Renfrewshire Community Health Partnership

Minutes of the meeting of the
Renfrewshire Community Health Partnership
held at 12.30 p.m. on 17th August, 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
Dr G O’Kane … Renfrewshire CHP
Mr A Patrick … Renfrewshire CHP
Mr A Robertson … Non-Executive Director
Mr B Williamson … Non-Executive Director

IN ATTENDANCE

Ms S Bell … Renfrewshire Council
Mr J Bryden … Renfrewshire CHP
Cllr D Mackay … Renfrewshire Council
Cllr S McDonald … Renfrewshire Council
Mrs N Middleton … Renfrewshire CHP
Dr A Mitchell … Renfrewshire CHP
Ms F MacKay … Renfrewshire CHP
Ms F MacNeill … Renfrewshire CHP
Mrs J Still … Renfrewshire CHP

ACTION BY

44. CHAIR

Mr Leese advised that he would again undertake the role of Chair for the initial items on the Agenda.

On behalf of the Committee, Mr Leese extended congratulations to Cllr Mackay on the birth of his son the previous day.

45. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Ms Janis MacDonald, Mr Peter Macleod, Ms Sylvia Morrison, Mrs Meg Robertson and Ms Kate Sloan.

46. MINUTES OF PREVIOUS MEETING

The Committee approved the Minutes of the meeting held on 8th June 2007 (RCHP(M)07/4).
47. DIRECTOR’S UPDATE

- **Clinical Director**

  Mr Leese advised that he was delighted to announce the appointment of Dr Alan Mitchell as the CHP’s new Clinical Director. Dr Mitchell will take up his post substantively on 1st October 2007 but will attend some meetings in the period to then. On behalf of the Committee, Mr Leese welcomed Dr Mitchell to his first meeting.

- **Review of Clyde Acute Services**

  Mr Leese advised that the Review of Clyde Acute Services had concluded and the findings had been presented to the NHS Board at its meeting on 26th June 2007. The NHS Board had approved the recommendations of the Review.

  A directive has been issued by the new Cabinet Secretary indicating that no formal consultation could commence on any NHS service change until the proposals have been subject to independent scrutiny. In line with this directive, Professor Angus Mackay has been appointed to Chair an Independent Scrutiny Panel. Professor Mackay will be assisted by 3 other members and work on his Report will commence in September 2007 and be concluded by November 2007. Copy of the News Release advising Professor Mackay’s appointment will be provided to all Members.

**Secretariat**

**Decision:**

- The Committee noted the Director’s Update.

48. APPOINTMENT OF CHAIR AND VICE-CHAIR

Mr Leese referred to Paper 07/23 and advised that the NHS Board’s Chairman had nominated Cllr Mackay as Chair of the CHP Committee. It was anticipated that the Chairman’s recommendation would be endorsed by the NHS Board at its meeting on 21st August. To that end, Cllr Mackay assumed the Chair of the Committee meeting.

Cllr Mackay advised that he intended to lead by example and would be interested in looking at how Committee meetings operate and where they take place. Discussion on this will take place at one of the development sessions.

Cllr Mackay further advised that there were a number of other changes in membership of the Committee. As indicated, Dr Alan Mitchell has replaced Dr Liz Jordan. Another change about to take place would be the departure of Mr David Crawford following his successful appointment to another post. Cllr Mackay paid tribute to the immense contribution Mr Crawford has made to Social Work within Renfrewshire during his term of office.

Turning to the role of Vice-Chair, Mr Leese advised that when the
CHP Committee had first formed, there had been a number of interim members and it had been agreed not to progress appointment of a Vice Chair until full substantive membership was complete. As substantive membership was now complete, the CHP Director, on behalf of the Chair of the Committee, will write out to all members seeking expressions of interest from those Members wishing to be considered for the post of Vice Chair. Whoever is appointed to this role will do so in line with their tenure of office. Members will be requested to ensure any expression of interest is submitted by 7th September 2007. Thereafter the CHP’s Chair and Director will determine the most appropriate process for appointment to this role dependent on the number of expressions of interest received. Following completion of this process, it is anticipated that the appointment to the role of Vice Chair will be made known to the Committee at its meeting on 5th October 2007.

Decision:

- The Committee noted the appointment of Chair of the Committee and endorsed the process for appointment to the role of Vice Chair of the Committee.

49. STAFF PARTNERSHIP FORUM ARRANGEMENTS

Mr Patrick referred to Paper No. 07/24 issued with the Agenda and advised the paper was in three sections. The first section provided an introduction and background on the establishment and ongoing development of the CHP’s Staff Partnership Forum (SPF). The second section provided details of the Constitution and Terms of Reference of the Forum (which have been developed in accordance with the national template for SPFs). The third section provided copy of the 3rd edition of the Staff Governance Standard for NHSScotland employees.

Mr Patrick advised of two errors within the Constitution of the Forum. Within Section 4.1 – staff side membership: Other Trade Unions should read 1 seat per Union and not 1 seat per other Unions. Section 4.2 –Mental Health Partnership should read Community Health Partnership.

Turning to Section 11 of the Terms of Reference – links with Joint Future/Local Authority Staff Partnership Arrangements, Mr Patrick advised that this would be a vital aspect of the work of the SPF. To date developments for trade union involvement in the Joint Future Agenda has not progressed at the same speed as the development of the CHP and needs re-invigorated. This will be one of the main areas of the work of the SPF.

Mr Patrick concluded by requesting the Committee to note all three sections of the paper and approve the content of the Draft SPF Terms of Reference.

Decision:

- The Committee noted the three sections of the Staff Partnership Forum Paper and approved the Draft Terms of
50. PROFESSIONAL EXECUTIVE GROUP

Mr Leese advised that the Professional Executive Group (PEG) was a key group within the CHP’s organisational structure which brings together representatives of all service areas of the CHP.

The paper issued with the Agenda provided two Minutes of Meetings of the PEG. Firstly, Minute of the Meeting held on 12th June 2007, which had been shortened to allow an in-depth session on Performance Management, and, secondly, Minute of the Meeting held on 7th August 2007. This Minute was still in draft format and would be put to the Group for approval at its next meeting on 25th September 2007.

Mr Leese drew Members attention to several key issues within the Minutes:-

• Prescribing - the CHP now has a detailed Plan in place to effect the Cost Improvement Savings Programme.
• Kibble/Good Shepherd Units – there is now a GP Practice in place to support the requirements of these units.
• Business Continuity Plan – subsequent to the events at Glasgow Airport, a stocktaking exercise on the contents of the Business Continuity Plan has commenced to ensure lessons learned from the event are reflected in the Plan.

Mr Leese concluded by advising that it was intended to continue to submit the most recent Minute of PEG Meetings to the Committee in draft format. This will allow the Committee to be informed of the discussions within PEG on a timeous basis.

Decision:

• The Committee noted the Minute of the Meeting of the Professional Executive Group held on 12th June 2007 and the Draft Minute of Meeting held on 7th August 2007.

51. CHP FINANCIAL REPORT

Mr Bryden referred to Paper 07/26 issued with the Agenda and advised that this was the CHP’s Annual Financial Plan for the period ending 31st March 2008. The plan gave an overview of the NHS Greater Glasgow and Clyde Annual Financial Plan to provide context to the CHP’s Plan. The Board’s Plan had been approved by the NHS Board at its meeting on 26th June 2007.

Mr Bryden advised that when the NHS Board’s Financial Plan had been prepared in April 2007, assumptions within it had been considered reasonable. These assumptions were now regarded as optimistic as they contained an assumed general funding uplift of 4% which now has the potential to be as low as 2½% - 3%. There was also an assumption within the Plan that pay would be contained within a 2% uplift. The general pay uplift, which was 2.5% for 2007/08, provides a potential additional pressure if it is
higher than the allowance. In addition, a major factor in the Board’s cost savings plan is the requirement to address the £30m within resources for the Clyde area.

Mr Bryden advised that it was against this context of funding and expenditure pressures that the CHP was required to set its budget for 2007/08. The key elements of the budget and the uplift applied to each were:

- Pay 2.5%
- Supplies 1.0%
- Prescribing 6.4% (using 2006/07 outturn less savings plan as base)
- GMS Nil
- Resource 2.5%
- Transfer

A key factor within the 2007/08 Budget is the Prescribing Budget. The Cost Savings Plan required £4.4m to be taken out of the Clyde Budget over 3 years. The CHP’s share of this was approximately £2.2m. Net savings in 2006/07 amounted to £0.3m. This left a Savings target for 2008/09 of £0.9m.

Turning to Section 4 of the Plan, Mr Bryden advised that this outlined the CHP’s Revenue Budget by Care Group. As at the end of July 2007, the budget was recording an overspend of £365,000. A more detailed report on spend against budget would be provided at future meetings but, in terms of a forecast for the year-end position, it was anticipated that, taking account of the anticipated pressures in the system, the CHP would achieve a break-even position. However this does not include GMS where it is anticipated that a £1m overspend may occur. This position has been discussed with the NHS Board’s Director of Finance who is in turn in discussion with the Scottish Executive in relation to the GMS overspend within Clyde.

Mr Bryden referred the Committee to Section 5 of the Financial Plan, advising that this outlined how the NHS Greater Glasgow and Clyde capital funding programme would operate. All organisations within NHS GG&C have been asked to submit bids to the Capital Planning Group by 21 September 2007. The recently completed premises survey would be used to inform the CHP’s priorities for funding. In addition, the CHP has received an allocation of £370,000 to cover ‘formula’ capital and backlog maintenance schemes. The CHP’s Capital and Premises Planning Group would establish a programme for investment by September 2007. A copy of the programme will be provided to the Committee when complete.

In response to Mr Patrick’s enquiry relating to the impact of Agenda for Change, Mr Bryden confirmed that there was a central reserve for this.

Mr Robertson advised that he was aware that the information within the Financial Plan related to the NHS element of the CHP and indicated that at some point he would envisage local authority activity sitting alongside. Mr Bryden advised that a group of Finance Officers from both Local Authority and Health were
currently looking at determining the most appropriate information which could be presented jointly. Mr Crawford concurred, advising that he could see no problem in the production of joint information, the preference being the presentation of information alongside one another rather than combined.

Mr Leese referred to the anticipated GMS overspend and advised that the 2006/07 financial year-end position relating to GMS had been managed corporately. It would be important to bring back to the Committee at a future date, details of how the 2007/08 year-end will be managed.

Turning to the Premises Survey, Mr Leese advised that a meeting had been arranged with Renfrewshire Council to look at both the CHP and Council’s estate to ensure that best use of this valuable commodity was being achieved.

Dr Mitchell referred to discussions around the GMS overspend and advised that, whilst an overspend in any service area was not welcomed, what had to be borne in mind was that the overspend was as a result of the success of Renfrewshire GPs against the GMS Contract. When the GMS Contract had been implemented, it had been anticipated that GPs would achieve around 70% of the targets within the contract. As Members would be aware, the actual achievement figures were well in excess of 90% which was the reason for the overspend.

Mr Martin referred to asset management and enquired if it was felt the proposed bid process was too restrictive, suggesting that there may be opportunity from across LA/NHS/other partner agencies for innovative use of these monies. Mr Bryden advised that whilst use of the Premises Survey would be used to determine use of capital monies, this would be one, but not the only, vehicle used to determine capital priorities. It must also be acknowledged that the revenue consequences of capital investment had to be met. Concurring with Mr Bryden’s comment, Mr Leese further advised that he could provide assurance that, whilst the Capital Plan was a 5 year document, it was reviewed on a yearly basis, and the CHP would, when submitting bids for this form of funding, ensure that account was taken of shared interests with partner agencies.

Mr Williamson referred back to the overspend within GMS and suggested that a downturn of no inflationary uplift over the next 3 years may bring about a need to revise the achievability of the targets and enquired if the Professional Executive Group should be giving this consideration.

**Decision:**

- The Committee approved the Annual Financial Plan for the period ended 31st March 2008.

52. **RENFREWSHIRE CHP PLANNING CYCLE**

Ms MacKay referred to Paper 07/27 issued with the Agenda and advised that as Members would recall, the CHP’s 3 year
Development Plan to 2010 had been completed by the end of March 2007. Copy of the summary document would be included within the next Renfrewshire Council magazine which is delivered to every household within Renfrewshire.

Ms MacKay advised that although the Plan covered a three year period, it required to be revisited annually. However, the planning and priorities guidance on which the Development Plan is based will not be significantly different from last year. The focus will be to:

- Provide a more comprehensive set of priorities linked to the corporate themes;
- Achieve greater clarity on targets, linked to the outcomes the CHP aims to achieve;
- Articulate how plans can address health inequalities and create differential access to services for different people;
- Update the financial planning section;
- Draw on emerging frameworks and strategies for health improvements, long term conditions and rehabilitation.

Ms MacKay advised that there were a number of system-wide strands of activity which are integral to the planning process. These include:

- A review across Greater Glasgow & Clyde of how CH(C)Ps can more effectively engage in Community Planning. There may be some system wide priorities which CH(C)Ps can address with partners more successfully.
- CH(C)P Equalities Action Plans will be reviewed across the Board and feedback should inform the planning process.
- A planning event will take place on 29th August 2007 for all Greater Glasgow & Clyde Heads of Planning to look at how CH(C)Ps can individually and collectively improve the way they work.
- The Community Justice Liaison Group will enable CH(C)Ps to have a more coherent and consistent approach to this area of planning.
- There is continued drive to ensure greater cohesion between individual objectives and priorities and those articulated in plans. This will ensure a continued focus on delivery;
- Performance reporting is evolving as reports and information are reviewed to better reflect local plans and priorities.
- CH(C)Ps need to link Organisational Development planning better into the individual and organisational objectives process.

Last year, the CHP had been part of the Social Work planning events as the department developed the Annual Service Plan. It is hoped this joint arrangement would be replicated again for this year. Whilst both organisations will have separate plans, they sit alongside each other and cross-reference.

The Joint Planning arrangements are now fully established and each Joint Planning Performance and Implementation Group (JPPIG) has agreed a workplan. This work will be integral to the
planning process for 2008/09. Joint work with Education and Leisure and with Housing is developing and the Integrated Children’s Services Planning and the Action Plan developed by the Child Protection Committee will form key strands of CHP planning.

In addition to cohesive working with the Council, the CHPs Public Partnership Forum (PPF) and Staff Partnership Forum (SPF) are both developing and will provide a vehicle for the public and staff to input to the planning process.

Ms MacKay further advised that within the CHP, a number of emerging plans and service redesigns will influence the planning process. These include:

- **Organisational Development**: Through the Knowledge and Skills Framework (KSF), and Personal Development Plans (PDP), the CHP will work with staff to enable them to contribute confidently and effectively to the organisation. A Development Group has been established to co-ordinate the work within the CHP.

- **Equalities Action Plan**: The CHP has developed a Renfrewshire Action Plan in response to the Greater Glasgow and Clyde Single Equalities Scheme and is beginning to embed an equalities focus in all its workstreams. This will be evidenced in plans in future years.

- **Primary/Community Waiting Times**: This is an area which has seen considerable improvement since the establishment of the CHP but work continues around service design, DNA policies (Did Not Attend), referrals and clinical pathways.

- **Service Reviews including those carried out jointly with social work**: Major reviews which will result in service redesign include those for older people, mental health and health visiting. Resulting strategies will feature strongly in future plans, replacing community care plans. These strategies will inform the emerging joint inspection process.

- **Action plan for 2007/2010 CHP Development Plan**: The CHP has established a review process to update progress against commitments made in 2007/2010 CHP Development Plan. At 6 monthly periods the CHP will monitor achievement of agreed performance indicators. This will provide a robust framework for ongoing planning.

- **Performance Framework**: The CHP is developing a joint performance framework with Renfrewshire Council, building on the National Outcomes Framework for community care and existing performance reports. It will be important to reflect this framework and indicators in the planning process.

Ms MacKay concluded by advising that the revised Planning and Priorities Guidance will be widely circulated when available. The strands of work described above will be drawn together and a timetable established to meet the guidance. In doing so, the
alignment of planning processes with Social Work and other Community Planning Partners will continue to be developed.

Decision:

- The Committee noted the 2008/09 Planning Framework.

53. CHILDREN’S SERVICES

(a) Integrated Children’s Services: A Plan for Renfrewshire

Ms Bell, Integrated Children’s Services Manager, advised that in accordance with the requirements of the Children (Scotland) Act 1995, all Local Authorities were required to publish a plan for services for children in their area. Paper 07/28 issued with the Agenda contained a progress report against the Council’s 2005-07 Plan and details of the Council’s Plan for 2007-08.

Ms Bell advised that within Renfrewshire the Council was very fortunate in that it has a very live and meaningful planning process for integrated children’s services which comprises of representatives from all key agencies and organisations who work with children and young people.

Earlier this year the Scottish Executive provided updated guidance on the development of children’s services plans. The Integrated Children’s Services Planning Sub Group has incorporated these guidelines into the Council’s plan. At the same time the Group’s review of the current plan has demonstrated key developments against the aims of the plan and significant progress in all of the key areas representing the Scottish Executive’s 7 point visit for Scotland’s children. Ms Bell advised that it was worth mentioning at this point that the Council had launched a CD Rom entitled “Sourced” in November of last year which details all childrens services within the Council’s area.

In response to Mr Robertson’s suggestion that in some instances there appeared to be variance between activities and timelines, Ms Bell advised that as part of the Quality Indicators, there was a need to gather baseline data which would make it easier to establish timescales.

Mr Williamson commended the update, advising that he particularly liked the layout of the Action Plan which clearly demonstrated what action was required and which lead agency would be responsible for ensuring completed outcome. In response to Mr Williamson’s suggestion that it would be beneficial for the Committee to receive a further update later in the year, Ms Bell confirmed that she would be happy to come back to the Committee with this.

Decision:

- The Committee approved the Integrated Children’s Services Plan for Renfrewshire 2007/08.
(b) Renfrewshire Child In Need Policy

Ms Bell referred to Paper 07/29 issued with the Agenda and advised that the Child in Need Policy provides a framework for Renfrewshire Children’s Services partnership to develop and implement “Getting It right for Every Child”, the national programme of reform for children’s services.

The framework sets out a 4 level model of service delivery for children’s services and a stepped approach that will allow for the most effective and co-ordinate pathway for intervention. The framework introduces the concept of a lead professional who will co-ordinate support from relevant agencies to ensure that a child does not fall between agencies. The 4 tiers of the model of support range from universal service provision at level 1, to services provided to children in need of protection and at risk of accommodation at level 4.

Decision:

- The Committee approved the Renfrewshire Child in Need Policy.

54. HEALTH VISITING UPDATE

Mr Leese advised that Members would recall over the course of meetings of the Committee, updates have been provided on NHS Greater Glasgow and Clyde’s Review of Health Visiting Services which commenced in September 2006.

The Review has now reached a milestone with the production of a discussion paper which outlines the key issues and priorities from the Review and makes a number of proposals to address these:

i) Health visitors should concentrate in providing services to families with children up to 19 years and cease to provide services to people outwith this age range.

ii) School nurses should work as part of a team with health visitors.

iii) Health visitors should no longer be involved in giving immunisation injections in GP practices. However health visitors will still play an important role in ensuring immunisation rates are kept high.

iv) Health visitors should be part of integrated geographical teams rather than GP practice focused. However, health visitors will be aligned to general practices. Communication channels must be robustly defined and monitored.

v) Effective arrangements for team leadership, management and professional supervision need to be in place.

Mr Leese advised that the discussion paper had been widely disseminated and had been made available to all staff who could be affected if the proposals within the document are implemented.
Final date for receipt of comments on the review has been set for 28th September 2007. Thereafter all responses to the Review will be collated into one document which will be taken back to the NHS Board’s Planning and Performance Group for consideration. Mr Leese advised that if any Committee Member would wish an individual meeting to discuss the contents of the paper he would be happy to arrange this.

Cllr Mackay advised that he found the contents of the paper interesting, advising that the focus on ensuring resources were targeted at the most vulnerable would be welcomed. At the same time the challenge in addressing how this will be achieved has been acknowledged.

Mr Patrick advised that it was only right that he drew the Committee’s attention to the fact that the Health Visitor staffing group have raised a grievance with the NHS Board in terms of the variance between the NHS Board’s proposal and national guidance.

Mr Crawford advised that from a Social Work perspective, the Health Visiting Review paper was significant due to the strong connection between the paper and the Child in Need Policy. The Council will submit the Health Visiting Review paper to the Council's Policy Board and comment on the Discussion Paper will be submitted by the Council within the required timescale.

Mr Martin sought clarification of the proposal for health visiting services to be available to families until children were aged 19 as opposed to the standard age of 21. Mr Leese advised that there were huge variances in the boundary age for health service provision, with age 19 regarded as the consistent age within child health services.

Mr Robertson indicated that the Health Visiting Review was an NHS Greater Glasgow and Clyde Discussion Paper and enquired if each CHP was conducting its own consultation process and if so how all would tie in together. Mr Leese advised that each CHP was disseminating the document in a consistent manner. The intention is to collate all comments received on the Review and submit these to the Board’s Planning and Performance Policy Group (P&PG).

In response to Mr Robertson’s further enquiry if the policy would be applied universally, Dr Mitchell advised that the intention of the Review Group is for health visiting services to be provided within a consistent framework but with local flexibility built in to it.

**Decision:**

- The Committee noted the Health Visiting Review Discussion Paper.

55. **Other Business Discussed**

(a) RCVS AGM
Ms Bryce advised that the RCVS Annual General Meeting would take place on Monday 3rd September at 6.00 p.m.

(b) Official Launch of Compact

Ms Bryce advised that the official launch of the Compact between Renfrewshire Council and RCVS would take place on 12th September 2007.

56. DATE OF NEXT MEETING

Friday 5th October 2007 at 12.30 pm in the Council Chambers, Renfrewshire Council.**

** venue subject to change.