Minutes of the meeting of the
Inverclyde Community Health Partnership Committee
held at 10:00 a.m. on Wednesday, 27th June 2007,
in Room 301, James Watt Waterfront Campus,
Greenock

PRESENT

Ms Elinor Smith (in the Chair)
Mr David Walker … Director
Cllr Joseph McIlwee … Councillor
Dr Mustafa Kapasi … Non-Executive Member NHSGGC
Dr James Ward … Clinical Director
Dr Hector MacDonald … Professional Executive Group
Mrs Fiona van der Meer … Professional Executive Group
Ms Jacqueline Frederick … Professional Executive Group
Mrs Ina Miller … Public Partnership Forum
Mr Alistair Brown … Public Partnership Forum
Mr Andrew Patrick … Staff Partnership Forum
Mr William Duffy … Staff Partnership Forum

IN ATTENDANCE

Mr Ian Fraser … Corporate Director, Education & Social Work, Inverclyde Council
Ms Barbara Billings … Head of Community Care & Strategic Services, Inverclyde Council
Mrs Karen Haldane … Inverclyde Community Care Forum
Mr Alan Buckley … Head of Health & Community Care
Mrs Helen Watson … Head of Planning & Health Improvement
Mrs Anne Fraser … Head of Human Resource
Mrs Linda Tindall … Organisational Development Advisor
Ms Andrina Hunter … Public Health Practitioner
Miss Catriona Davidson … Secretariat
Mrs Gillian Linn … Secretariat

1. WELCOME FROM CHAIR

Ms Smith opened proceedings by welcoming members to the first meeting of Inverclyde Community Health Partnership Committee. Ms Smith added that while she recognised the many challenges facing the CHP, she was delighted to have the opportunity to be part of an
organisation that would deliver efficient and effective community health services for the benefit of the population of Inverclyde. Ms Smith continued that part of the success in undertaking these responsibilities would be to strengthen and further develop current joint working arrangements with Inverclyde Council and establish additional joint working with Secondary Care and other partnership agencies. Ms Smith went on to say that as the CHP and Local Authority continue to build on joint working arrangements and work towards integrated services, this would be a solid foundation for the first steps towards a fully integrated CH(C)P.

At this point in the proceedings Ms Smith nominated Councillor McIlwee as Vice Chair of Inverclyde Community Health Partnership Committee. The members unanimously voted in favour of this.

2. INTRODUCTIONS

Ms Smith invited all members to introduce themselves around the table.

3. SCHEME OF ESTABLISHMENT

Mr Walker referred to the paper issued with the agenda (Paper No 07/01) and advised that the Scheme of Establishment (SoE) had been developed through an inclusive process involving Inverclyde Council and NHS Greater Glasgow & Clyde. It was endorsed and approved at NHS Greater Glasgow & Clyde Board meeting on 24th October 2006. Following Board approval, the SoE was submitted to the Scottish Executive and Ministerial approval has now been granted.

The SoE sets out the purpose, main aims and priorities of the Community Health Partnership (CHP) together with services that need to be developed. In addition it determines the governance arrangements and relationships with other agencies. The CHP Committee is a formal sub committee of the NHS Board and as such is the pinnacle body of the CHP. The Committee will hold to account the Management Team for the effective delivery of the Annual Plan. It will also be charged with producing a three year plan which covers all CHP activities and priorities, managing overall performance, contribute to the strategic direction of health at Board level, and work effectively with other local partnership agencies and stakeholders and ensure decision making is inclusive by actively involving them in the process.

Ms Smith reflected Mr Walker’s comments regarding actively involving all stakeholders in the decision making process and reiterated the importance of joint working with the Local Authority and other partnership agencies.

Mr Walker referred to section 8 of the SoE and updated the Committee Members on the staffing structure and advised that a number of key Senior Management posts had now been appointed. The Committee noted that a process to appoint the posts of Planning Manager, Health Inequalities Manager and Clinical Manager for Children’s Services was underway and it was hoped to formally appoint to these posts over the coming weeks.
Mr Walker continued that while membership of the Committee was interim at the moment, substantive membership would be progressed and include representation from NHSGGC Board, Professional Executive Group (PEG), Public Partnership (PPF), Staff Partnership Forum (SPF) and Local Authority.

It was noted that the SoE allows for only one representative from Local Authority. Dr Kapasi suggested that as we move towards an integrated service with Inverclyde Council he would welcome additional Local Authority representation on the Committee. Mr Fraser echoed Dr Kapasi’s view of additional Local Authority representation on the Committee.

Mr Duffy raised concern that under the SoE only one SPF member is represented on the Committee and he would welcome the opportunity to put forward additional representation.

Mr Walker replied that any changes to the SoE would be a formal and complex process that would require both NHSGGC Board and Ministerial approval. Mr Walker added that while he was not opposed in principal to the possibility of additional representation on the Committee and suggested there may be scope for flexibility; the formal resolution of this matter would need to be progressed at a later stage.

It was agreed that any proposed changes to the SoE would be accumulated and submitted to the Executive through the NHS Board at an appropriate time.

The Committee noted the Scheme of Establishment.

4. (a) COMMITTEE STANDING ORDERS

Mr Walker referred to the paper issued with the agenda (Paper 07/02) and advised that the Committee Standing Orders underpin the way in which the Committee undertakes is business and governs how the Committee operates. Mr Walker noted the governance arrangements in respect of attendance at meetings and referred to section 9 that states that no business will be transacted at a meeting unless there are present at least one-third of members of the Committee.

Mr Patrick referred to Annex 1 of the Standing Orders which states SPF representation should be “an officer of the Board”. Mr Patrick suggested that it might be more appropriate if this was amended to read “an employee of the Board”.

Mr Brown referred to Annex 1 of the Standing Orders which states that the Term of Office for PPF membership is one year. Mr Brown added that this Term of Office may not be practical and he would welcome a minimum Term of three years.

Mr Walker advised that any proposed changes to the Standing Orders would be a formal process that would require to be approved by NHSGGC Board.
The Committee noted the Committee Standing Orders.

(b) CODE OF CONDUCT AND REGISTER OF INTERESTS

Mr Walker referred to the paper issued with the agenda (Paper 07/03) and advised that as part of the business process for the management and governance arrangements of the CHP, all Committee Members are required to adopt and adhere to the terms and conditions laid out in the Code of Conduct and Register of Interests. It was noted that some members may already be familiar with a Code of Conduct, either professionally or in relation to other commitments.

Mr Walker referred to sections 3.8 and 3.9 and emphasised the importance of confidentiality at designated times. Mr Walker also brought to the Committees attention section 5.19 and advised that should a Member have any doubt as to whether they have a Conflict of Interest in respect of any matter that may be discussed by the Committee, they should err on the side of caution and exempt themselves from the discussions.

The information provided by Members will be held publicly and be made available via the NHS Board web site. It was noted that a Register of Interests form would be forwarded to all Members for completion.

The Committee noted the Code of Conduct and Register of Interests.

(c) SCHEDULE OF MEETINGS

Mr Walker referred to the paper issued with the agenda (Paper 07/04) and advised that under the Standing Orders the Committee are required to meet at least 6 times per year. Members noted that Committee meetings will be held bi-monthly to fall shortly after NHSGGC Board meetings and in tandem with Local Authority Council meetings. It was noted that Council meeting dates would be confirmed at their meeting on 28th June 2007. Arrangements to be made for Schedule of Meetings to be populated with relevant information.

Mr Walker continued that one approach that some previously established CH(C)Ps have found beneficial is to hold Committee meetings bi-monthly and in the intervening months hold Committee Development Sessions (see section 6).

Mr Walker added that Committee meetings will continue to be held in public and measures will be taken to ensure that meetings are advertised.

The Committee noted the Schedule of Meetings.

5. (a) PROFESSIONAL EXECUTIVE GROUP (PEG)

Dr Ward referred to the paper issued with the agenda (Paper 07/05) and advised that under the Scheme of Establishment the CHP is required to establish a Professional Executive Group (PEG). The PEG will operate to support the CHP Committee in meeting the overall
objectives and priorities of the CHP. Key priorities for the PEG are to provide clinical and professional leadership, direct and oversee relevant planning activity, engage with secondary care, develop clinical and professional governance, and lead service redesign.

Membership of the PEG will be wide and include all professions covered by the CHP. Dr Ward continued that membership of the PEG will included members that are appointed as result of a post they hold and members that are nominated to represent their respective professional area. Membership of the PEG would also extend to representation of a senior manager from the Social Work Department of Inverclyde Council.

In addition three representatives will be nominated from the PEG to join the Clinical Director as members of the CHP Committee. It is anticipated that substantive PEG membership on the CHP Committee will be agreed in time for the next CHP Committee.

The first meeting of the PEG is scheduled to take place towards the end of August. At this time membership has been agreed on an interim basis and a process to determine substantive membership will be progressed following the first meeting in August.

Mr Duffy asked what procedure would be involved in the nomination process. Dr Ward advised that they would try and encourage all professions to be actively involved in this process. Dr Ward continued that some professional groups may not have established forums to facilitate this process; however, they would ensure that this would be an inclusive process to ensure that all professional groups are offered the opportunity to put themselves forward for PEG membership.

Ms Smith and Mr Brown welcomed Social Work Representation on the PEG and acknowledged the valuable contribution such representation would add to the PEG.

The Committee noted the progress in establishing the PEG.

(b) STAFF PARTNERSHIP FORUM (SPF)

Mrs Fraser referred to the paper issued with the agenda (Paper 07/06) and advised that under the SoE the CHP is required to establish a Staff Partnership Forum (SPF). Mrs Fraser continued that the Inverclyde Joint Staff Partnership Forum was established some time ago under the Inverclyde Local Partnership Agreement to support joint working between Health and Local Authority. Mrs Fraser proposed that the CHP adopt the existing Joint Staff Partnership as a basis to further develop staff partnership working and take forward the proposals to amend the current Joint Staff Partnership Constitution and review areas such as membership, governance, accountability, existing frameworks and key relationships. This would then be discussed at the next Joint Staff Partnership Forum arranged for 28th August 2007.

Mr Duffy raised concern regarding this proposal and suggested deferring this item until the next CHP Committee. Mr Patrick echoed Mr Duffy’s early concern regarding SPF membership on the CHP
Committee. Mr Patrick added that he would welcome wider union representation on the SPF to reflect all NHS recognised Trade Unions. Mr Patrick went on to say that the current Constitution for the Joint Staff Partnership Forum allows for Council representation and he would welcome Council Members being represented on the SPF.

Ms Smith suggested that as the development of the SPF was at a very early stage and current arrangements are on an interim basis, it would be beneficial if Mrs Fraser, Mr Duffy and Mr Patrick could discuss this matter further and report back to the next CHP Committee. The aforementioned agreed to take this forward.

The Committee noted the progress in establishing the SPF.

(c) PUBLIC PARTNERSHIP FORUM (PPF)

Ms Hunter referred to the paper issued with the agenda (Paper 07/07) and advised that under the SoE the CHP is required to establish a Public Partnership Forum (PPF). Ms Hunter advised that the overall aim of the PPF is to enable Inverclyde CHP to develop and maintain an effective dialogue with the community it serves. Ms Hunter highlighted the importance of ensuring that any engagement with the community is an inclusive process ensuring that no person or group is excluded from this process.

Ms Hunter added that the process to establish the PPF will be taken forward over the next 6 months; however, they will continue to build upon joint working arrangements with existing community networks such as Community Care Forum and Community Voluntary Service Inverclyde. Ms Hunter continued that the first step towards an established PPF would be to utilise current databases to establish a PPF virtual network. Thereafter, members will then be given the opportunity to nominate members to be represented on the PPF Executive Group (approximately 15 – 20 members). Two members of the PPF Executive Group will then be nominated as substantive PPF members to the CHP Committee. Until this process is complete PPF representation on the CHP Committee will be sought from existing community groups on an interim basis.

Ms Smith commented on the importance of the CHP Committee supporting the establishment of the PPF and suggested it would be beneficial to link in with the Involving People Group as they have a comprehensive database.

Ms Hunter tabled a draft PPF Working Agreement paper which lays down the foundations for the development of the PPF.

The Committee noted the progress in establishing the PPF.

6. ORGANISATIONAL DEVELOPMENT PLAN

Mrs Tindall referred to the paper issued with the agenda (Paper 07/08) and advised that the main aim of the paper is to outline a development programme designed specifically to support the Committee Members to fulfil their roles and responsibilities.
Mrs Tindall continued that it is proposed that formal Development Sessions and Committee Briefings are arranged for Committee Members. These sessions would outline the key priorities of the CHP and include presentations on key areas of work to assist Committee Members to gain a better understanding of the work being progressed by the CHP. Mrs Tindall also welcomed suggestions from Members as to any topics they felt would be relevant to assist them to fulfil their role. It was noted that appendix 2 should be completed by all Members to allow for the Development Programme to be taken forward. It is proposed the Development Sessions are held either bi-monthly to take place in the intervening months between formal Committee meetings or they are arranged to follow the formal Committee meetings. Ms Smith suggested that as the Committee meetings may be a lengthy and extensive process it may be more appropriate if the Development Sessions are held in the intervening months.

Ms Tindall added that she would also meet with Chairs of sub committees such as PEG, PPF and SPF to support and assist them to develop their groups.

The Committee noted the Organisational Development Plan and agreed that the format for holding Development Sessions would be decided at the next CHP Committee meeting.

7. PLANNING CYCLE

Mrs Watson referred to the paper issued with the agenda (Paper 07/09) and advised that the Planning Cycle maps out the key requirements for the CHP for the remainder of the current financial year.

Mrs Watson continued that the process for developing the 6-month Development Plan will commence in July 2007 and a draft 6-month Development Plan will be reported to the Committee in September for approval and implementation. However, due to the short timeframe involved in this process the 6-month Development Plan will highlight our immediate priorities for the remainder of 07/08. Thereafter, the process to develop the 3-year Development Plan for 08/11 will commence in October 2007 and be reported to the Committee for approval in March 2008. The 3-year Development Plan will be a much broader plan and will highlight in more detail the specific needs of the population of Inverclyde. Mrs Watson added that we would need to take into account any changes and new priorities as the plans are developed. In addition, where possible, the CHP should link in with key stages of the Planning Cycle for Inverclyde Council.

Mrs Haldane enquired if there would be community involvement in the development process for the 6-month and 3-year Development Plans, and would the PPF link in with the development process. Mr Walker intimated that where possible they would hope to involve the PPF when progressing the Development Plans.

Dr Kapasi referred to the Appendix 1 point 5 of the Paper and advised that the majority of Primary Care Contracts are nationally negotiated contracts. However, Dr Kapasi suggested that where there is scope for...
locally negotiated contracts we should ensure that these are tailored to and fit in with our local needs and priorities.

The Committee noted the Planning Cycle Report.

8. PERFORMANCE REPORT

Mrs Watson referred to the paper issued with the agenda (Paper 07/10) and advised that the attached Performance Report, issued by NHSGGC Board, relates to performance against NHS targets in Inverclyde for the third quarter of 2006/07. This report has been extracted from a larger Performance Report which covers the whole of NHSGGC and provides a broad overview of performance against national targets and NHSGGC Board corporate themes. The report uses a traffic light system to indicate the level of performance and indicates what areas we perform well in together with what areas we underperform in.

Mrs Watson continued that the data provided by this report is welcomed and provides a starting point to assist us to further develop the Performance Report for Inverclyde and populate it with updated local performance management intelligence thus ensuring the report is tailored to our local priorities, targets and health issues. Mrs Watson added they will continue to submit updated Performance Reports to the Committee using a more locally relevant reporting system. In addition they will develop joint reporting with Inverclyde Council and other key partners who contribute to the health and wellbeing of the population of Inverclyde.

Mr Walker advised the Committee that a Health Needs Assessment is currently being progressed by NHSGGC that will assist us to better understand and identify the health needs of Inverclyde and enable us to develop services to meet those needs. Mr Fraser welcomed this development and highlighted the importance of information being developed in a meaningful format that is understandable.

The Committee noted the Performance Report.

9. FINANCE REPORT

Mr Walker referred to the paper issued with the agenda (Paper 07/11) and advised that the budgets for 2006/07 have been rolled forward to 2007/08. However, these are indicative budgets for 2007/08 and it is proposed that a more accurate Financial Report will be presented at the next Committee meeting in September.

Mr Walker continued that the recurring deficit inherited from Clyde currently sits at £28m. The deficit will have a limited impact on the budget allocated to the CHP, specifically in respect of contributing to cost savings targets and prescribing. Mr Walker added that NHSGGC continue in negotiations with the Scottish Executive regarding analysis monitoring and responsibility for the deficit. The Executive is providing transitional monies to balance the budget over the next 3 years during which time the Boards cost savings plan is intended to take effect.
Mr Brown commented that with the dissolution of the former NHS Argyll & Clyde and the transfer of managerial responsibility of certain services to NHS Highland he would anticipate that NHS Highland would take responsibility for addressing a certain amount of the deficit. Mr Walker advised that a Financial Report will shortly be tabled at NHSGGC Board detailing any realignment of the financial deficit.

The Committee noted the Finance Report.

10. ANY OTHER BUSINESS

As there was no other business the Chair closed the meeting by thanking all present for attending the inaugural meeting of Inverclyde CHP Committee.

11. DATE OF NEXT MEETING

The next meeting would be held on Wednesday 19th September 2007 at 10:00am, Caledonia (Lesser) Room, Gamble Halls, Shore Street, Gourock.