

**Renfrewshire Community Health Partnership**  
**Paper No – 06/69**  
**Minutes of the meeting of the**  
**Renfrewshire Community Health Partnership**  
**held at 9.30 a.m on**  
**18<sup>th</sup> August, 2006 date in the Boardroom, Ross House,**  
**Hawkhead Road, Paisley**

**PRESENT**

Councillor T. Williams (in the chair)

Mr. D. Leese	...	Renfrewshire CHP
Ms. J. McDonald	...	RCVS
Ms. F. Bryce		Voluntary Sector
Mrs. D. Duffy	...	Renfrewshire CHP
Dr. L. Jordan	...	Renfrewshire CHP
Ms. M. Robertson	...	Renfrewshire CHP
Mr. A. Patrick	...	NHS Greater Glasgow and Clyde
Councillor R. Kelly	...	Renfrewshire Council
Mr. D. Crawford	...	Renfrewshire Council

**IN ATTENDANCE**

Mr. J. Hamilton	...	NHS Greater Glasgow and Clyde
Mrs. S. Brown	...	Renfrewshire CHP
Ms. S. Knox	...	Renfrewshire CHP
Ms. F. MacKay	...	Renfrewshire CHP
Mrs. J. Still	...	Renfrewshire CHP
Ms. S. Morrison	...	Renfrewshire CHP
Ms. F. McNeil	...	NHS Greater Glasgow and Clyde
Mr. J. Bryden	...	Renfrewshire CHP

**ACTION BY**

**1. APOLOGIES**

Apologies were intimated on behalf of Mr. B. Williamson, Non Executive Director, Mr. A. Robertson, Non Executive Director, Mr. D. Martin, Chief Executive Designate, Renfrewshire Council and Mr. T. Scholes, Chief Executive, Renfrewshire Council.

**2. CHAIRMAN'S OPENING REMARKS AND INTRODUCTION**

Councillor Williams opened proceedings by welcoming members to the first meeting of Renfrewshire Community Health Partnership Committee. Councillor Williams highlighting the challenges facing the CHP, to ultimately improve health services delivered for the benefit of the population served by the CHP, and

recognised that the success in undertaking these responsibilities would be testimony to the contribution of all partner organisations in the future development of joint working relationships.

### **3. DIRECTOR'S UPDATE**

Mr. Leese provided an update on the current position indicating that the establishment of the CHP had been somewhat delayed due to a number of contributory factors, not least of which was the recent dissolution of NHS Argyll & Clyde and the emergence of an agreement on the establishment of the CHP between NHS Greater Glasgow and NHS Argyll and Clyde, prior to dissolution.

In terms of staffing structure, Mr. Leese updated Committee Members on key appointments to the CHP Management Team. Mr. Leese had taken up his post substantively from the beginning of August 2006. Sylvia Morrison, Head of Health and Community Care had similarly taken up post from early July 2006. Dr. Liz Jordan, Clinical Director to the CHP had also assumed the role of Clinical Director for Clyde Acute and would continue to split her time accordingly. Ms. Fiona MacKay had recently been appointed to the role of Head of Planning and Health Improvement and would take up post substantively from 1st October 2006. Although not a post within the CHP establishment, Mrs. Fiona McNeill would take up the post of General Manager for Clyde Mental Health services. This post sits organisationally within Renfrewshire. At some future date the Mental Health service management responsibilities for Clyde will migrate to Renfrewshire CHP given the hosting arrangements for Mental Health across the Clyde area. In relation to Childrens Services, Mr. Leese advised that discussions around the establishment of a Head of Childrens Services post with local authority colleagues to determine a way forward were ongoing and would become clearer over the course of the coming weeks.

The Committee noted that a process to appoint to other posts within the tier three structure were underway and it was hoped to formally appoint to these posts by September 2006.

The CHP structure was consistent with most other CHPs; however, given the scale and complexity of the organisation, the structure did reflect more accurately that of an integrated CHP. In health terms, the Renfrewshire CHP was the largest of the NHS Greater Glasgow and Clyde CHPs, with a population base of approximately 175,000.

In transition terms, the establishment of the CHP had been progressed through the CHP Development Group, membership of which included David Leese, Sylvia Morrison, Dr. Liz Jordan, Catriona Renfrew (Director of Planning and Performance, NHS GG&C), and a number of local authority colleagues, to consider a range of operational, service and organisational issues; a key milestone of this work being the first meeting of the Renfrewshire Community Health Partnership Committee.

### **4. RENFREWSHIRE COMMUNITY HEALTH PARTNERSHIP - SCHEME OF ESTABLISHMENT**

Mr. Leese advised that the Scheme of Establishment (SoE) had been drafted in the Spring of 2006, in partnership with NHS Greater Glasgow and Clyde and Renfrewshire Council. It had been given Council approval in March 2006 and was formally approved at the NHS Greater Glasgow and Clyde Board meeting on 18th April 2006. Following Board approval, the SoE had been submitted to the Scottish Executive and Ministerial approval had been received on 25th July 2006.

The SoE describes the role and remit of the CHP; determines governance arrangements and relationships with partner and other organisations, and sets out the responsibilities of the Committee Members. The Committee is the pinnacle body of the CHP and a sub committee of the NHS Greater Glasgow and Clyde Board.

Reflecting the Chairman's remarks, Mr. Leese highlighted the CHP's responsibility centered around health improvement and stated that the balance of membership (including local authority, PPF, PEG and Staff Partnership representation) reflected the ability of the CHP to undertake this.

The Renfrewshire CHP SoE has been described a 'hybrid', given the extensive development work with partner organisations, and the significant number of joint posts within the CHP, reflecting the historical development of joint working within the previous organisation. The appointment of four Committee members from Renfrewshire Council signalled the hybrid nature of the CHP and would provide the opportunity to continue to build upon the good work undertaken to date.

Mr. Leese asked the Committee to note approval of the Scheme of Establishment and the information required by the Scottish Executive by end September 2006.

The Committee noted the Scheme of Establishment.

## **5. STANDING ORDERS FOR THE PROCESS AND BUSINESS OF THE COMMITTEE**

Councillor Williams informed Committee Members that the CHP Standing Orders had been referred to Renfrewshire Council's legal department, following which a number of queries/comments had arisen. Therefore, Councillor Williams asked that the Committee note the Standing Orders and that these be considered again at the next meeting of the Committee following due consideration of Renfrewshire Council's comments.

Mr. John Hamilton stated that he was delighted that Renfrewshire Council had had the opportunity to consider the Standing Orders and asked that any resultant comments be directed through himself. It was noted that the Standing Orders would require to be approved by NHS Greater Glasgow and Clyde Board. Mr. Hamilton advised that the Standing Orders underpinned the way in which the CHP would undertake its business and in governance terms, laid out clearly the position of the Chairman and Vice Chairman. The Standing Orders also laid out the

opportunity for the appointment of deputies for Committee Members, however, as yet this issue still required to be agreed.

Mr. Hamilton suggested that the process to appoint a vice chair should be delayed until full and substantive membership of Committee had been approved.

The Committee noted the Standing Orders and agreed the approach to appoint to the position of Vice Chair.

## **6. MEMBERS CODE OF CONDUCT AND REGISTER OF INTERESTS**

As part of the business process for the management and governance arrangements of the CHP, Councillor Williams highlighted the requirement for Committee Members to adopt and adhere to the terms and conditions laid out in the Code of Conduct and Register of Interests. It was recognised that Members may already prescribe to a Code of Conduct, either professionally or in relation to other commitments. Mr. Leese stated that in light of Mr. Hamilton's previous contribution regarding interim membership of the Committee, at this point the Code of Conduct and Register of Interests was for interim members to note and, where substantive membership had already been confirmed, the process for Members to sign up to the Code of Conduct and Register of Interests could be initiated.

Mr. Hamilton confirmed that for those members who already prescribed to a Code of Conduct and Register of Interest all that was required would be a transfer of information.

Mr. Hamilton added that, in accordance with the regulations relating to the Code of Conduct and Register of Interests, these would require to be reviewed on a six-monthly basis. In addition, if within four weeks of signing up to the Code and Register of Interests, members were obliged to notify any change in circumstances to the Head of Administration.

The information provided by Members would be held publicly and available via the NHS Board web-site. It was acknowledged that mechanisms would be put in place to ensure the process for the gathering and maintaining of required information was efficient and effective as possible.

**J. Still**

## **7. CHP COMMITTEE MEETING CYCLE**

Councillor Williams advised Committee Members, following publication of the forthcoming Committee Meeting dates and times, Mr. Barry Williamson, Non Executive Member, had advised that due to clinical commitments he would be unable to attend Committee Meetings scheduled for 9.30 am. The Committee was, therefore, asked to give consideration to amending the meeting time to 12.30 pm.

Mr. Leese intimated that most of the Committee Members would have the dates for future Committee meetings forward planned in their calendars and to aid discussion and further inform Members, he suggested linking the following two agenda items – the way in

which the CHP Committee would undertake its business and future Committee Development – to consider if the cycle of meeting dates should be structured differently to offer additional support in terms of Committee development.

Under the Standing Orders, the CHP Committee was required to meet at least six times per year; a consistent structure applied across all CHPs within NHS Greater Glasgow and Clyde. However, differing approaches, depending on the nature and geography of each CHP, could be applied. One approach being found to have significant value was to move from a monthly Committee meeting cycle to bi-monthly cycle, with the intervening month being dedicated to Committee development under the badge of a 'seminar'. The dates for future RCHP Committee Meetings had been scheduled in line with Renfrewshire Council's formal meeting structure; with five Committee meeting dates set for the remainder of the financial year. Mr. Leese stated that thought had been given to how to schedule an additional three development sessions within this time window. Members were asked to reflect on the concept of holding such development seminars and feed back comments on potential areas for consideration and issues that such sessions could focus on.

**All**

There was some discussion around the morale of staff throughout this period of change and Mr. Patrick acknowledged the need for staff to have clarity around the emerging roles and relationships particularly the impact of the CHP development and speed of development to allow staff to focus on getting 'on with the job'. The need to ensure clear and consistent lines of communication was generally recognised and Mr. Leese provided Committee Members with an overview of the recently held staff communication and engagement events and the commitment to the development of a robust communications strategy with further profession specific events being scheduled to take place before the end of the calendar year and with two follow-up staff communication and engagement events to report on progress arranged for early in the New Year.

In terms of the way the CHP will do business, Mr. Leese confirmed that the CHP Committee would operate on a 6 - 8 weekly cycle. Consistent with the Scheme of Establishment, papers for the CHP Committee would be issued five working days in advance of the meeting. Members would receive hard and electronic copies of relevant papers. An inclusive process for developing the agenda would be established.

**J. Still**

Mr. Hamilton commented on the complexity of the meeting structure underpinning the formal business of the CHP and highlighted the importance of appropriate reporting links within these structures and to the NHS Greater Glasgow and Clyde Board.

A key piece of work to be undertaken, Mr. Hamilton suggested, would be to crystallise and have clearly demonstrated the emerging Committee structure and reporting links and arrangements. Some of the drivers for this emerging structure and CHP development were the performance management requirements and planning and financial guidance issued by NHS

Greater Glasgow and Clyde. Performance reporting would also drive to some extent the Committee cycle and work programme and planning for the CHP.

Mr. Leese asked whether other emerging and established CHPs had similar complex sub structures in place and how these were operating. Mr. Hamilton replied that it was too early at this stage in the development of CHPs to comment as to the effectiveness of such operational and structural arrangements.

Formal minutes from the CHP Committee would be presented by the Chairman to the NHS Greater Glasgow and Clyde Board with Mr. Leese, in his role as Director, being invited to present any significant issues.

Mr. Leese also raised the issue of the CHP Committee being held in public. Approval at the NHS Greater Glasgow Board meeting in June 2006 had been given for CHPs to make provision for formal Committee meetings to be held in public and Mr. Leese asked the Committee to give consideration to this and, if there was general agreement to this proposal, from which date this should happen.

Ms. MacKay expressed general support for the proposal to hold development sessions for the Committee and offered to try to articulate and map out the emerging structure including the joint planning arrangements outlined under Paper 09 - 0806. Ms. MacKay also expressed support for Committee Meetings being held in public, informing Committee Members of the empowering impact on staff and the positive benefit such visibility could ensue.

**F. MacKay**

Mr. Crawford agreed that it would be helpful for all to have a map of the underlying structures and also supported wholeheartedly the principle of holding meetings in public. Mr. Crawford also highlighted the need to ensure that, in terms of the existing arrangements for joint services and community care, that emerging structures did not build in delays to progress of business and that the new structures should attempt to synchronise these processes.

Mr Hamilton advised that as the Standing Orders for the governance and management arrangements of the CHP would be formally endorsed at the NHS Greater Glasgow and Clyde Board meeting to be held on 24<sup>th</sup> October 2006, then it was not unreasonable to make provision for the CHP meetings to be held in public from the Committee meeting scheduled to take place on 17<sup>th</sup> November 2006. Councillor Williams agreed that this was a reasonable target to allow all formal requirements and arrangements to be in place by this date.

Councillor Williams also reinforced the need to ensure a more public face to the CHP and suggested that consideration to future meetings being held within the Council Chambers be given to facilitate increased ease of access for members of the public. Mr. Leese agreed that availability of alternative venues should be sought in line with this approach, particularly given the intention for the CHP to co-locate to shared premises with Renfrewshire Council from late summer 2007.

**J. Still**

The Committee noted that a further three development dates would be arranged prior to March 2007.

**J. Still**

**8. DISCUSSION ON THE MANAGEMENT OF BUSINESS FOR THE CHP COMMITTEE**

Discussed under Item 7 above.

**9. DEVELOPMENT OF THE CHP COMMITTEE**

Discussed under Item 7 above.

**10. PROFESSIONAL EXECUTIVE GROUP (PEG)**

Under the Scheme of Establishment, as part of the governance arrangements, the CHP was required to establish a Professional Executive Group (PEG). Mr. Leese advised that the PEG would report directly to the CHP Committee and was an integral part of the way the emerging CHP would undertake its business.

The PEG would ensure all professions and services were represented, although it was recognised that this did not mean that every service would be personally represented through direct membership of the PEG but that this representation would be maintained through the management and governance processes implemented by the PEG. The terms of reference for PEG were set out in 3.16 of the Scheme of Establishment. The PEG paper set out in greater detail its role and responsibilities.

The first meeting of PEG was scheduled to take place on Tuesday, 22nd August and would be chaired by Dr. Liz Jordan in her role as Clinical Director.

Membership of the PEG at this time had again been agreed on an interim basis and a process to determine substantive membership would be progressed following the inaugural meeting on 22nd August. It was acknowledged that membership of the PEG would extend to representation from a senior manager from the Social Work Department of Renfrewshire Council in recognition of the joint areas of service interest and working arrangements for the emerging CHP. The Committee recognised the valuable contribution such representation could add to the development of the PEG.

Dr. Jordan reiterated the value involvement of key partners could provide to the PEG and advised members that the interim membership would provide the opportunity to debate what would be an appropriate substantive membership for the PEG but highlighted the need to move quickly from the interim arrangements to ensure that the PEG could evolve to an effective working group as soon as possible. Helpful feedback from clinical colleagues had already influenced interim arrangements.

Two key areas for the PEG to progress as part of its work

programme were the clinical governance and prescribing agendas. Dr. Jordan advised that consideration to fora or sub groups of PEG had already commenced.

Dr. Jordan also stated that the PEG would require to be flexible and innovative in terms of how it would work to ensure its development to become a core part of the CHP, particularly in relation to the reshaping and redesign of services, and interface with the local authority and acute services, thereby becoming a meaningful and purposeful mechanism supporting the work of the CHP.

Mr. Leese went on to say that in describing the membership of the PEG, a common theme to emerge was a feeling that a standing membership of 24 people could limit the effectiveness of the group. However, membership was designed to cover as broad a range of professional interests as possible and it was anticipated that as the PEG established itself, the number of attending members would level out to a more practical and pragmatic number as individuals became content that their interests were being fairly and appropriately represented.

In summary, Mr. Leese confirmed that at the first meeting of the PEG the process to begin to identify substantive membership would be commenced. Regular PEG reports would be submitted to the CHP Committee and this process would add a discipline and edge to the work of this group. Councillor Williams added that the practice of reporting to the CHP Committee would ensure the ongoing vitality of the PEG. Mr. Leese also advised that the Communications Group of the CHP currently being established may become a sub-group of PEG (or link very closely to it), and with the establishment of other sub-groups, would significantly add to the remit of PEG as it evolved.

Committee members noted and endorsed the PEG paper.

## **11. Public Participation Forum (PPF)**

Mr. Leese provided an update for Members on the current status of the Public Partnership Forum. He advised that in coming in to post he had recognised the very good work undertaken by colleagues in Renfrewshire to build a sense of participation under the 'banner' of the PPF Development Group. He also advised that he attended and chaired the last meeting of this group and it had been agreed that formal terms of reference for a PPF Interim Executive Group would be established. It had also been recognised that membership of this group would require to be extended and over the next 12 months the group will test what public participation engagement current exists within the boundaries of the CHP to ensure no duplication of effort.

In addition, the good work previously and currently being undertaken by Renfrewshire Council through its community planning networks and processes was highlighted and Mr. Leese added that the CHP would continue to work closely with local authority and voluntary sector colleagues to determine what could be brought together in terms of structures and processes to support the future development of public participation.



The next meeting of the PPF was scheduled for 10th October 2006 and Mr. Leese agreed to update the Committee at its November meeting on progress in aligning structures and processes within the public participation arena.

**D. Leese**

The Committee recognised the work undertaken to date and the considerable challenge facing the CHP to build on this, ensuring a meaningful focus for the future development of public participation within the CHP.

## **12. STAFF PARTNERSHIP FORUM (SPF)**

Mr. Leese updated Committee Members on progress regarding the establishment of a Staff Partnership Forum and indicated that discussions with existing Staff Partnership Representatives and trade unions regarding appropriate representation were currently being clarified. A number of concerns around capacity of staff representatives to undertake such roles had been highlighted. In the interim, Mr. Leese advised that he had met with Mr. Patrick on an informal basis and would continue to do so in his role as Staff Partnership Representative for the Renfrewshire CHP area and until such time as Staff side had an agreed way forward. Work to draft terms of reference for a Staff Partnership Forum would continue.

## **13. CHP FINANCIAL PLAN FOR 2006/2007**

Mr. Bryden presented his paper detailing the proposed capital and revenue budgets for the CHP and provided some background to the process for the establishment of the budget.

The Scheme of Establishment sets out which services would be included within the budget. Taking budgets from the period 2005/2006 and adjusting these for pay and non-pay costs established the current year budget for the CHP. Mr. Bryden stated that it was important to note that the budgets had been set within the context of the overall deficit from the previous NHS Argyll & Clyde area of £28 million.

Section 3 of the paper provided a table detailing the proposed budgets for 2006/2007 by care group. Mr. Bryden added that since the paper had been produced the budget for EMI had also been added to those within the CHP and would contribute a further £5.1 million to the budget.

Section 4 of the paper sets out the agreement for bringing the deficit into recurring balance over a three year period. It was noted that the financial impact of this deficit would fall largely on acute sector but partnerships were expected to contribute to this.

The Committee noted that prescribing and GMS budgets represented a large part of the overall budget and would be areas requiring close scrutiny and careful monitoring with regular reporting on performance.

The approved capital programme was outlined and Mr. Bryden

advised Committee Members that a further allocation of formula capital to the sum of £1 million had been allocated to the Clyde partnerships and a process for disbursement of this had commenced.

A further allocation for medical equipment had also been received and similarly a process was underway to bid for available funding. Mr. Bryden agreed to bring reports back to a future Committee meeting regarding the application of these allocations.

It was also noted that regular financial reports would be brought to each Committee meeting outlining current financial position in revenue terms and an update on any capital projects in progress.

**J. Bryden**

Mrs McNeill asked, in relation to mental health, whether the budget included provision for addictions services. Mr. Leese replied that only those services that were directly managed by the CHP or were hosted within the CHP would be included within the CHP budget. However, it was recognised that, with regard to the EMI, although only in part directly managed by the CHP, the full budget was reflected within the CHP. The Committee noted that the budget may include a number of technical variations in relation to hosted or hosting services.

Mr. Bryden reiterated that although the overall financial position was at this time favourable, the impact to the sizeable primary care budget through the GMS and prescribing budgets could not be minimised.

Ms. MacKay asked in what way the CHP was engaged in the financial recovery programme for Clyde and Mr. Bryden replied that a separate Planning Group had been established to which the CHP would contribute.

The Committee noted and approved the report.

#### **14. DRAFT CHP DEVELOPMENT PLAN**

Mr. Leese advised that the NHS Greater Glasgow and Clyde planning and performance guidance, developed earlier in the year, sets out a framework to which all entities within NHS Greater Glasgow and Clyde would operate. This guidance requires the CHP to produce an annual Development Plan.

The timescale for planning within the CHP for the next financial year commences during September/October 2006. Given the delay to the establishment of the CHP, planning for the current financial year may well be concluded at the same time as the CHP develops a process for planning for 2007/2008. The Committee noted that the plan was work in progress and would be finalised over the next three to four weeks. Mr. Leese stated that the development of such a plan instilled a meaningful discipline within the CHP, and once complete the plan would be shared widely with staff, reinforcing the focus for the CHP. It was hoped that by the next Committee Meeting on 6<sup>th</sup> October 2006 to have an advance draft in place or the final document to share with the Committee.

Mr. Leese added that the planning and performance guidance was also work in progress and that NHS Greater Glasgow and Clyde had not had previously such guidance at this level of detail nor based on a single system approach. The guidance contained a strong sense of attempting to quantify and capture information and detail to ensure planning was not undertaken in isolation, reflecting the operationalisation of single system working in partnership across the organisation.

Councillor Kelly remarked on the number of acronyms contained within the document and stated that it would be helpful for these to be explained in full to make the document as readable as possible. Mr. Leese acknowledged this and agreed that in finalising the paper consideration would be given as to whether a glossary would be appended to the document or to making the necessary amendments as outlined by Councillor Kelly.

**F. MacKay**

Mr. Leese went on to say that as part of the communication process consideration to having a glossary of terms available on the CHP website would undertaken.

Ms. McDonald reiterated Councillor Kelly's comments regarding documentation and publications being as clear and understandable as possible, particularly those to be shared with and available to the wider public and lay audience. Mr. Leese agreed that the discipline of ensuring reports were produced in this fashion should be encouraged and ultimately become an integral part of the way in which CHP information was displayed.

## **15. JOINT PLANNING ARRANGEMENTS**

Mr. Leese updated the Committee on progress regarding the work to revise the joint planning arrangements with Renfrewshire Council and stated that the way in which the CHP had been set up embedded the responsibility for joint planning within the remit of the CHP Committee. The paper seeks to set out the revised proposed arrangements for what is a complex set of joint planning structures and related processes. It was hoped that the paper detailed this in as simplistic a way as possible.

Mr. Leese advised that it was proposed that a Joint Management Group be established which would bring together, through senior representation from both the CHP and local authority, joint management responsibility for the areas of service that were either integrated or joined in terms of resources and interests. The Joint Management Group (JMG) would undertake two main areas of responsibility; to ensure in broad terms that the CHP in health and local authority through Social Work, establish efficient arrangements to facilitate joint working and second ensure robust joint planning arrangements are in place in these key joint services and care groups to maintain clear lines of accountability. The paper identifies membership of the JMG and seeks within Section 5 to outline in greater detail a new set of proposed Joint Planning Performance Implementation Groups (JPPIGs). It was proposed that JPPIGs would be established to cover Older Peoples Services, Learning Disabilities, Mental Health, Addictions (drug and alcohol), Services for Carers and Palliative Care. Mr.

Leese added that, although not directly reflected within the paper, discussions with local authority colleagues were on going to progress revised planning arrangements for Childrens Services.

The establishment of these groups would, in broad terms, ensure appropriate strategies and planning were in place for delivery of agreed service models and balance of care; use of workforce and reporting mechanisms; robust financial frameworks and that meaningful arrangements for both staff and public involvement were established.

In parallel with the JPPIGs, it is also intended to establish four working groups which would have a planned shorter rather than long term lifespan. These working groups would be cross-cutting in nature focussing on four main issues: finance, workforce planning; information and data sharing; and assessment and care management. The establishment of these working groups reflected the significant challenges, including financial issues, facing both the CHP and local authority.

Mr. Leese highlighted that Terms of Reference would be produced for each of the groups within the new joint planning structure.

Mr. Leese summarised by stated that the establishment of the revised joint planning arrangements would provide the underpinning architecture for the extensive areas of joint service responsibility.

Mr. Crawford welcomed the proposed revised arrangements which had been jointly produced through discussion with the CHP and local authority; reflecting that these were both new and, in some instances, a 'reincarnation' of previous joint arrangements. He added that the priority would be to ensure that the proposed arrangements operated across the CHP and local authority boundary area and the establishment of the Joint Management Group would facilitate this. Mr. Crawford indicated that the proposed arrangements were clearly more ambitious than those previously in place in terms of performance monitoring and deemed the establishment of a Finance Working Group absolutely crucial in taking forward the joint planning agenda. A key to the success of the new arrangements would be to ensure that each of the JPPIGs undertook future planning within appropriate financial context to avoid potential financial obstructions.

In expressing his support for the paper, Mr. Crawford recognised the extensive good planning work previously undertaken, and highlighted the importance of building on this through the new revised arrangements.

Ms. McDonald also expressed her support for the revised arrangements, but outlined her desire to see membership within these arrangements extended to include involvement from the voluntary sector, thereby facilitating a whole partnership approach to integration. In doing so, Ms. McDonald concluded, this would potentially provide an opportunity for the voluntary sector to play a role in influencing services in the longer term.

Mr. Leese responded stating that in devising the proposed joint planning arrangements, the very membership of the groups reflected the wider interests being represented and the further development of the Public Participation Forum cross cutting across all areas of the CHP would ultimately ensure the CHP would be held accountable in terms of public participation.

Ms. McDonald also reflected the complexity of the proposed arrangements and the need to produce a mechanism/schematic to more clearly define this.

Mr. Hamilton asked if the revised joint planning arrangements required to be endorsed or formally approved by Renfrewshire Council. Mr. Crawford replied that this would be submitted to the Policy Board for noting purposes only.

The Committee endorsed the paper.

## **16. JPIAF EVALUATION - SUMMARY REPORT**

In presenting the paper, Mr. Crawford advised the Committee of two points of note. Renfrewshire Council had agreed to structurally place joint future responsibility within the CHP and had agreed not to retain a separate parallel set of arrangements for joint future within Renfrewshire Council. This change had therefore resulted in reporting arrangements requiring to be conducted through the Renfrewshire CHP Committee.

Mr. Crawford stated that at the end of the last financial year, Renfrewshire Council were required to submit information on a range of indicators as part of the Joint Performance Information and Assessment Framework (JPAF), both at Scottish national and local level. Although in some instances it had been difficult to ascertain full information from partner organisations, significant progress had been identified in a number of key areas of joint business including single budgets in relation to delayed discharges with a decrease in the number of delayed discharges reducing to approximately 28 this year from a level of 280 five years previously. Similarly good progress had been made in the area of Single Shared Assessment (SSA) with the potential to make greater progress in this area in the future. Mr. Crawford commented on the continued positive progression at operational level and highlighted the opportunity to be more ambitious in terms of improvement targets through the future development of the CHP and joint working and partnership arrangements.

It was recognised that as the CHP Committee developed there would be a range of pieces of information to be reported to the CHP Committee. The full JPIAF paper was available via Mr. Crawford.

The Committee noted the paper.

## **17. DATE OF NEXT MEETING**

The date of the next meeting is 6<sup>th</sup> October 2006. As previously discussed, Councillor Williams asked members to have

**All to note**

forbearance around a potential change in timing and venue of the next Committee Meeting.

**Renfrewshire Community Health Partnership**  
**Minutes of the meeting of the**  
**Renfrewshire Community Health Partnership**  
**held at 9.30 a.m. on 6<sup>th</sup> October, 2006**  
**in room 1.16, Renfrewshire Council Headquarters**

**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 Leese	...	Renfrewshire CHP
Mr D Martin	...	Renfrewshire Council
Ms J McDonald	...	RCVS
Mr A Patrick	...	NHS Greater Glasgow and Clyde
Ms M Robertson	...	Renfrewshire CHP

**IN ATTENDANCE**

Mr J Bryden	...	Renfrewshire CHP
Mrs N Middleton	...	Renfrewshire CHP
Ms S Morrison	...	Renfrewshire CHP
Ms F MacKay	...	Renfrewshire CHP
Mrs J Still	...	Renfrewshire CHP

**ACTION BY**

**18. WELCOME AND APOLOGIES FOR ABSENCE**

On behalf of the Committee, the Chair welcomed Mr David Martin, Chief Executive (designate), Renfrewshire Council to his first meeting of the Committee.

Apologies for absence were intimated on behalf of Mrs D Duffy, Renfrewshire CHP, Ms F McNeill, Renfrewshire CHP, Mr B Williamson, Non Executive Director, Mr A Robertson, Non Executive Director, and Mr T Scholes, Chief Executive, Renfrewshire Council.

**19. MINUTES OF PREVIOUS MEETING**

The Committee approved the Minutes of the inaugural meeting held on 18<sup>th</sup> August 2006.

**20. DIRECTOR'S UPDATE**

Mr Leese advised that he envisaged utilising the Director's Update slot on the Agenda to routinely update the Committee on relevant issues.

As Members were aware, the CHP was still in early development in terms of its emerging management structure. Since the previous Committee meeting in August, Ms Fiona MacKay has taken up her substantive post as Head of Planning and Health Improvement. Two further key posts, that of Planning and Performance Manager and the second Rehabilitation and Enablement Services (RES) Manager have been appointed to and the successful candidates will take up post in November 2006. At the same time, the CHP is in the process of moving to substantive membership of the Professional Executive Group (PEG) and it is expected that the majority of substantive appointments will be confirmed at the Group's next meeting on 24<sup>th</sup> October 2006.

Referring to the CHP's Standing Orders, Mr Leese advised that at the Committee's inaugural meeting it had been agreed that some further work would be undertaken on the Standing Orders to address the points raised by Mrs M Quinn, the Council's Head of Corporate Services. This work is now in hand and will be completed in time to allow the Standing Orders to be presented to the Board of NHS Greater Glasgow and Clyde at its meeting on 24<sup>th</sup> October and these will subsequently come back to the CHP Committee at its meeting on 17<sup>th</sup> November 2006.

Mr Leese advised that due to its new management and reporting structures, NHS Greater Glasgow and Clyde is undertaking a series of Board seminars to give Board Members opportunity to broaden their knowledge and understanding of the NHS system. One of the seminars had been held the previous week at which both the Chair of the Committee and Mr Leese had been in attendance. The focus of the seminar was on development of CH(C)Ps and their governance arrangements in particular. Feedback indicates that these seminars are both helpful and productive and it has been agreed that a follow-up session on the continued development of CH(C)Ps will take place in the spring of 2007.

Mr Leese advised that one of the early issues picked up within the Board's strategic change and development is the issue of community nursing services. The Scottish Executive Health Department is currently seeking views on the National Review of Community Nursing Services. The Board of NHS Greater Glasgow and Clyde has responded to the national consultation document challenging a number of the proposals. The Board's Child Health Strategy Group is now proposing that a Review of Health Visiting is undertaken. A paper on the proposed review has been issued to all Health Visitors. In terms of health visiting, there are some long-standing issues around alignment of health visiting resources and equity of resource. NHS Greater Glasgow and Clyde wishes to ensure that these resources focus on vulnerable children and families. Copy of the Board's review paper will be made available to the Committee for information. One of the CHPs may act as a pathfinder for the review which will allow the system as a whole to learn lessons and adapt these locally.

**Secretariat**



Mr Crawford advised that from the Council's perspective, there were long standing difficulties in quantifying the community nursing resource and a concern that there has been under-investment in community nursing, which undermines the care packages for all client groups. Therefore, clarification and discussion with Council colleagues on the issue of community nursing resources was welcomed.

Mr Leese advised that at present the CHP has a headline understanding of health visiting resources and it is known that not all Health Visitors are fully deployed meeting the needs of vulnerable children. The CHP proposes to address this issue in a two stage process. Work is currently underway disaggregating community nursing services; district nursing services will sit within the umbrella of health and community care and health visiting will sit within the children's services function. In undertaking disaggregation, a detailed quantification exercise will be carried out and this process has already commenced. The National Review of Community Nursing is a lever to undertake this work sooner rather than later.

Ms Morrison advised that the CHP's two Senior Nurses are currently working on the quantification exercise which will include workload analysis. It is expected that by the end of October 2006 a detailed analysis will be available and this will be fed in to the Joint Workforce Planning process.

Ms McDonald advised that it would be useful for the voluntary sector to be involved in the review process as it is this sector which picks up the slack in relation to inequity of service provision. Mr Leese advised that the Pathfinder Review will allow the CHP to be fully involved and the Committee will be kept fully updated.

The Committee noted the Director's Update.

## **21. MEETING CYCLE OF RENFREWSHIRE CHP**

The Committee noted the contents of Paper 12 1006 issued with the Agenda and agreed to the revised time and venue of Committee meetings.

## **22. DEVELOPMENT OF THE CHP COMMITTEE**

Mr Leese advised that at the last meeting a paper had been submitted proposing that the Committee identify a number of dates for CHP Committee Development Sessions to allow Members to broaden their understanding of the work of the CHP. Three dates have been confirmed for Development Sessions, namely 24<sup>th</sup> November 2006, 12 January 2007 and 9 March 2007. Attendance at the Development Sessions will be voluntary but it is hoped that the topics which will be addressed within these sessions will be meaningful enough to encourage attendance.

Feedback had been sought on topics for the Development Sessions and one suggestion was a presentation on planning and performance management, particularly as the CHP was about to

embark on the planning stage for the 2007/08 Development Plan. In undertaking the planning process, the CHP will need to consider the planning process of partner organisations to ensure best alignment. The paper issued with the Agenda had been written prior to discussions on the Health Visiting Review; it is now proposed therefore that the first Development Session on 24<sup>th</sup> November 2006 be utilised to cover the planning and performance process and a session on the Health Visiting Review. This would allow the CHP Committee to be updated on both processes.

Mr Crawford concurred in relation to the need for alignment of planning processes, advising that in terms of mental health and older peoples services, neither process should be allowed to proceed too far without looking at the shape of future service provision.

Mr Leese advised that in relation to mental health services, the backstop for the CHP is that by the end of the financial year the headline strategic planning process should be complete. It may be that it would be beneficial to invite Ms Anne Hawkins, Interim Director of the Mental Health Partnership, to attend the January 2007 Development Session to talk through the process as there are significant issues in terms of levels of funding for community based mental health services. In addition, discussion could also be given to Learning Difficulties service provision as the major last stage of the closure programme for Merchiston Hospital is scheduled for 2007.

The Chair advised that in terms of community based mental health service provision, the former NHS Argyll and Clyde had operated a service model that remains inconsistent with modernised mental health services across the West of Scotland and this issue needed to be addressed. This could be revisited and added on to the Development Plan as necessary.

The Committee agreed to the programme for CHP Development Sessions.

**23. ESTABLISHMENT OF THE CHP COMMUNICATION GROUP AND WORKPLAN**

Ms Morrison advised that the CHP Communication Group has now been established as a sub group of the PEG. Ms Morrison and Mr Patrick, Staff Side Representative, will co-chair the Group. The inaugural meeting of the Group took place on 25<sup>th</sup> August 2006 and some early work is already underway. A key outcome is production of a CHP communication plan. Achieving this will be challenging due to the complexity of the CHP constituents services. An inclusive approach to membership has been taken and this currently numbers 27. It is likely that a small executive group will be established. Initial work will build on good practice. One of the main issues identified was the amount of communication issued on a blanket basis which is often cumbersome for staff already feeling overwhelmed and overloaded. Work will be undertaken in looking at production of summary communications and focused emails. Development of

the CHP's website is also underway. The recent publication of the Council's magazine contained an article on the CHP. The Group is very much aware of the time commitment involved by staff in undertaking this work and is looking at ways to identify protected time to allow staff to contribute and ensure actions/outputs are implemented. Another action underway is commitment from the CHP Management Team to meet with as many staff groups as possible, some meetings have already taken place and the remainder are scheduled to take place before the end of the year. Ms Morrison concluded by requesting the Committee to note progress to date and agreeing to receive quarterly updates.

Mr Leese advised that one the main challenges for all CH(C)Ps is ensuring that structure changes are understood by all staff. In undertaking the day-to-day core business of the CHP, consideration must always be given to communication. As advised by Ms Morrison, meetings with all staffing groups will be undertaken by the end of the year and dates have been identified for further Communication Events in February 2007 which will allow opportunity for the CHP to listen to staff and update on progress.

In response to Ms Bryce's question regarding voluntary sector representation on the Communications Group, Ms Morrison advised that such membership would come through the PPF Group. Ms McDonald advised that it would be important to ensure full engagement with the voluntary sector as the sector can act as a conduit to the public. Ms Morrison agreed, advising however that the Communication Group was currently focussing on developing effective communication with health staff within the CHP. However that aside, the need for voluntary sector input was important and Ms Morrison proposed contacting Ms Bryce and Ms McDonald outwith the meeting to discuss this issue further.

**S Morrison**

Referring to the particular communication challenges facing the CHP's Management Team, Mr Martin advised that the Council was about to embark on a review of its communication processes and it may be beneficial for both organisations to give consideration to joint communication resources. It was agreed that Mr Martin and Mr Leese would discuss this issue further outwith the meeting.

**D Leese/  
D Martin**

Councillor Williams concluded discussion on communications by advising that in recent years, it was usual that any publicity on health service provision was normally negative and anything which could be done to change this flow would be beneficial.

The Committee noted the Communication Group update.

#### **24. PROFESSIONAL EXECUTIVE GROUP**

Dr Jordan referred to the two papers issued with the Agenda, advising that one outlined the Group's remit which had been approved by the Committee at its last meeting and the other provided the Minute of the PEG's inaugural meeting held on 22<sup>nd</sup> August 2006.

Membership of the Group is on an interim basis and work is underway in establishing substantive membership. The Management Team had met with GPs the previous evening and was in the process of finalising substantive GP membership. At the same time work is continuing on finalising substantive membership of other professional groups. It is expected that at the Group's next meeting on 24<sup>th</sup> October 2006 the majority of this work will be concluded. Dr Jordan requested the Committee to note progress to date on establishing the Professional Executive Group.

Ms McDonald advised that there would be merit in linkage between the Group and the voluntary sector and consideration should be given on how this could be achieved. Mr Leese advised that at the moment the Management Team was seeking to develop the structure of CHP in manageable pieces. It would not be beneficial seeking voluntary sector representation on all groups as this would not be best use of people's time. However, consideration will be given to ensuring there are clear links with the voluntary sector on a regular basis. Mr Patrick concurred with the point made by Mr Leese, advising that from a staff side perspective, it had been previously realised that whilst there was a desire to be involved in all processes, this was not possible and instead care was taken to ensure there was adequate linkage established.

Dr Jordan advised that membership of the PEG had been debated at length. As this is a new group care was required to ensure that the Group could be functional and not dominated by one professional group. It also had to be borne in mind that the PEG was a sub-group of the CHP Committee and linkage with the voluntary sector would be achieved through this channel.

The Committee noted the update on establishment of the Professional Executive Group (PEG).

**25. NHS GREATER GLASGOW AND CLYDE PLANNING AND PERFORMANCE GUIDANCE 2006/07**

Ms MacKay referred to the paper issued with the Agenda and advised that NHS Greater Glasgow and Clyde had produced planning and performance guidance for the current financial year 2006/07. This guidance provides a framework within which the Acute Division, CH(C)Ps and the Mental Health Partnership (MHP) are required to produce Development Plans for 2006/07. However, the guidance notes that 2006/07 is a development year for the new organisational structures across NHS Greater Glasgow and Clyde and notes that planning processes for this year are not yet as integrated and coherent as they will be in future years.

Ms MacKay advised that given that the formation of Renfrewshire CHP did not take place fully until September 2006, the plan for 2006/07 was high level and had been drawn up largely from the Scheme of Establishment. It was also worth noting that the CHP was about to go into the Planning and Performance cycle for 2007/08.

Section 3.1 of the guidance outlines the areas to be covered in the CHP Development Plan. The Plan seeks to work both horizontally and vertically to reflect the CHP's own priorities whilst at the same time addressing national priorities. Ms MacKay requested the Committee to note the guidance.

Mr Leese advised that the final section of the guidance outlined the CHP's specific priorities and it will be important not lose focus on these priorities. For 2007/08 these priorities will become clearer and there will be significant focus on delivery and outcome. The Planning and Performance Framework shapes the CHP's Development Plan 2006/07 and should be viewed as a key reference document.

Ms Bryce referred to the Training and Development Section and enquired if training would be offered to all organisations. Mr Leese advised that with the structural changes, for the first time organisational development will become a significant strand. The CH(C)Ps will have dedicated resource around organisational development and can plan to identify and align training resources.

Ms McDonald advised that she believed the guidance framework to be helpful, although complicated and in some areas appeared disjointed. Ms McDonald further advised that workability was seen as a key issue within NHS Greater Glasgow and Clyde and enquired as to the views of the CHP on this. Ms MacKay advised that it was clear that there was a need for linkage with community planning and these cross-over issues such as employment will be addressed.

Mr Martin advised that section 4.1 of the guidance, overview of the five year financial plan, was a major issue and there will be a need to give full consideration to this.

The Committee noted the NHS Greater Glasgow and Clyde Planning and Performance Guidance 2006/07.

## **26. CHP DEVELOPMENT PLAN 2006/07**

Ms MacKay advised that since the last meeting of the Committee, time had been spent developing the previous Draft. Ms MacKay drew the Committee's attention to various sections of the Plan:-

Sections 1-4: Introduction; Key Characteristics of Renfrewshire CHP; Role of the CHP; and Partnership Working – Ms Mackay advised that each of these sections were fairly descriptive, in future years they will become more action focused.

Sections 5 & 7: Improving Health; Health Services – These are the main sections of the Development Plan. They list the CHP's priorities and what it wishes to achieve and are linked to the Community Planning Targets.

Section 6: Tackling Health Inequalities – Although in a separate section it is important that the work of the CHP addresses health inequalities in all areas.

Section 8: Finance Section – contains strategic level content of the financial gap and details the financial structure of the CHP.

Sections 9 and 10: Organisational Development and Human Resources – These sections contain the strategic level direction of travel of the CHP.

Sections 11 and 12: Joint Plans with Acute Division and CHP; Joint Plans with Mental Health Partnership and CHP – These sections outline how the CHP will work with other parts of the NHS system.

Section 13: Performance Management and Reporting Cycle – This section outlines how the CHP will align its process to the requirements of NHS Greater Glasgow and Clyde and the planning processes of Renfrewshire Council.

Section 14: Glossary – details abbreviations used within the Plan.

Ms MacKay concluded by requesting any comments on the Plan to be provided to her prior to finalisation of the Plan.

Mr Leese advised that as the CHP had not come into being until the end of August 2006, the Plan focuses on the remaining 6 months of the current financial year. The process for 2007/08 will commence imminently, however this should not detract from the significance of this year's Development Plan and what the CHP is about. There has been a huge effort to reach the current stage and the new challenge will now be to prepare the 2007/08 Development Plan.

Mr Crawford advised that he was conscious of the parallel planning processes. From the Council's perspective, it was too late to synthesise the 2007/08 process to avoid duplication, however as the planning process rolls forward there will be opportunity to do this in future years. Another issue which needs to be acknowledged is that health does not only feature in social work but also in transport, education, etc. There will be a need to also consider linkage to each of these areas.

The Committee approved the CHP Development Plan 2006/07.

## **27. CHP FINANCIAL REPORT**

Mr Bryden advised that the report issued with the Agenda was the first financial report for 2006 and as such the 'period movement' also represents the 'year to date' position.

Mr Bryden firstly drew Member's attention to the Revenue Position, advising that at the end of Month 5, the CHP was overspent by £136,000, with the main financial pressure being experienced in Family Health Services (FHS), offset by the pay cost category where there are a number of staff vacancies, most significantly Health Visitors within Children and Families. In response to a request from Mr Martin, Mr Bryden agreed to include an additional column in this table to cover 'projected outturn'.

**J Bryden**

In respect of FHS payments, the largest component of overspend was within Quality Outcome Framework (QOF) payments. These were payments made to GP practices on a points-scored basis awarded for achievement against a set of evidence-based indicators of performance. General performance by GP practices in this area has traditionally be considerably higher than funded by the Scottish Executive and accordingly, this had historically been an area of overspend. Within the financial plans for the Clyde area of NHS Greater Glasgow and Clyde, there was an expected deficit within General Medical Services (GMS) in 2006-07 of around £2m.

Mr Bryden advised that the second section of the Financial Report outlines the CHP's revenue position, analysed by care group. As notified at the last Committee meeting, Renfrewshire CHP had taken financial responsibility for Elderly Mental Illness. As a result, there had been an increase in the original budget approved at the Committee's previous meeting of around £5.1m. Most staffing areas were currently showing an underspend with the exception of primary care, as detailed earlier, and elderly services. The overspend within this latter area was mainly as a result of hospital-based psychiatric nursing pressures at Dykebar Hospital.

Referring back to primary care services, Mr Bryden advised that information from the Information Services Division (ISD) currently suggests that there would be an underspend in prescribing costs within the CHP. However, at this point in the financial year, it was too early to forecast the exact year-end position due to the many variances which can affect this outcome. Therefore, at present a 'close to breakeven' position is being assumed.

Mr Bryden advised that Section 3 of the Financial Report described the Year-End Revenue Forecast, providing a commentary on the expected year-end outturn in terms of budget against actual, and identified how cost pressures detailed in Section 2 of the Report were to be dealt with. Trends so far point to an underspend in salaries, where a vacancy factor tended to lead to favourable variances, offset by the overspending within primary care.

Section 4 of the Financial Report contained details of the CHP's Capital Programme. For the year ending 31<sup>st</sup> March 2007, the CHP had a Capital Allocation of £567,000 based on approved capital projects. Of the four approved capital projects, to date there had only been expenditure on the Training facility for the GP Practice in Bishopton. In addition to these approved schemes, Clyde Partnerships had been allocated a sum of £1m Formula Capital. Renfrewshire CHP's allocation from this, and the proposals for its spend, will be presented at future Committee meetings. Finally, a combined funding package of £30m had recently been approved to cover new Health Centres in Renfrew and Barrhead (£15m for each Health Centre). In respect of the Renfrew Health Centre, work is ongoing between the CHP and the Council in finalising the Outline Business Case and developing the Full Business Case.

Mr Martin referred to the Capital Programme where to date there has only been 10% of the allocation spent and enquired if, should there be slippage, was the CHP able to carry this forward. Mr Bryden advised that slippage would be the subject of negotiation but that this was easier to arrange where the funding had been provided for a specific project. In respect of the approved programmes, it is confirmed by Ms Morrison that funding for the Community Joint Equipment Store would be utilised at the end of the financial year. It was agreed that further detail on each of the capital programmes would be provided to the next Committee Meeting.

**J Bryden**

Mr Crawford referred to the year-end forecast and advised that he was concerned in relation to prescribing costs that the CHP was unable to make a definitive prediction. Mr Crawford further enquired if the CHP's financial outcome was tied to the NHS Board's financial savings target. Dr Jordan advised that, in terms of financial forecasting, this was historically more difficult to predict within primary care than within the Acute setting. Mr Leese outlined the favourable position in the previous year and was confident that prescribing costs would again be under budget in the current year based on the ISD projections. In relation to QOF payments, Dr Jordan described a slight financial paradox in that the increased costs of payments did not mean inefficiency, but better patient care. Mr Bryden further advised that work on trend analysis on prescribing costs was currently being undertaken which will aid more accurate forecasting. In relation to Mr Crawford's concerns regarding the Board's financial savings target, Mr Leese referred to Section 4.7.2 of NHS Greater Glasgow and Clyde Planning and Performance Guidance and advised that this section detailed where it was planned that savings would be made. Mr Leese noted Mr Crawford's concerns and advised that it would be beneficial for discussion between both organisations to fully contextualise how the deficit may be addressed.

**D Leese**

In relation to staffing costs, Mr Leese advised that the CHP was seeking a proposal from the Board's Director of HR on managing absenteeism. Whilst the CHP was close to target on absenteeism rates, some further work in this area would be beneficial and details of how the CHP was addressing this would be brought to a future meeting of the Committee.

The Committee noted the Financial Report.

**28. DATE OF NEXT MEETING**

Friday 17<sup>th</sup> November 2006 at 12.30 p.m. in the Council's Chambers.

**All to Note**