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Paper No 06/53

**GREATER GLASGOW AND CLYDE NHS BOARD
EAST RENFREWSHIRE COUNCIL**

**Minute of meeting of the
East Renfrewshire Community Health and Care Partnership Committee
held at 10.00am on 21 June 2006 in
Eastwood House,
Eastwood Park, Giffnock**

PRESENT

Councillor Daniel Collins (in the Chair)

Mr Gordon Anderson	Staff Partnership Forum Co-Chair (NHS)
Mrs Safaa Baxter	Chief Social Work Officer (Professional Executive Group)
Mr Stephen Devine	Staff Partnership Forum Co-Chair (East Renfrewshire Council)
Councillor James Fletcher	East Renfrewshire Council
Councillor Roy Garscadden	East Renfrewshire Council
Councillor Barbara Grant	East Renfrewshire Council
Mr George Hunter	Director
Mr Ian Millar	Professional Executive Group
Doctor Alan Mitchell	Professional Executive Group
Councillor George Napier	East Renfrewshire Council
Doctor Leslie Quin	Professional Executive Group

IN ATTENDANCE

Eamonn Daly	...	Principal Committee Services Officer
Tim Eltringham	...	Head of Health and Community Care
Julie Murray	...	Head of Planning and Health Improvement

ALSO IN ATTENDANCE

Tim Armstrong	Associate Inspector, SWIA
Alastair Gaw	Depute Chief Inspector, SWIA
Jacqueline Reid	Enable Scotland
Melanie Small	UnderCOVER

APOLOGIES

Mr Peter Hamilton (Vice-Chair).

ACTION BY

1. INTRODUCTION AND WELCOME

Councillor Collins welcomed to the meeting Jacqueline Reid and Melanie Small, the designated Public Partnership Forum (PPF) representatives on the CHCPC, and Tim Armstrong and Alastair Gaw from the Social Work Inspection Agency who were attending the meeting in connection with

their ongoing inspection of Social Work services provided by East Renfrewshire Council.

2. EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP – MINUTE OF PREVIOUS MEETING

There was submitted the Minute of the meeting of the East Renfrewshire Community Health and Care Partnership Committee (CHCPC) held on 19 April 2006.

Referring to CHCP Management Cost Sharing (Item 7), Dr Mitchell clarified that the funding provided for the Clinical Governance Lead and Prescribing Lead posts was based on the posts being provided by a GP. This level of funding was sufficient for 1 session per week to be provided. However, if the sessions were to be provided by a non-GP the levels of funding would be sufficient to allow for 2 sessions per week.

Noting the information, the Committee approved the Minute.

3. MATTERS ARISING

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, reporting on progress on matters that had been raised at the previous meeting on 19 April 2006.

Discussion took place on various matters as follows:-

Barrhead Health and Social Care Centre – Initial Agreement

Under reference to the Minute of previous meeting (Item 9 refers), and in response to questions from members on the new Barrhead Health Centre, it was clarified that the timescale for the new centre was four years. It was hoped to progress matters more rapidly as part of the Council's overall Barrhead Regeneration proposals, although the Director explained that the Scottish Executive was introducing new funding arrangements for this type of project. As a result of these new arrangements it was possible that project lead-in times may be longer than anticipated. However, alternative funding options would be examined in an effort to mitigate any delays, and to ensure the project tied in with the timescale for the Barrhead Regeneration proposals.

In addition, the Director clarified that at present the project was not included in the Board's Capital Plan. He explained that inclusion in the Plan was a strong possibility. However, identification of associated revenue funding was a cause for concern as although the Scottish Executive had underwritten the outstanding debt of NHS Argyll and Clyde at the time the Board had been dissolved, there was still a £28 million annual recurring revenue deficit to be addressed, in respect of which NHS Greater Glasgow and Clyde required to have put in place a recovery plan to address the deficit over the coming 2 years. Notwithstanding, the Director of Finance

had been asked to build in appropriate contingency costs for the new Centre from 2008.

In reply to questions from Councillor Garscadden, details of the composition of the Project Board to be set up to progress the Outline Business Case (OBC) for the Centre, the timing for the production of the OBC, and confirmation that the OBC would be submitted to the Committee for approval, were given. In addition it was also confirmed that the specification for the new Centre would be revisited although this exercise would have to be undertaken quickly, and that the PPF would be involved in the consultation process. Mrs Reid explained that early notification of the consultation would allow appropriate consultation networks to be put in place.

Referring to the other proposed capital projects in the former NHS Argyll and Clyde area, Councillor Fletcher sought clarification of whether the order in which the projects would be carried out had been finalised. In reply, the Director reported on the status of the 4 projects in the former Argyll and Clyde area, including the new Barrhead Centre, and confirmed that the order in which the projects would be undertaken was subject to change.

Communications

Under reference to the Minute of previous meeting (Item 13 refers), the Head of Planning and Health Improvement having explained that public information leaflets, produced by the Health Board Communications Group, had been issued to all East Renfrewshire households, a number of members indicated that they had not received a copy of the leaflet.

Councillor Collins having suggested that in view of the comments made a review of the methods of distribution was required, the Head of Planning and Health Improvement undertook to discuss the concerns raised with the Communications Group.

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3. CHCPC ORIENTATION AND DEVELOPMENT

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, putting forward for consideration a development programme for members of the committee designed specifically to support them in fulfilling their roles and responsibilities.

Having emphasised the opportunity for the CHCP to make a sustainable impact on the health and well-being of the residents of East Renfrewshire, the report explained that the effectiveness of the CHCPC would be important in delivering these improvements. Therefore it was important that appropriate levels of support and development were available to Committee members.

The report set out the aims of the orientation and development programme and provided details of some of the activities that could be provided such as briefing sessions for members on a variety of health

related topics, and facilitated development sessions for members. Referring to the familiarisation visits already made by some members of the Committee to local services, the report also proposed that an ongoing programme of quarterly visits be arranged according to member need and interests. In this regard, a questionnaire seeking the views of members on the types of services and facilities they would like to visit accompanied the report.

Having heard the Head of Planning and Health Improvement in further explanation of the report, Councillor Garscadden, whilst acknowledging the motivation behind the proposals, suggested that some of the proposed matters needed to be dealt with quickly as they could potentially affect the Committee's decision-making processes, and therefore rather than be dealt with at briefing sessions should be embedded in the Committee's formal work programme.

The Committee:-

- (a) approved the proposed Development Programme including content, format and timescales, taking account of the comments made by Councillor Garscadden; and
- (b) agreed that members consider the possible visits on an individual basis and return the completed form as soon as possible.

4. CHCP MANAGEMENT STRUCTURE

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, presenting details of the management structure for the CHCP. Tables showing the CHCP management structure accompanied the report.

The report explained that the Scheme of Establishment for the CHCP had established three broad area of management responsibility in respect of which three heads of service had been appointed. Since then work had been in progress to refine structures below these posts. It was reported that although the management structure below head of service level was now largely finalised, there were some areas, such as in health and community care services, where work was continuing to develop the first line management structure.

The report also explained that in those areas where structures had been finalised, work had been under way to fill the various roles, with a number of redeployment routes being used, including redeployment from Health, internal movement for social work managers, and internal and external recruitment. For many of the new posts, the identified post holder had either only recently or not yet started in their new position and it was therefore likely to be some months before the structure was fully populated.

Each of the three heads of service was then heard in further explanation

of the staffing structures within their respective areas of operation, and in response to questions from members of the Committee.

It having been explained that officers involved with the Council's Area Forums in identifying possible Elderly Initiative projects may change, the Head of Health and Community Care, in response to a question from Councillor Garscadden, acknowledged that there was a separation of management between home care services and district nursing services. However, he accepted that there was some overlap between the services and that discussions would take place to establish possible ways in which the services may be brought together.

In addition, the Director explained that in general terms the structures that had been put in place would be subject to ongoing review in order to ensure the most appropriate staffing structures were in place.

The Director having confirmed the total number of staff employed in the CHCP and explained the funding arrangements for staff, it being highlighted that there would be some cross-billing between the Council and the Board for management costs based on the cost-sharing formula already agreed, the Committee noted the report.

5. STAFF PARTNERSHIP FORUM CONSTITUTION

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, seeking the Committee's endorsement of a Constitution for the Staff Partnership Forum prior to formal ratification by the trade unions and the Chief Executives of both NHS Greater Glasgow and Clyde and East Renfrewshire Council. A copy of the proposed Constitution accompanied the report.

Having explained the need for a Staff Partnership Forum to be established, which would be accountable to the NHS Greater Glasgow and Clyde Area Partnership Forum, the Council's 1st Tier JCC or other nominated body, and staff within the CHCP, the report reminded the Committee that a Joint Future Staff Forum had been in place since 2003. The new Forum would now supersede that body. The report explained that work had taken place over the past 6 months to develop a Constitution for the Forum which had been produced in consultation with a variety of stakeholders, and which was consistent with NHS guidance on terms of reference for such bodies.

Details of the purpose and scope of the Forum having been set out, and it having been explained that the Constitution also covered such matters as conflict resolution, membership and composition, and meeting arrangements, amongst other things, the report also highlighted that the negotiation of staff terms and conditions would not be the responsibility of the Forum. This role would continue to be performed by the appropriate bodies within the Board and the Council.

Mr Anderson was heard in explanation of the background to the establishment of Staff Partnership Forum arrangements within the NHS,

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Community Health Partnerships also being required to set up similar mechanisms, although participation by local authorities involved in Community Health Partnerships was voluntary. He explained that the Constitution set out 5 key standards for staff and that the role of the Staff Partnership Forum would be to monitor these.

Referring to the results of the recent audit of the performance of the local Partnership Forum, Mr Anderson explained that this had highlighted the importance of having in place good communication structures to keep staff well informed of service developments.

Mr Devine reminded members that Staff Partnership Forums were a new concept to local authorities. He suggested that creation of the Staff Partnership Forum had been viewed very positively by both UNISON and other trades union members in the Council, with the core values of the Constitution being similar to those to which the trades unions would subscribe.

In response to a question by Mrs Reid on the level of unionisation of the workforce, Mr Devine explained it was difficult to quantify due to the variety of different groups and different unions within both Health and the Council. However, he emphasised that the Forum was not a closed shop, and that although he was a representative for members of UNISON, discussions had and would continue to take place with other trades unions, and this was why the establishment of good channels of communication was so important.

The Head of Planning and Health Improvement having clarified that discussions between management and staff would not occur exclusively through the Staff Partnership Forum, Mr Anderson explained that most legislation did not recognise non-unionised representation. However, when staff surveys were carried out all staff were consulted and so the views of non-union staff were obtained.

Commenting on the Forum, the Director explained that the East Renfrewshire CHCP was the only one of the CHCPs where it had been possible for a joint NHS/Council Forum to be established.

Mr Millar reminded the Committee that a large number of providers within the Professional Executive Group were independent contractors and as such did not fall within the terms of the Staff Partnership Forum. In view of this, it was important that the expectations of staff employed in this sector were not raised on the basis of the new Constitution, a view supported by Dr Quin.

Having heard Dr Mitchell remind the Committee that irrespective of whether or not the Staff Partnership Forum arrangements applied to staff, good staff treatment was a key element of not only employing but retaining high quality staff, the Committee agreed to endorse the Staff Partnership Forum Constitution prior to formal ratification by the trade unions and the Chief Executives of NHS Greater Glasgow and Clyde and East Renfrewshire Council.

7. PUBLIC PARTNERSHIP FORUM PROGRESS

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, providing an update on progress made in the development of a Public Partnership Forum (PPF).

Having highlighted the role of the PPF in the formal decision-making of the CHCP as part of which two PPF representatives sat on the CHCPC, the report gave details of the role of the PPF, explaining the manner in which the Forum's network of interested groups and individuals would be developed, and how it would be part of the community planning structure and link with the Council's Area Forums.

The report explained that an Interim Executive Group (IEG) had been established, details of the membership to date accompanying the report, supported by Peter Hamilton (CHCPC Vice-Chair) and CHCP officers, to co-ordinate the work of the PPF. The IEG had met on two occasions, and details of the discussions that had taken place, the priorities that had been set, and the decisions taken, were set out.

Mrs Reid was then heard in amplification of the discussions that had taken place at the two IEG meetings. She explained that it had been agreed not to appoint office bearers but to invite Peter Hamilton to Chair and facilitate meetings of the IEG, which in view of the level of business to be dealt with would likely meet on a monthly basis. Furthermore, she explained that one of the main issues to be progressed at the next meeting was the mapping of networks and communications channels by members to enable gaps to be identified, with one of the possible methods of increasing public awareness of the PPF being an open evening hopefully to be held by September/October.

Referring to proposals to hold an open evening, Ms Small suggested that this was an important part of the development of the PPF as it would demonstrate that it was both a transparent and open organisation, and would also allow it to be emphasised that the current Executive Group would only operate for the first year after which there would be opportunities for new representatives to seek nomination.

Discussion took place on the need generally for representatives from community groups to actually reflect the views of their organisations on groups to which they had been nominated, and to report back to their organisations following meetings. Mrs Reid explained that some community representatives understood this requirement better than others, and that the possibility of making available to PPF representatives the training that had been made available to community representatives on the Council's Area Forums was being examined.

Councillor Collins emphasised the importance of it being made clear to group representatives that their role was to put forward the views of the organisation they represented. In addition, Mrs Reid explained that it was important for community representatives to use all available information networks at their disposal, as long as there was clarity over the source of

the views being expressed by the representatives when they attended meetings.

The Committee noted the report.

8. CHCP DEVELOPMENT PLAN 2006/07

Under reference to the Minute of previous meeting (Item 12 refers), there was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each Member, putting forward for consideration Development Plan for the CHCP for 2006/07, a copy of which accompanied the report.

The report explained that this was the first Development Plan for the CHCP and set out the work programme for the coming year, as well as introducing the CHCP and its visions and values, presenting summary information on the local context in relation to need and inequality, and illustrating how the CHCP would contribute to wider corporate strategies and priorities. Furthermore, the report explained that the main section of the Plan detailed key actions to be taken across 4 key themes; Establishing the CHCP; Health Improvement; Health Inequalities; and Service Improvement, with examples of some of the work to be carried out in each area being given.

Referring to the Plan, the Head of Planning and Health Improvement reminded members of the difficulties of breaking into the existing planning cycles of both the Council and the Board, but that this would change as planning cycles were synchronised.

Having heard the Director remind the Committee that not included in the Plan were any actions arising from the SWIA inspection, discussion took place on some of the statistical indicators in the Plan relating to East Renfrewshire. Councillor Fletcher noted that the figures given were not collated on the basis of electoral wards, and sought clarification if this would be possible in future, as it would allow useful comparisons to be made, particularly in areas where significant levels of funding had been spent on regeneration projects.

It having been explained that the statistical information was provided by NHS Scotland in Edinburgh on the basis of postcodes for the area, Councillor Fletcher highlighted that in some of the peripheral areas of East Renfrewshire the postcode was similar to those in adjacent areas of Glasgow, and sought clarification if the figures given related solely to East Renfrewshire. In reply, the Head of Planning and Health Improvement advised members that a meeting was being held with NHS Scotland in July, and clarification would be obtained.

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Whilst welcoming the Plan, which he considered good both in terms of content and presentation, Councillor Garscadden highlighted that in general, the public made judgements about services based on service access and delivery, and waiting times, and it was important that the CHCP would be able to demonstrate that it had delivered improvements in these areas. In order to do this, it would be necessary to gather information to provide the CHCPC with a better understanding of service

quality and outputs. As this information would influence future decisions made by the Committee, it was important that it was made available to the Committee if not in time for its meeting in August, then in time for the October meeting.

The Head of Planning and Health Improvement explained that service access was a top priority and that an Access to Services subgroup of the PEG was being established. This group would examine the question of service access, look at barriers to service access, and investigate ways in which these barriers could be removed and access to services improved.

The Committee approved the 2006/07 East Renfrewshire CHCP Development Plan.

9 EAST RENFREWSHIRE CHILD PROTECTION COMMITTEE – LETTER OF ASSURANCE

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each member, advising the Committee of the terms of the response to the request from Scottish Ministers for a Letter of Assurance from the Council and its partners on child protection matters.

Having explained that an initial Letter of Assurance had been submitted in May 2004, the report explained that the request from Ministers in May 2006 for an update sought specific assurances regarding the identification, assessment and support for children affected by drug misuse.

The report explained that the Letter of Assurance, a copy of which accompanied the report, reported, amongst other things, on progress in the implementation of new Guidance on the operation of Child Protection Committees, and how progress was being driven by a Chief Officers Group in liaison with the Chair of the local Child Protection Committee. Linkages across all partners and how the CHCP would enhance collaboration to support vulnerable children were also emphasised.

Further matters highlighted in the letter included unresolved issues relating to under-resourcing, information sharing, alcohol abuse, and increased child protection activity, with the letter concluding that suitable arrangements were in place and integration achieved through the establishment of the CHCP would further enhance collaborative working.

Having heard the Chief Social Work Officer in amplification of the report in the course of which she gave examples of some of the work being carried out in the field of child protection, Councillor Fletcher highlighted that Scottish Ministers commented regularly on child protection issues and sought clarification whether these statements were critically examined to ensure that the services being provided reflected these Ministerial views. In reply, the Director reminded the Committee that the services referred to were provided within a statutory framework, with there being clear statutory procedures in place for dealing with issues such as removing children from home, for example. Therefore, whilst the anxieties of Ministers could be shared, some core processes and procedures could

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not be changed simply on the basis of statements made by Ministers, but would require legislative change.

Discussion then took place relative to the recent case of a child allegedly having ingested methadone. Whilst it had been the case that this initial diagnosis had proved to be incorrect, Councillor Garscadden suggested that this highlighted the need for high quality information and information sharing arrangements to be in place. This would help to ensure that people being asked to make important decisions about matters generally, but child protection matter in particular, were in possession of the full facts before making these decisions.

The Committee noted the report and the Letter of Assurance that had been sent to Scottish Ministers.

10. **DATE OF NEXT MEETING**

The Committee noted that the next meeting would be held on Wednesday 16 August 2006 at 10.00 am, venue to be decided.