

**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**