Renfrewshire Community Health Partnership

Minutes of the meeting of the
Renfrewshire Community Health Partnership
held at 12.30 p.m. on 8th June, 2007
in the Chambers, Renfrewshire Council

PRESENT

Mr D Leese (in the chair)
Ms F Bryce ... Voluntary Sector
Mr D Crawford ... Renfrewshire Council
Mr D Martin ... Renfrewshire Council
Ms J McDonald ... RCVS
Dr G O’Kane ... Renfrewshire CHP
Mr A Patrick ... Renfrewshire CHP
Ms M Robertson ... Renfrewshire CHP
Ms K Sloan ... Renfrewshire CHP
Mr B Williamson ... Non-Executive Director

IN ATTENDANCE

Mr J Bryden ... Renfrewshire CHP
Dr L Jordan ... Renfrewshire CHP
Cllr D Mackay ... Renfrewshire Council
Cllr S McDonald ... Renfrewshire Council
Mrs N Middleton ... Renfrewshire CHP
Ms S Morrison ... Renfrewshire CHP
Ms F MacKay ... Renfrewshire CHP

ACTION BY

31. CHAIR

Mr Leese advised that following the recent local government elections, membership from Renfrewshire Council had altered. Until the public appointment process was finalised for the two new Councillors, the Committee did not have a substantive Chair. Additionally, as Members would recall, the Committee had elected not to appoint a Vice-Chair until substantive membership of the Committee was complete. With these factors in mind, Mr Leese sought approval from the Committee to undertake the role of Chair for the meeting. Mr Leese advised that it was anticipated that by the next meeting of the Committee the substantive Chair would have been appointed and thereafter the Committee would begin the appointment process for a Vice-Chair.

The Committee approved Mr Leese to chair the meeting.

32. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Mr Andrew Robertson, Ms Fiona McNeill and Mrs Jean Still.
33. MINUTES OF PREVIOUS MEETING

The Committee approved the Minutes of the meeting held on 20th April 2007 (RCHP(M)07/3).

34. MATTERS ARISING

(a) Appointment of Chair of Child Protection Committee

Mr Crawford advised that Mr Tim Huntingford had taken up post as Chair of the Renfrewshire Child Protection Committee.

35. DIRECTOR'S UPDATE

For the benefit of new members, Mr Leese outlined the purpose of this standing Agenda Item. As Mr Leese was chairing the meeting, he invited Dr Jordan to provide the Director's Update,

Dr Jordan advised she had 3 main areas to bring to the attention of the Committee:-

(i) CHP Committee Meeting Dates and Dates for Development Sessions

Dr Jordan advised that for the benefit of both new and existing Members, confirmation of previously agreed dates for both Committee Meetings and Development Sessions would be re-issued.

(ii) Topics for discussion at Development Sessions

Dr Jordan advised that at the Development Session held on 12th January 2007 consideration had been given to future topics for discussion and a variety of items had been identified, namely:-

- Clinical governance
- Transforming Public Services agenda
- Understanding how Renfrewshire Council works – structures, processes, interfaces with other agencies
- Children’s Services
- A presentation on the “Doing Well By Depression” project
- Helpful to think about Committee members doing “visits” to services and “shadowing” other committee members/Heads of Service if they would find this beneficial

Dr Jordan advised that further topics, particularly from new Members of the Committee, would be welcomed and should be forwarded to Mrs Jean Still, Head of Administration, for inclusion in the programme.
(iii) **Review of Clyde Acute Services**

Dr Jordan referred to previous discussions at the February Committee meeting and the follow-up engagement events in relation to the review of Clyde based services and clarified that where there are proposals for significant changes to current service delivery plans, consultation papers would be submitted to the NHS Board.

The Chair thanked Dr Jordan for providing the Director's Update. Mr Leese advised that as an aid to new Members of the Committee, in addition to copy of the Committee Schedule and the Development Sessions Schedule, the summary of the Development Session held on 12th January 2007 would also be re-issued. This would provide new members with an understanding of the purpose of the development sessions.

In response to Ms Bryce's notification that she had put forward a request to provide a presentation on Community Health at a future Development Session, Mr Leese confirmed that this would be added to the programme.

**Decision:**

- The Committee noted the Director's Update.

### 36. NEW COMMITTEE MEMBERS

The Chair advised that he would wish to draw new Members attention to two specific items, namely the Code of Conduct which all Members of public bodies were required to sign up to, and the Register of Members Interests which public bodies were required to maintain. In terms of the Register of Interests, the Chair advised that the Register was required to be updated twice yearly and he would seek all Members co-operation in complying with this requirement.

Referring to the Committee's Standing Orders, the Chair advised that there were differing tenures of office and in respect of the Public Partnership Forum (PPF), membership was a yearly tenure. A process to re-elect or amend current PPF representation on the Committee would shortly be initiated by the Head of Administration.

**Decision:**

- The Committee noted arrangements relating to the Code of Conduct, the Register of Interests and tenure of office.

### 37. CHP DEVELOPMENT PLAN 2007-2010

The Head of Planning and Health Improvement referred to Paper 07/17 issued with the Agenda and drew Members attention to the summary document of the CHP Development Plan included within the paper.
Ms MacKay advised that a working group from the CHP's Communication Group had been formed to draft the summary document and had been tasked with capturing the key points of the Plan in an easy to read format. Drafts of the summary had been tested with the CHP's Extended Management Team and the Public Partnership Forum (PPF).

Ms MacKay advised that the summary sought to capture the main issues of the Development Plan. Page 2 contained the Corporate Themes of the organisation and also provided a separate section on challenges specific to Renfrewshire. Page 3 contained details of how the CHP intends to improve health and wellbeing in Renfrewshire whilst at the same time working within the available budget and ensuring best use of resources. Pages 4 – 6 contain details of 3 care areas and the priorities within each. On the back page of the summary document, details are provided on how people can obtain copy of the summary in other formats and also provides details on the function of the Public Partnership Forum and how members of the public can join the PPF.

Ms MacKay advised that the summary would be printed in glossy format and widely distributed within Health Centres, GP Practices, Community Clinics, Pharmacies, Dental Practices, Social Work Area Offices, Schools and Libraries.

Ms MacKay concluded by requesting the Committee to note the process and to approve the wide distribution of the summary within Renfrewshire.

Mr Martin suggested that there may be possibility for the summary to be included as an insert within the Council's magazine which was delivered to all households within Renfrewshire. It was agreed that Mr Martin and Ms MacKay would discuss this suggestion outwith the meeting.

Ms McDonald suggested that there may be a need to consider producing future information in other formats as well as paper, for example in dvd format.

Mr Williamson commended production of the summary, advising that he had found the document very readable.

Decision:

- The Committee noted production of the CHP Development Plan 2007-2010 summary document and approved the distribution process.

38. PROFESSIONAL EXECUTIVE GROUP

Dr Jordan referred to Paper No. 07/18 issued with the Agenda and advised that this contained the Minutes of the Meeting of the Professional Executive Group held on 13th February 2007 and a draft Minute of the Meeting held on 17th April 2007.
Dr Jordan advised that she would wish to draw Members attention to two particular areas:-

(i) **Performance Management Discussion**

An extended meeting of the PEG was scheduled for 12th June 2007, at which time a significant component of the Agenda would be discussion on development of the CHP’s Performance Management Agenda.

(ii) **Medicine Management**

Dr O’Kane, Associate Clinical Director – Medicine Management, and Mrs Margaret Ryan, Lead Pharmacist – Clyde, have now completed their programme of visits to each of the 30 GP Practices within the CHP to share information on the CHP’s Medicine Management Agenda. Feedback indicates that the visits were well received. Dr Jordan reiterated that the prescribing savings were focussed on areas where there would be no impact on the clinical quality of prescribing.

Dr Jordan concluded her update on the Professional Executive Group (PEG) by advising that she believed that PEG had now matured into a group which is comfortable to contribute to the CHP Committee Agenda.

Mr Crawford referred to the Health Visitor Review and suggested that given the importance of this fundamental role, progress in relation to the review should be provided to the Committee. Mr Leese advised that as Members were aware, the Committee had noted progress of the review at its meeting in November 2006. Since then, progress had been slower than had been hoped due to discussions with staff representatives. In terms of local progress, staff were updated regularly on the work of the Pathfinder. Further updates would be provided to future PEG/Committee meetings.

**Decision:**

- The Committee noted the update from the Professional Executive Group.

### 39. PERFORMANCE MANAGEMENT

Mr Leese advised that Paper No. 07/19 issued with the Agenda was the first Performance Management Report containing a summary of performance in relation to the health component of the CHP’s Agenda. The process used in providing the summary was still iterative and a more comprehensive report, including an update on joint working programmes, would be provided in the next report to the Committee.
Ms MacKay referred to Section 2.3 of the Report and advised that the CHP's Performance Management Framework was shaped by a range of guidance, national and local performance targets, and reporting formats. From this, a number of monitoring arrangements have been put in place. However, the CHP does not yet have access to a full suite of required information. At the same time as developing the monitoring process in line with NHS Greater Glasgow and Clyde’s requirements, care had been taken to attempt to align the CHP’s reporting structure with that of the community planning process and the JPIAF targets for community care.

Turning to the Performance Report itself, Ms MacKay advised that there was still a lot of work to be undertaken to obtain accurate and comprehensive information, particularly within mental health.

Ms MacKay worked through the document:

- Section 1 – contains an Executive Summary
- Sections 2-8 – details the CHP’s performance against a range of key targets and standards
- Section 9 – will be a flexible section used to provide an update on a range of current issues relevant to the CHP/Clyde area.

To facilitate readability of the report, a traffic light system had been used to highlight the CHP’s status against each of the performance areas:

- Green – on target or better
- Amber – adverse variance of up to 10%
- Red – adverse variance of more than 10%

When analysing trends in the data, the report will use the following measures:-

- No change – within 5%
- Better – improvement of 5% or more
- Worse – reduction of 5% or more

Ms MacKay advised that in terms of health improvement indicators, it was important to recognise that these targets are difficult to accurately measure and show very little, if any, improvement in the shorter-term. Therefore looking for quarterly improvements in these areas would not be realistic.

Referring to the Indicators, Ms MacKay advised that of 26 indicators where the CHP’s status can be assessed, the current report shows:-

- For 7 indicators performance is assessed as on or above target and status is green
- For 11 indicators performance is assessed as close to target with amber status
- For 8 indicators performance is assessed as significantly below target with red status
Areas where performance is significantly below target in Renfrewshire include:

- Physiotherapy waits over 5 weeks for routine appointments
- % drinking excessively
- % accumulating a minimum 30 minutes per day of physical activity on five or more days per week
- % women still breastfeeding at 6-8 weeks
- CHP staff sickness absence rate

Areas where performance is on target or close to target include:

- Dietetic waits over 6 weeks for routine appointments
- % smoking (16-74 years) – although this varies substantially across different areas of Renfrewshire
- MMR Immunisations
- Cervical screening
- Universal use of CHI number
- Financial targets

Referring to the Improving Services indicators detailed in Section 2 of the Report, Ms MacKay advised that the Indicator for primary care services is that no patient will wait longer than the target waiting time.

Ms MacKay advised that below the quantitative data, a contextual summary was provided to give a background to the figures.

Referring to the Improving Health Status in Section 3, Ms MacKay advised that much of the available lifestyle data dated back to 2001. Whilst the CHP would be commissioning a survey in the future to collect current data, the available information was 6 years old and therefore questionable in terms of comparison purposes.

Section 4 of the Report details the Health Inequalities Indicators and how the CHP is performing against these. Ms MacKay drew Members attention to the oral health target “60% of five-year-old children will have no signs of dental disease by 2010”. Current data indicates that 54.3% of 5 year olds within the CHP’s population have no dental disease, therefore there is some way to go before the CHP meets the national target. It is hoped that the Oral Health action Team will impact on this performance.

Ms MacKay advised that Section 9 of the Report would be utilised to provide information specific to the CHP. Section 9.3 details the percentage of children living within each of the 7 Depcat areas. The report highlights that 38.5% of children aged 0-5 live in Depcat areas 1-3 (most affluent) and 61.5% live in Depcat areas 4-7.

Section 9.4 details life expectancy figures as provided by the Office for National Statistics. These figures show a stark contrast in life expectancy between council areas in the UK.
Ms MacKay concluded by advising that the Report would continue to be refined and developed.

Mr Martin offered his congratulations in production of the Report, advising that it provided a map showing where gaps exist and where measures need to be improved. Mr Martin advised that he had questions in relation to some specific targets but would discuss these with Ms MacKay outwith the meeting.

Mr Crawford advised that whilst he felt the Report provided information on a number of areas, there was other existing information which the Report did not capture, such as homecare, respite care, OT services, resettlement and carers assessment. Agreement would need to be reached on a way to capture and report performance on joint issues. From the Council's view, consideration should be given to production of a joint Performance Management Report relevant to joint services.

Cllr Mackay advised that he found the Report very useful. He asked that any corrective action being taken be consistently described and reported for each target.

The Chair advised that in terms of inequalities in health provision, CHPs had been established to become explicit in use of resources to ensure these were targeted into areas of greatest need. As indicated at the previous meeting, the Performance Management Report was the start of the performance monitoring process and comments made today reflect this. The Chair thanked Ms MacKay and her team for production of the Report.

Decision:


40. CHP FINANCIAL REPORT FOR THE PERIOD ENDED 31ST MARCH 2007

Mr Bryden referred to Paper No. 07/20 issued with the Agenda and advised that the CHP ended financial year 2006/07 underspent by £1,760,000. As previously notified, this underspend was entirely within prescribing expenditure.

Mr Bryden recapped on arrangements for the management of the year end position. As the Committee was aware, CH(C)Ps had entered into a risk sharing arrangement as it was believed this would offer more protection to individual CH(C)Ps. The underspend within prescribing was largely the result of one specific drug coming off patent. The financial target for Renfrewshire CHP was therefore to achieve a breakeven position excluding prescribing. This target had been achieved.
In relation to capital, Mr Bryden drew members’ attention to the table of expenditure against allocation and the fact that the small apparent underspend on medical equipment had, in fact, been incurred, but charged to revenue. The capital expenditure target had, therefore, also been achieved.

Mr Bryden advised that this report concluded the financial year 2006/07 for the CHP, although the figures were still subject to audit.

Looking forward to 2007/08, Mr Bryden advised that the budget setting process was now well underway. The uplift for prescribing had now been received which would allow budgets to be confirmed and issued. CHPs were also sharing a £2m recurring allocation, with the first portion of this being issued on a formula basis. The CHP’s priorities for this allocation will come from the Development Plan.

Mr Bryden concluded by advising that he and David Leese had recently met with the NHS Board’s Director of Finance. At the meeting Mr Bryden had indicated that the CHP’s underspend in pay was not likely to recur at the same level as in 2006/07. However the overspend in GMS would continue. This position had been acknowledged and arrangements for managing the year end position of March 2008 will be agreed in due course.

In response to Mr Martin’s request for clarification on progress with the Prescribing Savings Plan, Mr Leese advised that progress was being made, with an individual Plan developed for each GP Practice to bring down prescribing costs without impacting on quality of prescribing. In terms of the overspend on GMS, Mr Leese advised that this would have no impact on other business as it was an accepted historical position.

Ms McDonald referred to the Spend to Save Projects within the Prescribing Savings Plan and enquired if these were likely to be implemented. Mr Leese advised that as the prescribing uplift had only been received the previous day, it had not been possible to confirm the exact monies available. Now that this information was available, discussions would take place on funding for the cost improvement programme and also the release of funding through virement to other service areas where possible.

Decision:

- The Committee noted the Financial Report for the period ended 31\textsuperscript{st} March 2007.

41. IMPROVING OUTCOMES FOR CHILDREN THROUGH THE DELIVERY OF INTERATED CHILDREN’S SERVICES

Mr Crawford referred to Paper No. 07/21 issued with the Agenda and advised that the purpose of this paper was to inform members about the key national and local developments in integrated children’s services.
The ‘Getting it right for every child’ programme is an integrated programme of action and legislation to reform children’s services. The key concept of the programme is that the future of children’s services will be centred around the child and their families, with professionals empowered to act to ensure every child gets the help he/she needs, when it is needed. Specifically, the programme will be delivered through more effective integrated services at a local level focusing around the concept that there should be:

- One plan for every child, not a plethora of plans;
- One meeting involving the appropriate agencies rather than separate meetings about different aspects of a child’s life; and
- One set of papers concerning a child rather than agencies having to duplicate paperwork and the child and family being involved in multiple assessments by different professionals.

The Renfrewshire Multi-agency Child in Need policy has been developed to provide a rationale and structure within which services to children in Renfrewshire are planned, delivered and reviewed by all agencies under the direction of the Integrated Children’s Steering Group. It is intended to underpin the principles within ‘Getting it right for every child’ and improve outcomes for children and young people by providing a framework for the development of an integrated assessment framework across children's services.

The policy outlines the development of 4 threshold levels for the delivery of services to children, young people and their families rising in levels of support from 1 to 4, with universal services at level 1, and child protection services at level 4. Agencies working with children in Renfrewshire will operate within this framework to identify need and deliver services. The framework is intended to improve outcomes for children and young people by establishing clear and consistent principles and procedure for joint working across children’s services.

Mr Crawford advised that in February 2006, the Renfrewshire Integrated Children’s Services Steering Group had commissioned research to evaluate the use of the Changing Children’s Services Fund (COSF) across a range of projects and services. The evaluation highlighted both the good practice in Renfrewshire and a number of issues for the partnership to consider. The work of the Dartington Social Research Unit was highlighted within the evaluation as providing helpful pointers in how to develop effective children's services.

Mr Macleod, Head of Children’s Services, was today attending a seminar on the Dartington Programme. This programme, which has been used effectively by other council areas, uses a process to understand the local population and identify who is vulnerable. It then asks people to look at what they expect the outcome for these children to be and begins to marry the outcome to services provided.
Mr Crawford concluded by advising there was a variety of steps to be taken before a final decision on the Dartington programme was taken. Progress reports would be provided to all Partner Agencies. The gain of implementing such a programme would allow a move away from crisis intervention and a move towards innovative practice to meet the needs of this client group.

Ms MacKay noted that provision of children’s services was not entirely confined to this client group but came into other planning processes. Mr Crawford concurred, advising that a concern he had was that children’s services did not receive a high enough profile and should be at the heart of the community planning process.

**Decision:**

- The Committee noted the update on Improving Outcomes for Children through the delivery of Integrated Children’s Services.

**42. RENFREWSHIRE CHP LEARNING AND EDUCATION AND ORGANISATIONAL DEVELOPMENT PLANS**

Ms Morrison referred to Paper No. 07/22 issued with the Agenda and advised that the paper contained a copy of the CHP’s Organisational Development Plan and the CHP’s Learning and Education Plan. Both Plans, which are at an advanced draft stage, have been developed through an inclusive process, with the active involvement of staff groups, CHP Groups and wider stakeholders.

The CHP established a Development Group in May 2007. This group has the responsibility for co-ordination of the CHP’s approach to Organisational Development, including work with Renfrewshire Council and other Partner Agencies. The group will co-ordinate and support the development activities within the CHP plan, joint services plan, the learning and development plan and the workforce plan. The Development Group will link in to both the CHP structure and the NHS Board structure.

In terms of the Organisational Development Plan, Ms Morrison advised that the purpose of it was to assist in the ongoing development of the CHP, including:

- Communication
- CHP Governance Structures
- Effective Team Working
- Leadership
- Performance Management – Objectives and Personal Development Plans
- Implementation of Agenda for Change
- Partnership Working
- Addressing Inequalities
- Supporting Change and Continuous Improvement
The Learning and Education Plan has been developed within the context of local and national priorities. While the Plan has an emphasis on NHS staff, a significant amount of activity covers joint services and partnership working. Key areas of activity for 2007/08 include:

- Statutory and Mandatory Training, e.g. Child Protection, Health and Safety, Moving and Handling.
- Information Management and Technology Skills
- Patient and Carer Involvement
- Research and Critical Appraisal Skills
- Service Redesign and Change Management
- Personal Development Planning

Ms Morrison concluded by advising that whilst the Organisational Development Plan and the Learning and Education Plan were two separate documents, they were clearly linked. Both Plans will be progressed by the CHP’s Development Group.

The Chair advised that the focus of both plans are the Board’s nine transformational themes. In terms of the transformation of NHS Greater Glasgow and Clyde, an evaluation process is being undertaken led by Professor Beech. The evaluation will focus on what impact changes are having.

As part of the transformation, the NHS Board has given a commitment to taking forward two key areas during the forthcoming year. Namely, consistency of namebadges and signage.

Decision:

- The Committee noted progress in the development of the Renfrewshire CHP Learning and Education and Organisational Development Plans.

43. DATE OF NEXT MEETING

Friday 17th August 2007 at 12.30 pm in the Council Chambers.