information that was actually useful. However, there had now been recognition that using other sources of information gathering that had been discounted in the past, such as surveys of patients and clients, was an important way in which to ingather useful information.

Councillor Grant sought clarification of the reasons for a reduction in the percentage of qualified staff in local authority care homes. In reply the Director explained that the Council only had one care home. With relatively small numbers of staff, any departures of trained staff would have a disproportionate effect in percentage terms. The Head of Planning and Health Improvement also highlighted that the same principle applied in a number of other service areas.

Councillor Grant suggested that it would be helpful if explanations such as the ones given by the Director and the Head of Planning and Health Improvement could be included in future reports. She also expressed concern that patients were waiting so long for scans.

Dr Quin explained that in an attempt to reduce waiting times, the Radiology Department at the Southern General Hospital was also sending patients to other centres to have scans carried out, but one of the main problems was the level of demand for the service against limited resources. In addition, Dr Mitchell explained that part of the problem was the high numbers of patients that did not attend (DNA) appointments, referring in particular to DNA rates of 40% at the Golden Jubilee Hospital in Clydebank, despite those patients given appointments there having indicated that they would be able to attend the hospital. He explained that the Planned Care Improvement Board would be engaging with patient representatives in an effort to establish the reasons for the high DNA rates and would also work with PPFs across the Glasgow area to try and tackle this problem. Furthermore, in response to a question from Councillor Fletcher, Dr Mitchell explained that poor administrative processes in hospital was also a contributing factor to DNA rates and work needed to be undertaken to improve these.

Responding to questions from Councillor Fletcher on which of the indicators gave most cause for concern, the Director indicated that in his opinion those indicators in red with worsening trends were of most
concern. However, he emphasised that trends could be affected by small numbers and assured the Committee that those areas under local control were the subject of focussed activity to improve matters.

Further discussion took place on the number of people that did not attend for appointments and the problems this caused. Mr Hamilton highlighted a number of the more proactive measures that had been introduced recently, such as reminder telephone calls for patients, particularly helpful when an appointment had been made some time in advance.

Mr Anderson indicated that community psychiatric nurses faced a similar problem with up to 15% of clients not being home when nurses called for pre-booked appointments.

Acknowledging that discussions would take place between the Planned Care Improvement Board and PPFs, Mrs Reid reminded the Committee that whilst this approach was useful, it was not the only way to deal with this issue, and that the CHCP had a statutory responsibility itself to communicate with patients.

**DECIDED:**

(a) that the report be noted; and

(b) that discussions take place with the Council’s PR Manager about the possibility of having an article on the number of DNAs in a future edition of “er”, the Council’s magazine issued to all households in East Renfrewshire.

40. **CARE GOVERNANCE SUB-COMMITTEE – PROGRESS AND NOMINATION OF ELECTED MEMBER RESP REPRSENTATIVE**

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, providing an update on the work of the Care Governance Sub-Committee and seeking the nomination of an Elected Member to serve on the Sub-Committee.

The report reminded the Committee that at the meeting on 16 August 2006, the terms of reference and membership of the Sub-Committee were approved, with Councillor Collins, the former Chair of the Committee being nominated to serve on the Sub-Committee.

The report set out details of the progress made by the Sub-Committee in various areas, explaining that the Sub-Committee was examining ways to better resource and support the care governance agenda during 2007/08, that progress during 2006/07 had been reviewed, and that a programme of work for 2007/08 had been identified.

**DECIDED:**

That Councillor Yates be nominated to serve on the Care Governance Sub-Committee.
41. **REVENUE BUDGET MONITORING**

Under reference to the Minute of previous meeting (Item 20 refers), there was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, advising of the current consolidated CHCP revenue budget position for the period 1 April to 20 July 2007.

The report, which was constructed on a client group basis showing consolidated budgets and spends for 6 care groups together with 4 non-client group specific services, explained that the budget and actual figures presented reflected the gross expenditure position with external funding and specific grants being excluded.

The report explained that against a phased budget of £24,264 million, there was currently an overspend of £88,808, highlighting headline issues that may impact on the financial position in the forthcoming year. In particular, emphasising the unpredictability of Children and Family commitments, the report drew attention to an overspend of £120,000 on child care placements, setting out the reasons for this. The report clarified that were this trend to continue, a significant overspend would result, with the need for compensatory savings to be found from elsewhere in the budget.

The report also clarified that in respect of the ongoing job evaluation exercise for the Council and Agenda for Change for health employees, central provision was being made within the CHCP budget to ensure that they would both be cost neutral over the full year.

Commenting on the report, the Director highlighted the unpredictability of care costs as it was not possible to predict the number of children requiring either care or secure accommodation, the latter costing £4,000 per week. He reminded the Committee that in order to tackle the high costs of fostering through private companies, it had been agreed to raise the amount paid to those fostering directly for the Council.

**NOTED**

42. **BARRHEAD HEALTH AND SOCIAL CARE RESOURCE CENTRE**

Under reference to the Minute of previous meeting (Item 21 refers), there was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, reporting on progress in the development of the Barrhead Health and Social Care Resource Centre.

Referring to the report, the Head of Health and Community Care explained that formal approval to proceed on the basis of the Outline Business Case (OBC) had been given by the Chief Executive of NHS Scotland in a letter dated 1 May 2007.

Subsequently, Avanti Architects had been appointed as the design team for the project. In order to assist them develop their understanding of the project to allow them to produce concepts and ideas for consideration, a
series of regular meetings had taken place between the architects, and a representative sub-group of the Project Board. This sub-group had included representation from clinicians, managers, and the PPF. Discussions would also take place between the design team and service providers to be located in the new building. Furthermore, discussions had also taken place with colleagues responsible for Barrhead Regeneration to assess linkages between the new Centre and the wider Barrhead Town Centre Masterplan.

Having reported that the PPF had held a workshop on 2 August to allow the design team to meet with local community groups in order to get a greater understanding of local views in relation to key elements of the project, the next steps in the project were outlined. This included a presentation of early options to the Accommodation and Design Sub-Group to allow the group to give guidance to the design team on the most appropriate options for further development.

The Head of Health and Community Care was heard in amplification of the report in the course of which he explained that contrary to the suggestion in the report, no possible designs had been available at the meeting of the Accommodation and Design Sub-Group on 16 August. He explained that visits had been made to view other facilities and that these would be used to inform the next meeting with the design team. The issue giving greatest cause for concern at present related to adequate car parking and it was important this was resolved as soon as possible in order not to affect the current timescale for the project.

The Head of Health and Community Care, in response to Mr Devine, confirmed that an invitation to have a representative on the Accommodation and Design Sub-Group would be issued to the SPF.

**DECIDED:**

That the design team be invited to make a presentation on the new Centre to the Committee at an appropriate time.  

**Head of Health and Community Care**

43. **QUALITY IMPROVEMENT FRAMEWORK FOR CHILDREN’S SERVICES**

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, seeking approval for the implementation of the Quality Improvement Framework (QIF) for Children’s Services.

The report explained that the QIF had been introduced by the Scottish Executive in March 2006 to support the better integration of children’s services, that it contained a suite of 43 quantitative and qualitative performance indicators to measure outcomes across key policy areas, and that it consisted of 6 elements that would characterise how children and young people’s services should work together to raise the quality of the services they provide in partnership, details of the elements being listed.
The report highlighted that from 2007, local authorities and their partners were expected to incorporate the QIF within their children’s services planning structure with progress being reported to the Scottish Executive by way of future annual plan updates. To take this forward, a short life interagency working group had been established. The Group had devised a template, a copy of which accompanied the report, to monitor progress in respect of each performance indicator, as part of which lead agencies and officers were identified.

The report also explained that it would be the responsibility of each lead agency to determine the best means of collecting the data expected of them and that whilst some information was already available, no new system had been put in place as yet in respect of those new areas of work where information was to be gathered.

The Chief Social Work Officer explained that this approach as about looking at services in the round, including all partners, and that the CHCP would be the lead agency for Children’s Service Plans. She highlighted that some of the agencies involved had never been tasked with collecting information before and it was hoped that by December 2007 Scottish Executive guidance on service plans would be issued.

Mr Millar reported that concerns had been expressed at a recent PEG meeting about the ongoing review of health visitor roles, in particular that there had been no major medical input in the review and that if the role of health visitors was changed this would have major implications for health services. In reply, the Director explained that the review report was currently out for consultation until the end of September and had been the subject of discussions with health visitors themselves. Meetings had also taken place with the LMC and the BMA had been invited to join a trade union group looking at the proposals. He further explained that whilst the report’s overall intentions were clear, there were a number of issues to be resolved, referring in particular to immunisation. Levels in East Renfrewshire were already high and it was important these were not adversely affected by any changes introduced.

In addition Dr Mitchell reported that the next PEG meeting had been brought forward to allow the PEG to discuss the proposals and to submit comments by the end of the consultation period. This meeting would be open to all GPs in the CHCP area and a copy of the report had already been sent to all GP practices.

Mr Anderson reminded the Committee that due to the ongoing grievance about the manner in which the review had been carried out, the SPF would not be participating in the consultation process. However, health visitors had been encouraged to make comment on an individual basis.

**DECIDED:**

(a) that the adoption of the Quality Improvement Framework with regard to children’s services be approved; and  

(b) that officers develop systems to collect information on performance for the purposes of establishing baselines and for ongoing performance reporting.

Chief Social Work Officer
44. CORPORATE PARENTING POLICY

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, seeking approval for a Corporate Parenting Policy for looked after children, a copy of which accompanied the report.

The report highlighted that looked after children were some of the most vulnerable in society often with poorer educational attainment, lower school attendance and higher levels of physical and mental health that their peers, leading in adulthood to overrepresentation amongst the homeless, the unemployed and the prison population. However recent reports had indicated that with the provision of good care in childhood together with effective aftercare, supporting the transition into adulthood, children and their families could experience significantly improved life opportunities.

The report explained that a Social Work Inspection Agency (SWIA) report published in 2006 reinforced the significant role of the corporate parent in relation to looked after children and young people, and also complemented wider work carried out by the Scottish Executive resulting in 2007 in the publication of a report signalling their intention to increase their efforts to improve outcomes for this vulnerable group.

Having explained that the Scottish Executive report set out 19 specific targeted actions to be delivered under 5 key themes as well as highlighting 8 key issues that local authorities and partners needed to consider when discharging their corporate parenting responsibilities, the report explained that the proposals contained in the policy included the development of an induction pack and training materials for elected members to introduce them to their corporate parenting role, the appointment of an elected member as “champion” for children and young people, and the development of a monitoring framework to provide performance reports to be used to inform service development and planning.

DECIDED:

(a) that the Corporate Parenting Policy be approved; and

(b) in view of the corporate nature of the policy, it be remitted to both the Cabinet and the Education Committee for consideration.

Chief Social Work Officer
Principal Committee Services Officer

45. MACMILLAN CANCER SUPPORT WELFARE RIGHTS PROJECT

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, outlining proposals to work jointly with Macmillan Cancer Support to develop a specialist Welfare Rights Service for those residents of East Renfrewshire living with a cancer diagnosis.

The report explained that research had shown financial and benefit concerns were considered to be second only to pain as having the biggest
impact on the lives of people diagnosed with cancer, and outlined some of the financial difficulties often faced by cancer sufferers and their families.

The report further explained that Macmillan Cancer Support was seeking to set up a specialist Welfare Rights Cancer Support service for the West of Scotland, based on an already successful model developed by them in conjunction with West Dunbartonshire Council. Details of the West Dunbartonshire project accompanied the report. The service would bring together specialist welfare rights teams from neighbouring councils throughout the West of Scotland and the Beatson Oncology Unit, with the Unit forming a hub and locally based staff in the community providing a welfare rights advocacy and representation service.

The report clarified that Macmillan would offer financial and practical support to participating councils including the possibility of funding posts for the first three years, providing councils agreed to sustain the local service beyond the initial three year period. The project, in which NHS 24 had expressed an interest in becoming involved, would also be subject to a service level agreement and would entail staff taking part in the development of ongoing clinics at the Beatson and possibly the Southern General Hospital at some future date.

The report also provided statistical information relative to cancer sufferers in East Renfrewshire, the figures showing that the rates for East Renfrewshire were approximately 80% of those in West Dunbartonshire. In view of this, it was proposed that two Welfare Rights Officers would be a sufficient number to service the potential caseload.

In conclusion, the report explained that the project would expand the services available to cancer patients in East Renfrewshire as well as offering GP practices within the CHCP an additional resource to offer patients and their families living with the impact of a cancer diagnosis. It also offered the CHCP the opportunity to be directly involved in a wider integrated health and social welfare service delivery to cancer patients who presently slipped through the net of advice, advocacy and representation services.

Mr Devine was heard on the background to the proposal following which Councillor Yates welcomed Alan Cowie, Senior Development Manager, Macmillan Cancer Support, who was heard on the financial difficulties often facing those diagnosed with cancer, and on the success of similar projects over the last 5 years. In addition, he highlighted that most of the local authorities in the West of Scotland as well as a number of professional organisations including the Association of Directors of Social Work supported the type of project being proposed. Interest was also being shown by the Scottish Executive.

In response to a question from Councillor Grant, Mr Cowie explained that whilst individuals would have easier access to Welfare Rights Officers, they would still need to meet qualifying criteria before receiving financial support. He also clarified, in response to Dr Quin, that where staff were based would be dependent on the local environment.
Discussion then took place on funding for the project. The Head of Planning and Health Improvement explained that Macmillan Cancer Support were prepared to fund the project for three years, but that sustainability of the project for a longer period was a matter for the Council to consider in due course.

Responding to comments by Councillor Swift on the need for the project to be evaluated, Mr Cowie explained that discussions had already taken place with a number of universities about independent evaluation. However, he confirmed that the current projects did have performance measures in place.

**DECIDED:**

That the development of a specialist Welfare Rights Service within the CHCP for cancer patients in East Renfrewshire, in partnership with Macmillan Cancer Support, be approved.

**46. CHCP EQUALITIES ACTION PLAN**

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, seeking approval of an Equalities Action Plan for the period 2007-2010.

The report explained that the development of an Action Plan was a requirement of the Equalities Schemes of both East Renfrewshire Council and NHS Greater Glasgow and Clyde, and that an officers’ group had been established to develop the Action Plan and support implementation across all CHCP functions. Furthermore the report explained that the Action Plan, a copy of which accompanied the report, outlined general duties in terms of race, disability and gender equality, and set out arrangements to fulfill these duties through 8 key areas for action. The report also clarified that it was likely there would be resource issues relating to procurement, access to buildings and training, amongst other things, and that these would be outlined in the six-month progress report.

**DECIDED:**

(a) that the 207-2010 Equalities Action plan be approved; and

(b) that a six-month progress report be submitted to the December meeting of the Committee.

**47. COMMUNITY CARE SERVICE IMPROVEMENT PROJECT**

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each
member, providing details of a pilot project to streamline three areas of the Council’s operations, one of which related to home care services.

Having explained the background to the introduction of the project, the report set out the methodology used in the review. Following an initial phase between December 2006 and March 2007 during which current systems and processes were reviewed, from April 2007 a detailed service redesign had been carried out in response to user demands that had been identified. This included a range of service improvements, details of which were listed.

The new service would be implemented initially from 27 August in 1 of 6 home care patches, and once it was considered to be operating satisfactorily would be rolled out to other patches in due course.

Welcoming the improved service, Councillor Grant suggested it was important to keep clients fully informed about any changes to the service as a failure to do so in the past had caused problems.

Councillor Fletcher emphasised that the Vanguard Project was not unique to the home care service but was being rolled out across all Council services in order to improve the efficiency of service delivery. He thanked home care staff for the positive approach they had taken to the review of services.

Whilst welcoming the introduction of mobile phones for home care staff to improve communication and support for carers, Mr Devine highlighted that the Orange network used by the Council had limited reception in some areas. The Head of Health and Community Care acknowledged this. However, he suggested that as there was no provision in place under the current system, even with reception difficulties in some areas, this was still an improvement on the arrangements in place at present.

In response to questions from Mrs Reid on how information was gathered and why the concerns of service users about changes in care staff appeared to have been overlooked, the Head of Health and Community Care explained that the views of service users had been gathered via interviews and service user questionnaires. With regard to changes in home care staff, he explained that this issue had not been overlooked and management were fully aware that those receiving the home care service did not want a change in the staff providing the service to them. However, the contract for the service had been the subject of a competitive tendering exercise and the company originally providing the service had been unsuccessful.

**NOTED**

48.  **EVENING VISITOR SERVICE AND COMMUNITY TRANSPORT PILOT**

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, seeking approval to pilot an Evening Visitor Service in East Renfrewshire and develop proposals for a community transport project.
The report outlined the difficulties faced by many people on low incomes or without their own transport when visiting friends and relatives in hospital, and referred to a successful Evening Visitor Service launched by NHS Greater Glasgow and Clyde in partnership with Strathclyde Partnership for Transport and Glasgow City Council in Glasgow in October 2006, providing a free door to door service to Glasgow’s main acute hospital sites. Since the project had started, there had been approximately 6,400 journeys carrying almost 3,500 passengers.

NHS Greater Glasgow and Clyde had now identified funding to pilot an extension of the Scheme into East Renfrewshire and the report provided details of the various groups that had been involved in discussions about the project together with information on the nature of the pilot scheme itself. It was also clarified that at the end of the 6 month period, demand and an appropriate local model for the service would have been identified, and a fully costed proposal drawn up.

The report explained that the cost of the initial pilot project was almost £11,000 (excluding fuel costs). If the project was successful, ongoing funding would be required, and means of securing this would be investigated during the pilot phase. In addition, the report clarified that funding for the wider community transport proposals was a matter for the Community Planning Partnership as well as the CHCP, and that one possibility for such a project was the creation of an independent charity which opened up a variety of other funding opportunities.

Mrs Lambert advised the Committee that local agencies were keen to commence the project which would start as soon as Committee and Board approval was obtained. She also indicated that Voluntary Action would be acting as the lead agency for the pilot project.

Mr Hamilton also reported that Strathclyde Partnership for Transport would be undertaking a study on public transport links from East Renfrewshire to the Southern General Hospital.

Referring to the current Glasgow-based service and highlighting the recent introduction of car parking charges at a number of hospitals, Mr Anderson questioned whether, in an effort to provide a more responsive service, those using the service could be asked for details of where they travelled from and their reasons for using the service. In reply, the Head of Planning and Health Improvement explained that this information was already obtained as part of the current service arrangements.

DECIDED:

(a) that the proposals to pilot an Evening Visitor Service and to develop a Community Transport Project in East Renfrewshire be approved; and

(b) that officers develop a service level agreement for the pilot with NHS Greater Glasgow and Clyde and Strathclyde partnership for transport, together with associated publicity arrangements; and

Head of Planning and Health Improvement

Head of Planning and Health Improvement
(c) that a progress report on the pilot be submitted to the Committee after three months of operation with a final report and recommendations being submitted to the Committee at the conclusion of the six-month pilot project.

Head of Planning and Health Improvement

49. MENTAL HEALTH PARTNERSHIP COMMITTEE – NOMINATION OF REPRESENTATIVE

There was submitted report by the Director of Central Services, a copy of which had been issued previously to each member, seeking the nomination of a representative from the CHCP to serve on the newly established Mental Health Partnership Committee, set up by NHS Greater Glasgow and Clyde to oversee the functions of the board and the councils in the Board’s area in partnership with the Community Health (and Care) Partnerships.

DECIDED:

That the Director of the Community Health and Care Partnership be nominated as the CHCP representative on the Mental Health Partnership Committee.

Principal Committee Services Officer

50. RETIREMENT – GEORGE HUNTER - CHCP DIRECTOR

Councillor Yates reminded the Committee that this would be the last meeting of the Committee attended by George Hunter, CHCP Director, prior to his forthcoming retirement on 12 October. He paid tribute to Mr Hunter’s work in establishing the CHCP and making it a success, this being reflected by the fact that the East Renfrewshire model was held in high regard, and on behalf of the committee offered Mr Hunter best wishes for a happy retirement.

Councillor Yates also advised the Committee that Julie Murray, Head of Planning and Health Improvement has been appointed as successor to Mr Hunter.

NOTED
### East Renfrewshire CHCP

**Output Notes for Meeting:**

Draft Professional Executive Group held on Wednesday 13 June 2007
(For formal approval at the meeting on 3 October 2007.)

**Chair:** Alan Mitchell
Leslie Quin

**Minutes:** Tim Eltringham

**Apologies:**
Refer to list attached

**Participants:**
Refer to list attached

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Discussion Notes</th>
<th>Action</th>
<th>Owner</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Presentation on HMIe Child Protection Inspection</strong></td>
<td>Myra Frankland presented an overview of the key elements of the impending HMIe inspection of CP services in East Renfrewshire. Myra emphasised the multi-agency nature of the inspection and the need to ensure that systems and processes are operating at their optimum. A self-assessment is currently being undertaken in advance of the inspectors' visit in October. The process in October will last about 4 weeks and involve inspectors in detailed work with all agencies including all aspects of health activity. It was noted that the NHS CP Unit has</td>
<td>Alan to contact GP practices to seek agreement to participate in the proposed event on 13 September. Myra to develop programme and Angus to provide appropriate support. Myra and Ellen to look at record keeping issues for GP practices.</td>
<td>Alan</td>
<td>Asap</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Myra</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ellen</td>
<td></td>
</tr>
</tbody>
</table>
offered training to GPs in recent months, but that the uptake has been relatively low. It was agreed that GP practices would be invited to participate in a forum PLT event on the proposed practice PLT date on 13 September. Myra and Ellen to liaise to support GP/HV review of record-keeping for CPR children.

<table>
<thead>
<tr>
<th>1. Minutes of the previous meeting</th>
<th>These were agreed as an accurate record.</th>
</tr>
</thead>
</table>
| 2. Matters Arising from the previous meeting | 1. **Learning & Development plans**  
Safaa provided an update on her discussions with Deborah Findlay (LD Advisor for ERCHCP) who has agreed to provide a consolidated schedule of statutory and mandatory training required across health and care services.  
**2. Pandemic Flu**  
Briefings for primary care to be provided.  
**3. Sexual Health Services**  
Carole provided an update on attendances at the new service in Barrhead. Breakdown by postcode will be available for next meeting. Some concern was expressed over the availability of some interventions in the Eastwood area. |
Youth health service has started. There is to be an open evening on 28 June.

**4. Dental Representative**
No one appointed yet

**5. Barrhead Health and Social Care Centre**
OBC approved and design team appointed.

**6. Palliative Care MCN**
Wilma gave an overview of elements of proposed spend over the coming year.

<table>
<thead>
<tr>
<th>3. Health Visiting Review</th>
<th>Progress to date was outlined. A proposal is to be discussed at the NHS PPP Group shortly. This is still part of an ongoing consultation process. The issue of GP/LMC representation was further discussed. Malcolm Pickard expressed concern with the process and his proposed involvement in the Review Group at such a late stage. It was agreed that Fraser McLeod draft a letter to the CHCP Director on behalf of GPs on the PEG to be signed by Jim MacRitchie and Ian Millar as PEG reps on CHCP Committee.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda</td>
<td>Fraser to draft letter to Director on the issue of LMC involvement in the Review Group. This to be signed by Jim MacRitchie and Ian Millar as PEG reps on CHCP Committee.</td>
</tr>
<tr>
<td></td>
<td>Fraser</td>
</tr>
<tr>
<td></td>
<td>Ian</td>
</tr>
<tr>
<td></td>
<td>Jim</td>
</tr>
</tbody>
</table>

**4. PEG Development**
Linda spoke to previously circulated papers which summarized the outcome of the event on 8 March and made proposals for future PEG development.

<table>
<thead>
<tr>
<th>Linda</th>
<th>Linda to circulate questionnaire(s) to PEG and ICs having tested/piloted with professional leads.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. Anticipatory Care Project</strong></td>
<td>Liz gave a verbal update on the project. Further written report to be available at further meeting</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>6. Prescribing update</strong></td>
<td>Shiela reported that at year end 2006/7 the CHCP had reported an underspend. This reflects the significant reductions in generic drug costs in year. Practice visits for 2007/8 will be completed by end June.</td>
</tr>
<tr>
<td><strong>7. Scottish Enhanced Services</strong></td>
<td>Alan reported that ER CHCP has advocated for enhanced services priorities to be determined at CHCP level in future. Feedback suggests that this approach is unlikely to be taken by the NHS Board. Consideration is being given to 4 enhanced services for NHS GGC.</td>
</tr>
</tbody>
</table>
| 8. AOCB | CHCP Convenor  
Tim advised that meeting that following the local government elections in May that Cllr Douglas Yates has been appointed as Convenor of the CHCP.  
The first meeting of the new CHCP Committee will take place on Wednesday 22 August. |

**Date of Next Meeting:**  
Wednesday 3 October 2007  
6.30pm  
Eglington Suite  
Eastwood House
### SEDERUNT FOR 13 JUNE 2007

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Present</th>
<th>Apologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Hunter</td>
<td>Director CHCP</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Tim Eltringham</td>
<td>Head of Health &amp; Community Care</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Alan Mitchell</td>
<td>Clinical Director</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Lesley Quin</td>
<td>Clinical Director</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Safaa Baxter</td>
<td>Head of Children’s Services and CSWO</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Julie Murray</td>
<td>Head of Planning and Health Improvement</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fiona Ralph</td>
<td>District Nurse</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Fiona Love</td>
<td>Practice Nurse Rep</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fraser MacLeod</td>
<td>GP, Clarkston</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>June Findlater</td>
<td>RES Manager</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Malcolm Pickard</td>
<td>GP, Clarkston</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cindy Wallis</td>
<td>Mental Health and Partnerships Manager</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Marie Freedman</td>
<td>Senior Training Practitioner</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Sheila Tennant</td>
<td>Prescribing Lead</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Angela Pryde</td>
<td>Physiotherapy Team Leader</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Julia Gray</td>
<td>Consultant in Older Persons Psychiatry</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Michael Haughney</td>
<td>GP</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ian Millar</td>
<td>Community Pharmacist</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Linda Tindall</td>
<td>OD</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Wilma Hepburn</td>
<td>Senior Nurse (Adult Services)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Edward Castle</td>
<td>GP</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ellen McGarrigle</td>
<td>Lead Nurse and Senior Nurse (Children’s Services)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Geraldine Crockett</td>
<td>Practice Manager</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>Sarah Holmes</td>
<td>Consultant in Adult Mental Health</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Pauline McDonald</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Kirsty Gilbert</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angus Hunter</td>
<td>Administration Manager</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Helen Winton</td>
<td>Practice Manager</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>James Lhombreaud</td>
<td>Consultant Psychologist</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Jim MacRitchie</td>
<td>GP</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Mary Gillies</td>
<td>HV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Margaret Roberts</td>
<td>Consultant in OP Medicine</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Gail Fyfe</td>
<td>HV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Carole Whitelaw</td>
<td>PHP</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Liz Holms</td>
<td>Health Improvement Manager</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Myra Frankland</td>
<td>CP Advisor</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
East Renfrewshire Staff Partnership Forum  
*Wednesday 13th June 2007*  
CHCP HQ

**Minute of Meeting**

**Attendees:**  
Julie Murray, Head of Planning & Health Improvement CHCP, (Co-Chair)  
Catrina Reid, HR (East Renfrewshire, Inverclyde CHPs)  
Gordon J Anderson, Lead Steward, RCN (Co-Chair)  
Stephen Devine, Unison (ER) (Co-Chair)  
Marion Marshall, Unison (Health)  
Marie Lang, RCH (Health)  
Safaa Baxter, Head of Children's Services & Criminal Justice (CSWO)  
Linda Tindall, OD East Renfrewshire & Inverclyde  
Tim Eltringham, Head of Community Care  
Anne Dean, GMB (Health)  
Liz Holms, Health Improvement & Inequalities Manager

<table>
<thead>
<tr>
<th>ITEM NO:</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Apologies:</strong></td>
<td></td>
</tr>
<tr>
<td>No apologies received for meeting</td>
<td></td>
</tr>
<tr>
<td><strong>2. Minutes of Previous Meeting</strong></td>
<td></td>
</tr>
<tr>
<td>Previous minutes (16th April 2007) accepted as true reflection of meeting.</td>
<td></td>
</tr>
<tr>
<td><strong>3. Matters Arising</strong></td>
<td></td>
</tr>
<tr>
<td>JM informed the Group that she had discussed with Alan Mitchell the possibility of alternating the PEG meetings between day and evening as discussed (under item 3.2 Agenda for Change). AM would take this to the PEG meeting this evening (13 June 2007) and JM would report back developments to the Group.</td>
<td>JM</td>
</tr>
<tr>
<td>GA informed the Group that discussions regarding the signing off of the SPF Constitution are still ongoing although he would continue to press this issue with the Employee Director. JM stated she would follow-up on this also.</td>
<td>GA</td>
</tr>
<tr>
<td>MM enquired as to information regarding the possible relocation of Clarkston Clinic. TE replied that although rumours and speculation had been circulating around this issue this was highly improbable. He cited the non-availability of capital funding (given the committed funding for the new Barrhead Care and Health Centre Project) as the chief reason for his scepticism.</td>
<td>JM</td>
</tr>
<tr>
<td>After broad discussion arising from the above in regard to existing property resources AD stated that should assistance be required in upgrading facilities the staff-side representatives should be approached.</td>
<td></td>
</tr>
</tbody>
</table>
JM informed the Group that agreement had been reached for Committee Services to revert back to 1st Class mail for Committee papers contrary to Council’s new mail policy to ensure members received papers in advance of meetings.

### 4. CHCP Committee Update

JM informed the Group that Cllrs Fletcher, Yates, Grant, Swift and McAlpine had been nominated as CHCP Committee members and that approval by NHSGGC would be sought at the Board’s meeting on 26th June 2007.

Cllr Yates was nominated as Chair of the Committee, although final approval by the Scottish Minister in regard to his Health Board membership was still to be obtained.

JM suggested that a meeting between the new Councillors and the SMT would be helpful, and would investigate this in the coming weeks.

### 5. Integrated Management of Joint Teams

GA tabled the paper “Draft Guidance Note – Framework for Joint Accountabilities / Line Management” he also reminded the group that the paper was some two to three years old.

TE stated that he would take the paper to the Integration Group meeting to gather feedback and added that he couldn’t see anything which should give great cause for concern amongst staff. He also reminded the group that the framework was a generic document which would need to be tailored to individual CHCPs.

AD expressed concern about the framework, specifically in regard to professional leads not being within the CHCP boundaries. She added that staff didn’t have time to fulfil their management functions due to changed remits. JM partially responded that East Renfrewshire CHCP now had lead posts which it didn’t have previously.

MM expressed concern that that the staff side representatives hadn’t had an opportunity to look at the framework in detail and stated that before adoption of the document the implications for her members would need to be very clear. TE suggested MM examine the document with her colleagues and report back to GA over the next couple of weeks.

### 6. Health Visiting Review

SB reported that the Review was moving along slowly. MM added that with grievance procedures underway this was understandable. However, she reported that movement was expected on this issue within the next week or so.

SB added that it would be discussed at the forthcoming NHSGGC Planning, Performance and Policy meeting.
### 7. Backfill for SPF Members
SD reminded the Group that there was a significant time factor in respect of fulfilling his SPF role (and indeed his wider Committee responsibility) and this had obvious implications for his main duties.

MM stated that this was an issue for everyone on the staff-side and needed to be addressed formally. She added that the Scottish Executive had stated that resources should be made available for this purpose.

SB stated that she would table the issue at the SMT in regard to a decision on backfilling, for which she supported in principle.

### 8. Communications Strategy
Liz Holms (Health Improvement & Inequalities Manager) gave a presentation to the Group in regard to the CHCP Communication Strategy.

She outlined the Strategy as presented to the CHCP Committee, together with an overview of the associated Action Plan and details of the stakeholder event in November 2006 which preceded the Strategy itself.

LT stated that the process was more complex than it appeared, for example she questioned whether the same message would be appropriate for both staff and the public. SB added that in her view staff only wanted to know what was relevant to them. LH responded that staff engagement was crucial to the success of the Strategy.

TE added that the issue was also likely to be very resource intensive. SD agreed but stated that the issues were still the same today as they were a year ago and therefore there was a real need for resources to be committed for communication purposes.

JM stated that firm proposals needed to be worked up for the Committee meeting in August with recommendations for how this issue could be taken forward.

### 9. Equalities Action Plan
LH delivered a presentation on the CHCP Equalities Action Plan. She also highlighted the various reporting arrangements (e.g. NHS, SMT, etc) in this regard.

SD introduced the issue of flexible working in this regard, specifically that it was not always possible to give some members of staff this opportunity given the restraints of the service.

JM asked the Group to direct any comments they may have in relation to the Action Plan to Liz Holms as soon as possible.

### 10. Staff Governance Action Plan & Sub-group
GA distributed a paper (Draft Framework for Joint Accountabilities / Line Management) and emphasised the need to avoid duplication and ensure
values were fully recognised by the Action Plan.

LT stated that some standards were cross-cutting throughout the NHS Board area. She added that the new Care Governance Standards would be launched next week; however she admitted that some areas would not be covered.

JM asked the Group if they would like time to examine the paper (and diagram) and MM replied she would. JM suggested she would like to hear back from the Group within two weeks in regard to whether they were in agreement with the paper.

### 11. Partnership Works

LT distributed a paper in regard to the Partnership Works model and outlined the main points to the Group.

JM stated that the diagnostic tool would be run at the next Group meeting, she asked that LT organise this.

### 12. AOCB

TE informed the Group that the Vanguard proposals for the redesign of Homecare weren't finalised as yet, however it was likely the pilot would be started in August. He undertook to give an update at the next Group meeting.

### 12. Date of Next Meeting

The next meeting will take place on 20th August 2007 (10am)

CHCP HQ, Conference Suite, 1 Burnfield Avenue, Giffnock
East Renfrewshire Community Health & Care Partnership

Public Partnership Forum

Notes of a meeting of the Public Partnership Forum Executive Group,
held on 25th July
Undercover Barrhead

Present:  Julie Murray
          Peter Hamilton
          Bernard Fishman
          Bill Scott
          Yvonne Duffy
          Forrest Alexander
          Anne Marie Kennedy
          Jaqui Reid
          Melanie Lambert
          Christine Murray
          Lesley Forsyth
          Rosaleen Reilly
          Diane Waugh
          Helen Gourlay

Apologies:  Gerry Tougher
           Eric Canning
           Elizabeth Wilson
           Maryam Wasim
           Rena McGuire

2.  Previous Minutes

   The minutes of the previous meeting were agreed.

3.  Matters Arising

   Julie reported that the Learning disability resource centre delayed
   until September as result of bad weather, contamination and some
   building work needing to be redone. Peter reported that Councillor
   Douglas Yates is now a non-executive member of NHSGGC board
   and the new chair of CHCP board. George Hunter retires as
   director in October. Interviews August/September.

   Douglas Yates has offered to come along to the PPF exec meeting
   in the future.
4. **IASS**

Agenda items 4 & 5 were swapped to allow Helen to leave the meeting. Helen Gourlay, Advice & Support service for NHS users, spoke about her new role. This new service is run from Citizens Advice Bureau in Barrhead and covers East Renfrewshire, Renfrewshire, Inverclyde and Greater Pollok. The service aims to support people by making phone calls, writing letters etc. on their behalf about health services if they do not feel able to do so themselves. Clients can be referred from hospital or can contact service directly. The service is primarily *supportive* not *representative*, although Helen can act as representative at the client’s request and can accompany to meetings etc. if desired.

Julie suggested details of the service should be posted on the CHCP website and Helen should come to speak to senior managers. Julie also asked if the service would help to identify trends in East Renfrewshire and subsequent issues for the CHCP to deal with. Peter suggested this was done through the Care Governance Committee. Julie raised the issue that the PPF is not represented on the Care Governance Committee. Peter asked about how the service is being monitored and evaluated. Helen advised that there are monitoring forms and that the details are still being ironed out.

The PPF will promote the service through our bulletin and we can also signpost people to the service.

Yvonne asked if the service could deal with an issue being identified for a number of clients but Julie advised that this would be more for the local trend analysis. This service is for individual support.

Diane indicated that she would like Helen to speak to carers.

To contact Helen to come to speak to a group or to get more info to pass on to your networks, contact her on 0141 881 3660.

5. **Working Agreement**

Rosaleen raised some issues about the working agreement and wondered if she should wait until the new one is issued to bring them up. Jaqui explained to new members that in fact the working agreement was developed by the exec so if we don’t review it there won’t be a new one. Also explained that we adapted it from another PPF’s working agreement and recognise that the language is not how we might want it to be; however, the priority was to get something for the first year that we could work with. The Working agreement sub-group has been re-established to review it before December deadline & make any recommendations to PPF exec. Peter suggested that wholesale changes to the document could be problematic; however, most people seemed to feel that it was more a matter of clarifying some of the language rather than changing the content. Rosaleen was interested in joining & Jaqui agreed to contribute as a member of original sub-group. However she would also approach Forrest about this. The group also included Gerry in
6. **PPF Budget**

Review of budget showed up £8k unallocated funds for the coming year. It was agreed that this would be a contribution towards admin / Gerry support for the PPF. Julie to work out details.

7. **Barrhead Health Centre sub group meeting**

Barrhead health & care centre meeting on 2nd August. Meeting with design team to gather information re. access, getting to appointments, security, local landscape & environment. Members of sub-group attending (including Carers & Access Panel) plus invitation to community councils, tenants associations, BANDF & Seniors Forums. There was a discussion about the brief submitted to the architects and Barrhead Community Council getting access to it. Anne-Marie explained that it was mostly about services. Julie said there may be some legal issues with it being made public because of potential competition. Julie will find out details and work it out with Barrhead CC. Anne-Marie said the architects are also talking to staff about the brief.

RSVP are carrying out an audit of people’s travel arrangements at the health centre 30th Jul-3rd Aug.

8. **Publicity**

The group agreed to go ahead with the next bulletin on Gerry’s return. There was uncertainty if there was enough material to make a DVD yet, which had previously been suggested. It was agreed we needed to get feedback from the Homecare meeting on 11th June to feed out to network.

Two events in Mearns in September: Community Week and Village Association Community event. Agreed to attend both.

**Tuesday 4th, 6-8pm**: Anne-Marie & Melanie

**Wednesday 12th**: Jaqui, Gerry, new area forum rep??

Anyone else interested in coming along, let Gerry know.

9. **Training**

Health Issues in the Community training: The full course is 360 hours long and will take around 1 year to complete. You can complete the whole course or get part certificates after section 1 (Sept – March).

The full course will (hopefully) be running on Tuesday evenings from 5:30-7:00pm in Dunterlie Resource Centre starting September. We are also doing a couple of taster sessions on 20th + 27th August 7-9pm in Eastwood House for those who want to come along and find out what it's all about but are not sure about
committing to the full thing at this stage. Contact Veronica Anderson at Health Improvement on 577 3564 or e-mail veronica.anderson@eastrenfrewshire.gov.uk

Community Engagement Standards training: Julie to discuss with Douglas the possibility of this being seminar topic for CHCP board and PPF to complete training together before discussing possible dates with Alan Bigham from Voluntary Action who will deliver the training.

10. **Environment Sub Group**

   Julie, Melanie and Anne-Marie said the Environment Partnership are very interested in finding out how the PPF works to help them in developing their own public engagement work. Anne-Marie is attending their next meeting on 14th August at 10am but if someone else was available to go too that would be helpful. Contact Anne-Marie.

11. **Community Care and Childrens Services Briefing**

   Julie said that she has spoken to Tim Eltringham about how we can avoid the situation that occurred about Homecare in June happening again and how the PPF can be better kept up-to-date with operational changes. The group agreed that Tim and two operational managers should come to next meeting to discuss how best to make this happen. However, longer term Jaqui suggested that we should have a different service report at each meeting to know how strategy is being taken forward operationally. Julie has also discussed future input with Safaa Baxter.

12. **Scottish Health Council**

   Julie said that Gillian May from Scottish Health Council has asked to come to future meeting to explain her role. Rosaleen had earlier asked about the SHC remit so this should help to clarify what they do. Group agreed that Gerry should invite her to a future meeting.

13. **Future PPF dates**

   Dates for future meetings agreed: 23rd Aug, 26th Sept, 23rd Oct, 22nd Nov, no meeting December. Bernard asked if it was necessary to change the day each month but the group agreed that it would be impossible to find an evening that suited everyone and this way individuals should all be able to attend most meetings.

14. NEXT MEETING August 21st Undercover