Renfrewshire Community Health Partnership

Minutes of the meeting of
Renfrewshire Community Health Partnership
held at 12.30 p.m. on 23rd February 2007
in the Chambers, Renfrewshire Council

PRESENT

Councillor T Williams (in the chair)

Ms F Bryce ... Voluntary Sector
Mr D Crawford ... Renfrewshire Council
Dr L Jordan ... Renfrewshire CHP
Councillor R Kelly ... Renfrewshire Council
Mr D Martin ... Renfrewshire Council
Ms J McDonald ... RCVS
Mr A Robertson ... Non-Executive Director
Ms M Robertson ... Renfrewshire CHP

IN ATTENDANCE

Mr J Bryden ... Renfrewshire CHP
Mrs S Brown ... Renfrewshire CHP
Ms F MacKay ... Renfrewshire CHP
Mr P McLeod ... Renfrewshire CHP/Renfrewshire Council
Mrs J Still ... Renfrewshire CHP

ACTION BY

12. WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed Members, Attendees, and members of the public to the meeting.

Apologies for absence were intimated on behalf of Ms. S Morrison, Mrs. F. McNeill and Mr. D. Martin.

13. MINUTES OF PREVIOUS MEETING

The Committee approved the Minutes of the meeting held on 19th January 2007 (RCHP(M)07-1).

14. DIRECTOR’S UPDATE

Following on from the report by Dr. Jordan at the last Committee Meeting, Mr. Leese advised that at NHS Greater Glasgow and Clyde’s Board Meeting on 20 February 2007 the report detailing the outcome to the consultation process for changes to Clyde Acute Services had received support. This would now be submitted to the Scottish Executive for approval by the Minister. The approval of the recommendations by NHS Greater Glasgow & Clyde’s Board had been widely communicated through the
Board’s core brief and by press release.

Consistent with the process outlined in NHS Greater Glasgow & Clyde’s original communication of late November 2006, charting the work of the Clyde Health Services Strategy review, Mr. Leese drew the Committee’s attention to the engagement work in progress in relation to maternity services and for continuing care (including the wider balance of care for older peoples services at Johnstone Hospital). Mr. Leese also referred to the communication shared with Committee members confirming work to consider the modernisation of mental health services with an engagement event arranged for 12th March 2007. This event would be similar in design to those previously undertaken for other strands of the strategy described above with involvement from a broad range of service users, carers and stakeholders, to update them on work to date and to commence the process to chart out thoughts on how to take forward the next stages. The engagement event held on 8th February 2007 in relation to the balance of care for older peoples services had proved invaluable in terms of highlighting the views and concerns of service users and stakeholders. It had also provided a positive insight in to what service users and carers thought should be considered within the review.

Councillor Williams added that the clarity provided at NHS Greater and Clyde Board meeting in confirmed the retention of out-patient dermatology services at the Royal Alexandra Hospital had been welcomed.

Mr. Leese reinforced the principle contained within the Clyde Health Services Strategy with NHS Greater Glasgow & Clyde’s commitment to maintain as much local access as possible to patients

Decision:

- The Committee noted progress on the review of Clyde Acute Services Strategy to date.

15. BUSINESS CONTINUITY PLANNING

Ms. MacKay, Head of Planning and Health Improvement referred to Paper No. 07/08, stating that the purpose of the paper was to remind Committee Members of the CHP’s responsibility in terms of business continuity and to update on progress in establishing a business continuity plan for the CHP.

Under the Civil Contingencies (Scotland) Act 2005, the CHP is required to demonstrate its ability to provide essential services in the event of an emergency and to plan to ensure no significant disruption to services. Ms. MacKay added that each entity within NHS Greater Glasgow & Clyde and the NHS system as a whole has a responsibility to produce a Business Continuity Plan. Ms. MacKay outlined the overarching planning structure for business continuity across NHS Greater Glasgow & Clyde and advised that the CHP was represented on the Greater Glasgow & Clyde Civil Contingency and Planning Strategy Management Group, chaired
by the Director of Public Health. To ensure consistency of approach to planning within CHPs Ms MacKay highlighted the need to promote the sharing of good practice.

Ms MacKay detailed the work being undertaken with local authority colleagues particularly around the sustainability of joint services and acknowledged the benefit of sharing expertise and training. Particular recognition to the valuable assistance of the Council’s Civil Contingencies Manager was noted. The potential to further dovetail business continuity plans with the future co-location of the CHP and the local authority was highlighted.

Ms. MacKay informed members that a workshop had taken place at the end of January to establish a workplan and develop a timetable with a view to producing a draft plan by March/April 2007. In essence each entity within NHS Greater Glasgow & Clyde was required to have plans in place by November 2006, however, the Head of Emergency Planning, NHS Greater Glasgow & Clyde, had been reassured by the processes put in place to facilitate the development of our business continuity plan and the work undertaken to date. The output from the workshop in January had provided a framework to begin this work and the Committee were asked to note progress in developing the CHP plan and the actions taken to do this.

Councillor Williams commented that the work in the developing of such a plan would indeed build on existing joint working arrangements and acknowledged the benefit in minimising duplication of effort.

In noting Mr. Robertson’s comments regarding the timescales outlined in the paper, Ms. MacKay stated she would be happy to give an update to on progress at the Committee Meeting in April.

Mr. Leese added that the planning work being undertaken across NHS Greater Glasgow & Clyde in relation to pandemic flu had previously been brought to Committee Members’ attention and there was a requirement to ensure the work around business continuity planning dovetails with this wider system work. Planning for such an eventuality provided a good example of when the NHS might need to invoke such a plan

**Decision:**
- Committee members noted progress in developing the CHP plan
- Agreed that an update be brought to the CHP Committee Meeting on 20th April, 2007.

16. **EQUALITY SCHEME 2006/2009**

Ms MacKay referred to Paper 07/09 stating that the purpose of the paper was to draw Committee Members’ attention to the Scheme which had been endorsed by NHS Greater Glasgow & Clyde at its Board Meeting in December 2006.
The principles contained within the Scheme commit NHS Greater Glasgow & Clyde to meet the legislative requirements in relation to race, disability and gender. In essence this means taking cognisance of equalities in everything we do. In designing services there is a fundamental requirement to ensure they are accessible to all. The purpose of the Scheme is to embed these principles within the ethos of the organisation.

Following approval of the Scheme in December 2006, the CHP is now required to produce an action plan describing how inequalities will be addressed.

It was noted that the Development Plan underpins the CHPs obligation to the development of a local equalities plan and describes examples of the CHPs commitment to the scheme, highlighting some examples of where the CHP has been effective in addressing inequalities. Examples of this include the work within the areas of Choose Life and homelessness. To support and promote the ethos of the equalities agenda, and to reinforce ownership from all employees an awareness training programme will be rolled out for members of the Professional Executive Group and Public Participation Forum. Ms. MacKay indicated that the CHP had a commitment to produce a high level action plan by March/April 07.

Councillor Williams acknowledged the Equality Scheme as a key document particularly in relation to service development. He also referred to the inequalities challenges facing the CHP particularly those resulting from the areas of considerable deprivation within Renfrewshire and welcomed the positive impact of joint partnership working as a means of maximising and targeting resources in addressing these.

Mr. Williamson commended the work undertaken to date adding that this had been well structured and fundamentally sound. However, he stated that there were two fundamental differences for clinicians in terms of inequalities. Whilst the Equality Scheme focuses on social and moral discrimination in accessing clinical services, Mr. Williamson stated that he felt there needed to be acknowledgement of what he described as inequality of service delivery and in particular referred to the provision of cancer services across the West of Scotland and the geographical differences perceived in the quality of services delivered. Mr. Williamson took the view that in terms of equality it was also valid to consider whether services were being delivered in what he termed a less than equitable fashion. He invited Committee Members to consider this view and for recognition of service delivery inequality as well as accessibility.

Mr. Leese accepted Mr. Williamson’s position around the need to consider both service accessibility and delivery, however, there is a need to set this in context against the work being undertaken across NHS Scotland as a whole to address and ensure consistency in terms waiting times and access to services. In addition, Mr. Leese stated that the dissolution of NHS Argyll & Clyde and the emergence of NHS Greater Glasgow & Clyde had resulted in some of the inconsistencies and inequalities of service
delivery becoming more visible. As a general point, it has been acknowledged that there was a need to address any such inequity of service delivery across Greater Glasgow & Clyde. Mr. Divers, Chief Executive, has given a commitment to move in this direction however this needs to be set against the delivery of financial balance in Clyde.

Mr. Leese summarised stating that it was worth noting that the challenge in addressing inequalities was for all public sector organisations and in doing so would provide the opportunity to further develop greater partnership working amongst all agencies.

Decision:

- The Committee noted the Board's Equality Scheme and approved the next steps for Renfrewshire CHP.

17. PROFESSIONAL EXECUTIVE GROUP

Dr. Jordan provided an update for the Committee stating that a further meeting of the Professional Executive Group had taken place on 13th February 2007. Draft minutes from this meeting were not yet available.

In terms of substantive membership of PEG, Dr. Jordan advised that the process to determine substantive membership had almost concluded and it was anticipated that the outcome from this would be reported to the next Committee Meeting.

Dr. Jordan also highlighted the planned implementation of PEG development sessions similar to that established for Committee Members to further PEG members understanding and knowledge. Such sessions would provide the opportunity to develop working together as a Committee particularly given the different backgrounds and experience of members of the PEG working at Committee level.

Dr. Jordan also reported on the recent presentation of medicines management at the recent Committee development session and it was agreed that a paper be submitted to the next Committee Meeting to update on the impact and implications of ongoing medicines management issues.

Mr. Robertson commented on the wide range of issues covered by the Professional Executive Group agenda and in particular noted the reference to winter planning in the previous PEG minutes. He asked Dr. Jordan to comment on the steps taken by NHS Greater Glasgow & Clyde in relation to winter planning and the timing of such planning.

Dr. Jordan advised that winter planning commences in early spring and the inclusion of this on the PEG agenda was simply to allow PEG members to develop their understanding of the winter planning agenda. Dr. Jordan added that PEG members would be fully involved in the discussions around winter planning for the CHP and wider NHS Greater Glasgow & Clyde system. It was noted that to date there had been no major seasonal issues or
system pressures including any flu epidemic or acute viral illnesses arising over the winter months. The CHP and acute sectors continued to work closely with local authority colleagues to provide more effective planning.

As a point of interest, Dr. Jordan also advised Committee Members that, in terms of the 4 hour wait target for attendance at A & E, the Royal Alexandra Hospital was one of the leading performers across Scotland and colleagues from NHS Greater Glasgow & Clyde were keen to learn from the work undertaken at the RAH and their success in contributing to the overall targets. Mr. Williamson highlighted the aggressive management being undertaken to ensure achievement of this target and the considerable hard work and effort undertaken by all staff in the attainment of this.

As a general observation, Mr. Leese commented that one of the gains in the emergence of the CHP was the bringing together of best practice strategies and the positive impact this synergy has on the organisation as a whole.

In relation to palliative care, Mr. Williamson drew members’ attention to the pilot being undertaken by Clyde for new cancer standards emerging from the Scottish Executive and discussion ongoing around the aspirations to roll this out across the rest of Scotland.

Referring to the Committee Development sessions, Mr. Leese commented that the focus for these to date had been the emerging CHP agenda; however the preceding discussions had highlighted potential development and awareness requirements for the Committee around the acute services agenda. He asked Members if they thought it would be helpful to put in to context community based services particularly those around the unscheduled care collaborative, primary care collaborative and the diagnostic collaborative in terms of patient pathways.

Councillor Williams agreed there would be benefit in familiarising Committee Members with the wider acute agenda and this was also welcomed by Mr. Robertson. Mr. Robertson noted his concerns regarding the inequality issues raised by Mr. Williamson as per agenda item 5 above particularly in relation to cancer services given the new developments at the Beatson Oncology Centre. He stated that he felt it would be helpful for Committee Members to have an update on cancer services including delivery within Renfrewshire and Mr. Williamson agreed to consider this for a future agenda.

Ms. Bryce raised the issue of inviting Health Scotland to update committee members on the shared challenge around legislation and asked what the process would be for this.

Dr. Jordan asked that members forward any potential future agenda/discussion items to Mrs. Brown to coordinate these.

Mrs. Bryce asked whether a lay representative from PPF had yet been appointed to the Medicines Management Sub Group. Dr.
Jordan replied that she would enquire as to the status of this and report back. It was agreed that that minutes from this subgroup be shared with PPF, Mrs. Bryce and Mrs. McDonald.

Clinical
Director

Decision:

- The Committee noted progress to date.
- The Committee noted planned development sessions for PEG members.
- The Committee approved a future development session for Committee Members focussing on the wider acute agenda.

18. CHP DEVELOPMENT PLAN 2007/2008

Referring to Paper 07/11, Councillor Williams acknowledged the tremendous amount of work and effort undertaken by Ms MacKay and her team to produce the advanced draft of the Development Plan.

Mr. Leese echoed the sentiments expressed by Councillor Williams and thanked Ms. MacKay for bringing this document together.

By way of providing some context, Mr. Leese reminded Committee Members of the process undertaken in relation to the development of the plan. This process commenced in the early part of November 2006 with an update being provided to the Committee meeting of 17th November 2006, charting out the timetable of work with a range of stakeholders, both internal and external, including partner organisations, members of the public and service user representatives. Two further updated drafts, both widely circulated, were produced in mid January and on 5th February 2007.

The covering paper describes the purpose of the plan, setting out the priorities and challenges facing the CHP in improving the health and services for the local population.

The Development Plan fits within a synergised process, as part of a much wider process to inform the Greater Glasgow & Clyde NHS corporate plan.

Mr. Leese acknowledged that in the development of such plans there was a balance to be struck in terms of aspirations of individuals with regard to total inclusion of all contributions and to ensure the document is readable, usable and is both delivery and outcome orientated. The process of forming the plan has enabled collection of a wealth of valuable contextual information and there is a need to determine how this information can be made available for use. On balance there was a view that the Development Plan may not be the right place to report a lot of this contextual information and this advanced draft was a first pass at condensing this information to make the plan more reader/user friendly. It is intended to use the weeks to end March 2007 to finalise the document. In addition a summary A5 leaflet will be produced. Given the amount of information contained within the
advanced draft it was recognised that this presents a challenge.

In addition, Mr. Leese advised that the CHP was currently engaged in a process of identifying a number of financial priorities i.e. pressure areas or areas of underfunding as part of a corporate wide exercise to submit bids against a small pool of new money. Cognisance of earlier comments particularly from acute colleagues in developing a section to chart out our working arrangements with the acute services was also required.

In addition, the plan requires to reflect the corporate themes for NHS Greater Glasgow & Clyde and to have a comprehensive and readable action plan to underpin the challenges highlighted within it.

In acknowledging the huge amount of work in getting the plan to its current stage, Ms. MacKay commented on the number of contributions received. Having developed the plan through such an inclusive process it was important to reflect the high priority individuals have for the planning process within the advanced draft.

Ms MacKay went on to summarise the content of the plan. The Content and Guiding Themes section sets out the context for the plan in terms of the corporate themes and system wide strategic objectives.

Useful information detailing the profile of Renfrewshire (with key facts and figures and challenges including health challenges, population figures and inequality data) is set out in Section 3. In the refining of the final document it is intended to ensure this information is easily accessible, perhaps through the CHP website.

Section 4 – Planning, Performance and Governance cross references with the Scheme of Establishment and highlights the establishment of both Staff Partnership Forum and Public Partnership Forum.

The balance of the plan is contained within Section 5. The section is subdivided by care group with each subsection describing current service provision, challenges requiring to be addressed and actions to be taken forward in light of the challenges identified.

Inequalities are covered in Section 6 with examples of what work has been undertaken to progress the inequalities agenda.

Section 7 recognises those support services that are key to delivering the direct health services.

Included within the appendices are those key policy drivers that the CHP has to work within in delivering services. Web links to these drivers will also be provided.

The action plan is contained within Appendix C and further work is
required to refine and streamline this. Once complete this action plan will form the basis for the personal objective setting process for managers.

Mr. Leese asked that the Committee remit the Senior Management Team through the Director to work within the framework described in the covering paper to finalise the plan. Mr. Leese went on to state that this Committee Meeting was not the final opportunity for members to comment and requested that any further comments be forwarded directly to Ms. MacKay. The timescale for completion of the plan was the end of March 2007, following which the final plan would be submitted through the Director to the Planning, Policies and Performance Group (PPPG) of NHS Greater Glasgow & Clyde.

Mr. Leese advised that, as part of the informal governance arrangements, the Chief Executive of NHS Greater Glasgow & Clyde would meet with members of the Senior Management Team, in essence to work through where we are in terms of the CHP’s work programme and the Development Plan would give a focus for these discussions.

In acknowledging the work to date, Mr. Robertson commented that the next stage to refine the advanced draft to produce a more readable and user friendly document would be a difficult task. However, he also agreed that the background information did contain a wealth of detail and should be readily accessible for individuals should they require.

In addition, Mr. Robertson highlighted a number of observations/comments recognising that these may be covered somewhere within the plan.

- **P7** – age profile - appears that older population is not out of proportion but may go awry in another 10 years time. Mr. Leese noted that over the period to 2013 there would be a double digit shift - the profile is in keeping with similar systems but will change over the next 7 – 10 years.

- **P16** – carers – query reference to statutory responsibilities which NHS and local authorities have for carers.

- **P22** – Smoking/Tobacco control – reference in relation to GPs and pharmacists and opportunities under the new contract for them to play a greater role in this.

- **P23** – Obesity Dietary advice – no mention around exercise and opportunity for exercise prescribed.

- **P34** – clarity re statistics on domestic abuse.

- **P35** – young carers – reference to statutory responsibilities.

In summary Mr. Robertson’s final comment related to appendix C and the process to take forward the action plan with a request that there be the inclusion of milestones against which progress can be measured.
Mr. Leese thanked Mr. Robertson for his helpful observations and comments. With reference to Mr. Robertson’s final point it was confirmed that the action plan would identify senior manager responsibility. Individual performance objectives will clearly identify agreed timescales for implementation with regular performance reports, required as part of NHS Greater Glasgow & Clyde’s performance framework, submitted to the CHP Committee giving details on the progress made against the action plans.

Mr. Williamson reiterated Committee Members acknowledgements of the considerable work undertaken recognising the short timeframe since the establishment of the CHP and the efficiency with which the development plan had been taken forward. Commenting on the action plan, Mr. Williamson noted that some of the actions were resource intensive and highlighted that it was important to define what was or was not achievable in terms of resources.

Mr. Leese acknowledged Mr. Williamson’s comments however stated that the work underway to identify financial pressures would ultimately impact on the rate on which the CHP could deliver its agenda. By way of example Mr. Leese highlighted the area of homelessness and the relatively modest health resource underpinned by short term funding to allow this work to be completed.

Mr. Crawford commented on the considerable range of references contained within the development plan in terms of linkages to council services. This cross referencing to joint working is what would be expected and would provide greater opportunities to emphasis joint working arrangements as these become more fully integrated over the coming years. The banner headlines contained within Section 5 mirror those priorities for the local authority and as synchronised planning process develop there should be the potential to generate efficiencies in dealing with fiscal issues.

In addition, Mr. Crawford added that as the partnership working arrangements between the Local Authority and health continue to develop there should be the capacity for the wider range of council services including environmental health, community safety, housing and education to be reflected more.

Mr. Leese concurred that it was important to begin to explore how we create such synergy.

Decision:

- The Committee noted progress on development of the CHP’s Development Plan 2007/08.
- The Committee approved the further work of the Senior Management Team to finalise the plan.
- The Committee noted the submission of regular performance reports to update on progress on implementation of the plan.
19. FINANCIAL REPORT FOR THE PERIOD ENDED

Mr. Bryden referred to Paper 07/12 covering the two month period to end January 2007.

At the end of month 10, the CHP reported an underspend of slightly more than £1 million representing an increase from the last Committee report of £963K. This variance resulted predominantly from movement within prescribing and from funding slightly in excess of requirements to date to meet AfC costs.

As previously reported the variance in prescribing costs could vary significantly from month to month; the price being determined by a national tariff list amended centrally each month with a material impact on ultimate charges to individual NHS organisations.

Mr. Bryden added that for the remainder of 2006/07 the overspend within the General Medical Services element of Family Health Services of £714K would be offset against an underspend within prescribing.

In relation to managing the year end position Mr. Bryden drew members attention to paragraph 3.4 of the report indicating that in the current year a risk sharing agreement had been implemented across NHS Greater Glasgow and Clyde in terms of prescribing costs.

In terms of capital Mr. Bryden advised that orders for all items as outlined in the report have been placed with expenditure expected to be incurred by the end of the year.

Mr. Robertson thanked Mr. Bryden for his report and welcomed the clearly outlined position as reported within the paper. Mr. Robertson asked for clarification around the position to deal with anticipated pay issues including AfC and the backlog for those within the management executive pay group.

Mr. Bryden explained that executive pay was dealt with at a corporate level and individual CHPs would be given an appropriate budget allocation to cover pay increases for those within this cohort of staff.

Decision:

- The Committee noted the Financial Report.

20. DATE OF NEXT MEETING

The date of the next Committee Meeting is 20th April, 2007.