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**ERCHCP(M) 07/1
Minutes 1-14**

**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 14 February 2007 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)
Councillor James Fletcher	East Renfrewshire Council
Councillor Roy Garscadden	East Renfrewshire Council
Councillor Barbara Grant	East Renfrewshire Council
Mr Peter Hamilton	NHS Greater Glasgow and Clyde Board (Vice Chair)
Mr George Hunter	Director
Mrs Anne-Marie Kennedy	Public Partnership Forum
Mrs Melanie Lambert	Public Partnership Forum
Mr Ian Millar	Professional Executive Group
Dr Alan Mitchell	Co-Clinical Director
Councillor George Napier	East Renfrewshire Council
Dr Leslie Quin	Co-Clinical Director

IN ATTENDANCE

Craig Bell	CHCP Finance Manager
Eamonn Daly	Principal Committee Services Officer
Tim Eltringham	Head of Health and Community Care
Julie Murray	Head of Planning and Health Improvement
Erik Sutherland	Planning and Performance Manager

APOLOGIES

Mr Stephen Devine	Staff Partnership Forum Co-Chair (East Renfrewshire Council)
Dr James MacRitchie	Professional Executive Group

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Prior to the commencement of the meeting, Councillor Collins welcomed representatives of Fife Council who had expressed an interest in the CHCP and had been invited to the meeting to view proceedings.

ACTION BY

1. 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 13 December 2006, a copy of which had been issued previously to each member.

DECIDED:

That the Minute be approved, subject to the following amendments:-

Page 4, Paragraph 4, Line 1:- That the word “useful” be deleted and the word “appropriate” be inserted.

Page 9, Paragraph 3, Line 3:- That following the words “that GPs” there be inserted the words “and patients”.

2. ACTION PLAN IN RESPONSE TO SOCIAL WORK INSPECTION AGENCY RECOMMENDATIONS

Under reference to the Minute of previous meeting (Item 51 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, on the action plan that had been prepared in response to the 12 recommendations made by the Social Work Inspection Agency (SWIA) in their report published in October 2006 following their inspection in June 2006 of social work services in East Renfrewshire. The report explained that the CHCP was required to agree an action plan with SWIA within 6 months of the inspection report issue date. Copies of the 12 SWIA recommendations and the action plan accompanied the report.

Having heard the Chief Social Work Officer comment further on the report, Councillor Grant questioned the timing the proposed financial training for Committee members. In reply, the Director explained that it had been considered prudent to undertake the training following the local government elections in May, as there would be a number of new Committee members appointed by the Council. He also reported that Marjory Naylor, the SWIA Chief Reporter who had led the inspection, had contacted him the previous day. She had advised him that rather than making a return visit to the Council to ascertain progress in the implementation of

the action plan, SWIA would be happy to do this by letter. He also confirmed that Ms Naylor had indicated that she was happy with the proposals to carry out the financial training following the elections.

Councillor Garscadden suggested that recommendations 1, 6, 7 and 11 were linked in view of which it was important that the timescales for the actions to respond to these recommendations dovetailed so that the issues were not dealt with in isolation. In reply, the Chief Social Work Officer acknowledged that the issues were linked, confirmed that the recommendations would not be dealt with in isolation, and explained that the order of the action plan had followed the order of the SWIA recommendations.

NOTED

3. PERFORMANCE REPORT – QUANTITATIVE

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 overview of performance for the second quarter of 2006/07. This report was superseded by an amended report, a copy of which was tabled.

The report explained that in general, performance was satisfactory. A copy of the full performance report, showing performance levels against agreed targets and performance trends, accompanied the report. In addition, in accordance with agreed procedure, exception reports had been prepared in respect of those areas where performance had been significantly below target, and copies of these reports were also tabled.

Commenting on the report, the Head of Planning and Health Improvement explained that at the previous meeting it had been reported that no mental health information had been available. Board-wide information was now available but had not yet been disaggregated to CH(C)P level, and the disaggregated information would be provided at the next meeting.

The Head of Planning and Health Improvement was then heard on a number of the indicators. In particular, referring to Objective 1 – Reduce barriers between Primary and Secondary Care, she highlighted that this had now changed from “red” in the previous report, indicating performance significantly below target, to “green” which indicated performance above target. She explained that this was due to the fact that previously performance had been measured against a target time of 18 weeks rather than 6 months. However, it was noted that the 18-week target time was to be introduced from 31 December 2007 and action would be required between now and then to ensure the new target was achieved once introduced.

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Comment was also made on a number of other indicators, reference being made to waiting times for physiotherapy services. It was explained that temporary measures had been introduced to tackle waiting times for this service but that a long-term solution was required.

Having heard details of a number of other areas where performance was satisfactory at present but with a downward trend, such as in respect of smoking during pregnancy and an increase in alcohol-related admissions from the Eastwood side, Councillor Grant sought clarification of whether the difficulties associated with recruiting physiotherapy staff were solely financial.

In reply, the Director confirmed this to be the case, highlighting that this was a service that had been underfunded for many years and that as the population aged, demand for the service increased. In addition, Dr Quin explained that one of the problems in East Renfrewshire was that the percentage of patients that did not keep an appointment was very low compared to other areas. As a result, the demand for the service remained high. He indicated that attempts had been made to introduce a telephone triage service, but that this still required the services of a physiotherapist. Notwithstanding, there were a number of suggestions for improving the service which he would discuss further with the Director.

Councillor Garscadden emphasised the need for the problems associated with physiotherapy services to be considered in the context of the service design work being carried out at present, and how this was an example of how service priorities needed to be identified when funding was being allocated.

Whilst welcoming the report, Councillor Garscadden suggested that there were a number of other performance areas that arguably should be measured, emphasised the need for trend information to be provided, and suggested that the establishment of a sub-group of the CHCPC to examine performance in greater detail should be considered.

Having heard the Head of Planning and Health Improvement indicate that the inclusion of trend information would be useful, Councillor Fletcher explained that the "traffic light system" of performance measurement was commonly used as a simple indicator of how services were performing against previously agreed targets, and was considered a useful method of measurement.

Whilst accepting the usefulness of the system, Councillor Garscadden suggested it needed further development to provide greater understanding of the context in which a service was provided, and in turn be used to promote greater understanding by

the public of the pressures being faced by the CHCP in delivering services. This could be achieved by further development of the interfaces between the CHCP and the PPF, and the PPF and the public.

Mr Hamilton having suggested that discussion on performance and presentation could take place at a future seminar, the Director then expressed support for the continued use of the traffic light system. He explained that the ability to achieve performance targets in some cases could be affected by certain factors. By way of example, he explained how the time taken to complete Community Service Orders could be affected if more drug-related offenders were given these Orders by the courts, as these offenders traditionally had a higher failure to complete rate, due to increased levels of ill-health amongst drug users generally.

Referring to comments on trend information, he agreed that such information was useful as it helped to identify areas where the performance trend was downward, even though it was meeting the target that had been set. He welcomed the suggestion to discuss performance issues at a future seminar and periodic seminars thereafter, highlighting that the way in which performance was reported was at an early stage and would continue to develop over time.

NOTED

4. PERFORMANCE REPORT – QUALITATIVE

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, reviewing progress against key CHCP corporate objectives for the period April to September 2008.

The report provided details of the key corporate objectives against which CHCP performance was assessed, and described progress that had been made in achieving these. A copy of the full performance report accompanied the report.

The Head of Planning and Health Improvement highlighted that the information contained in the report was for the period April to September 2006, and reminded the Committee that more current information had been discussed at the recent seminar.

NOTED

5. CHILDREN'S SERVICES – ADDITIONAL FUNDING FOR 2006/07

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 details of proposed development opportunities in relation to additional funding for children's services provided by the Scottish Executive for 2006/07.

The report explained that an additional one-off funding package for 2006/07 of £12.825 million had been announced by the Scottish Executive in December 2006, East Renfrewshire's share of this being £133,000. The announcement was followed in January 2007 by a letter indicating that the additional funding was to be spent on front-line children's services.

In view of the relatively short timescale for spending the funds, discussions had taken place between the CHCP and partner agencies and a number of proposals, details of which were listed in the report, were identified. The total cost of the proposals equalled the funding allocation to East Renfrewshire Council.

Councillor Grant criticised the timing of the allocation of the additional funding, suggesting such a short time made it difficult for suitable projects to be identified. In reply, the Chief Social Worker explained that all local authorities had complained about this approach and had tried to negotiate the possibility of being able to carry the funding forward into 2007/08 however this had been rejected by the Scottish Executive.

Whilst accepting that the timing of the funding could have been better, Councillor Fletcher suggested that it was better to receive the funding, even at such a late point in the year, than not to receive anything at all.

Councillor Collins clarified that each year departments and independent sector partners were asked, as a contingency, to identify a number of projects that could be funded in the event additional funding was made available by the Scottish Executive. As a result, the projects set out in the report were not ill-considered projects but were well developed projects that would make a real difference.

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6. REVENUE BUDGET MONITORING

Under reference to the Minute of previous meeting (Item 48 refers), there was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously

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to each member, advising of the current consolidated CHCP revenue budget position for the period 1 April 2006 to 5 January 2007.

The report, which was constructed on a client group basis showing consolidated budgets and spends for 6 care groups together with 4 non-client group specific services, explained that the budget and actual figures presented reflected the gross expenditure position with external funding and specific grants being excluded.

The report highlighted that against a phased budget of £57.97 million, there was currently an underspend £662,081. However, taking account of a number of other factors that would influence the final out-turn position, details of which were given, the current underspend stood at £45,000. Full details of the variances that had arisen were set out in the report.

Commenting further on the report, the Director explained that there was a small projected year-end underspend on the social work budget. He indicated that due to the common risk-sharing approach across all areas that had been agreed in respect of the Prescribing and Primary Care Contracts, technically there would be neither an overspend nor an underspend in these areas. However, on a local level, there was some slippage which would be used to help deal with the problems of physiotherapy waiting times referred to earlier in the meeting. Reference was also made to the costs associated with the replacement of equipment and fittings affected by water ingress at the Barrhead Health Centre.

Councillor Grant referred to the additional £200,000 made available by the Council in September 2006 to address the waiting lists for free personal care. As this additional funding related to the 2006/07 financial year only, she sought clarification of how this issue would be addressed in the new financial year.

In reply, the Director explained that due to the increased number of deaths over the winter compared to the previous year, the demand for free personal care may not be as high as had been anticipated when the additional funding had been agreed. With regard to the position for the 2007/08 financial year, the Director explained that it was extremely difficult to predict if the budgeted resources would prove to be adequate. However, discussions had taken place with the Council's Chief Executive and in the event waiting lists formed, the Council would consider requests for additional funds at that time.

Mrs Kennedy highlighted that in many cases the reported variance was due to slippage in payroll costs, and asked if staff recruitment was a problem. In reply, the Director explained that one of the main challenges in the past year had been to identify which posts were

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covered by the health budgets. This had been due to the fact that whilst the Council's budget was post-driven this was not the case with health budgets, and an exercise to introduce a similar arrangement on the health side was nearing completion. This uncertainty had meant that the Director had decided that certain health posts, mostly administrative, should not be filled in the interim. In terms of social work posts, he explained that most of the slippage was not due to the inability to obtain staff, but was due to the ongoing Single Status and Job Evaluation exercise.

In response to comments by Mr Millar on the Prescribing and Primary Care Contracts, the Finance Manager explained that these were non-cash limited and deemed to be outwith the control of the CHCP. Notwithstanding, better information would be provided in future. He also reported that a meeting was taking place in the next few weeks which would determine if the current risk-sharing approach would continue.

Commenting on the GMS contract overspend, Dr Mitchell explained that when the Quality and Outcome Framework had been agreed it was anticipated that between 70/80% of targets would be met. However GPs in East Renfrewshire were exceeding these targets leading to the additional payments being made.

Councillor Garscadden suggested that it would be helpful if contract information was made available. In reply, the Director referred to the Board-wide Contracts Team that previously reported to the Board on GP and local contract performance. He indicated that the CHCP was now the home of such information and further work would be required on developing a method for reporting this information to the Committee in future.

Councillor Garscadden sought clarification of when the Committee would be given the opportunity to have discussion around areas for proposed spend of the 2007/08 budget taking into account some of the service pressures raised earlier, and questioned what involvement the Committee would have in the decision-making process.

In reply, it was explained that officers would meet in March to discuss 2007/08 budgetary issues with proposals being brought before the Committee in April, it being highlighted that these proposals would be based on the CHCP Plan.

NOTED

7. BARRHEAD HEALTH AND SOCIAL CARE RESOURCE CENTRE

Under reference to the Minute of previous meeting, (Item 46 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, reporting on progress in relation to the development of the Barrhead Health and Social Care Resource Centre.

The report explained that members of the Evaluation Sub-Group that had been set up had visited a number of other facilities to help develop thinking on a range of design and service model issues, and the Group had now undertaken detailed work with service providers to refine needs and explore key location requirements and adjacencies in the new Centre.

The report then explained that the Public Partnership Forum (PPF) were holding two public information sessions, on 19 and 26 February to give local people the opportunity to find out more about the new Centre.

Furthermore, the report explained that those design teams that had been short-listed would be interviewed in mid-April, the Initial Agreement would be considered at the NHS Capital Investment Group on 6 March, and that due to the decision to carry out more detailed analysis of room requirements prior to submission of the Outline Business Case (OBC), the OBC was expected to be complete by the end of February. Following this it would be discussed at the NHS Greater Glasgow and Clyde Policy and Resources Group on 20 March and go forward for discussion at the Capital Investment Group on 17 April.

Having reported that the roof repairs to the existing health centre should be complete by the end of March, the Head of Health and Community Care indicated that 23 expressions of interest to undertake the works for the new Centre had been received and that 6 companies had been short-listed for interview.

Mrs Kennedy, a member of the Sub-Group, explained that the visits to other buildings had been extremely helpful as it had helped members of the Group to visualise some of the suggestions for the new Centre.

It was noted that there were no indications at this stage that the Outline Business Case would not be approved by the Scottish Executive.

NOTED

8. HEALTH VISITING PATHFINDER

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 details of the work carried out to date in taking forward the review of health visitor services agreed by NHS Greater Glasgow and Clyde, in respect of which the CHCP had agreed to be a Pathfinder.

Having explained the reasons why the review had been considered necessary, the report explained that the first meeting of the Steering Group set up to take review forward, chaired by the Director, had taken place on 29 January. Details of the issues discussed at the meeting, and a number of the initial issues for action were given.

The report provided details on how the review would be progressed, and explained that a timeframe for the review would be agreed once the initial issues had been addressed. In conclusion, the report explained that a first draft policy would be presented to the next meeting of the Steering Group, at which time agreement would be sought on final questions to be included in the review, and a proposed project plan for carrying out the review.

The Director explained that following the decision to carry out a review, the joint trade unions had taken out a grievance against NHS management. He explained that the basis of the grievance was that management had failed to comply with agreed consultation procedures prior to instigating a review of this nature.

Mr Anderson confirmed that the grievance had been lodged, explaining that the review as proposed had the potential to detrimentally affect the terms and conditions of many staff, in view of which consultation and agreement on the terms of the review should have taken place. He highlighted that if the review was to proceed, it was imperative that it covered all CH(C)Ps as failure to do so could lead to a situation where there was increased health visitor movement between Partnerships due to different terms and conditions applying.

Councillor Collins indicated that the Board had now accepted the need for consultation to take place.

NOTED

9. CHCP AUDIT

Under reference to the Minute of previous meeting (Item 53 refers), there was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously

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to each member, regarding the audit of East Renfrewshire CHCP carried out by the Council's Internal Audit Section using the "Governance in Community Health Partnerships" tool produced by Audit Scotland. A copy of the Internal Audit findings accompanied the report.

The report explained that the Internal Audit assessment was, on the whole, favourable, and underlined the volume of activity that had taken place in the first year of operation of the CHCP. It further explained that a number of areas where it was considered improvement was required had been highlighted and a number of recommendations, details of which were listed, were made.

Officers would be responding to the recommendations in due course, but it was explained that there were some policy and legal implications associated with developing a joint complaints procedure and for aligning risk assessment and risk management.

The Head of Planning and Health Improvement explained that the Board's auditors, PWC, had also been carrying out an audit, and it was proposed to wait until officers were able to consider both reports in tandem before drawing up an action plan. Referring to the recommendations, she explained that the audit template had been designed for health-only CHPs. As a result, it meant that some of the recommendations, such as the establishment of a unified complaints system, were quite challenging.

In response to a question from Mr Hamilton on why links between the CHCP and the Board's Clinical Governance Committee were considered "not applicable" by the auditors, the Head of Planning and Health Improvement explained that the Internal Auditor had looked at the issues from a Council-only perspective and this was why it would be more appropriate to consider both audit reports in tandem.

NOTED

10. CHCP DRAFT PLAN

There was tabled the 2007/2010 CHCP draft Development Plan.

Commenting on the Plan, the Head of Planning and Health Improvement explained that it reflected discussion that had taken place at the seminar on 31 January. She explained that a lot of development was still required, but that this gave the Committee an opportunity to see the shape of the Plan. In addition, discussions on the Plan would be held with the PPF and the Staff Partnership Forum.

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Referring in particular to mental health services, the Head of Planning and Health Improvement reminded the Committee of the work carried out to date in an effort to equalise the level of service provision across East Renfrewshire instead of the current arrangements where service levels in Eastwood were higher than in the Levern Valley. She reported that investment of some £570,000 had been agreed for the Levern Valley which would help to address current service disparity. In response to Councillor Collins, she clarified that further discussion on the draft Plan could take place at the March seminar.

Councillor Garscadden sought clarification of the authority of the CHCP to make expenditure decisions in response to which the Director explained that at the outset of the CHCP both the Council and the Board had agreed that each organisation should retain the responsibility for its own financial resources. However, the CHCP was empowered to make expenditure decisions within the financial allocations agreed by both organisations.

DECIDED:

- (a) that the 2007/2010 draft CHCP Development Plan be noted; and
- (b) that a final draft of the Plan be submitted to the April meeting of the Committee.

Head of
Planning and
Health
Improvement

11. COMMUNICATIONS - UPDATE

Councillor Collins reported that the Communications Steering Group had met on 7 January following which a revised Communications Strategy had been drawn up and issued to members of the Group. This new Strategy would be discussed by the Group at its next meeting, on 28 March, following which it was hoped to present the final Communications Strategy to the April meeting of the Committee for approval.

NOTED

12. PUBLIC PARTNERSHIP FORUM – UPDATE

Mrs Kennedy provided the Committee with an update of the work of the PPF since the last meeting of the Committee. She referred to the 2 public meetings that had been arranged in connection with the new Barrhead Health and Social Care Resource Centre, indicating

that the results of these meetings would be fed into the development process for the new Centre.

In addition Mrs Lambert reported that it was hoped to fill some of the existing PPF vacancies at the April meeting of the PPF. She welcomed earlier comments about the PPF being considered one of the key links between the public and the CHCP, but highlighted that similar to the CHCP the PPF was still in the early stages of development with the development of wider networks being crucial.

Acknowledging the work of the PPF to date, Councillor Collins emphasised the need for the PPF to be given adequate support, and that it was important for the PPF to develop links with local councillors who were well placed to distribute information for the PPF at surgeries etc.

NOTED

13. CARE GOVERNANCE - UPDATE

Dr Mitchell reported that the Board had sponsored a clinical governance workshop at the end of January, which had proved a useful platform for discussing issues around clinical governance processes since the dissolution of the Primary Care Division.

He explained that the general consensus at the workshop was that there was a need for a CH(C)P Clinical Governance Forum, which would have a relationship with the Board's Clinical Governance Committee and also help to share best practice amongst CH(C)Ps.

Discussion had also taken place on whether particular CH(C)Ps should be identified as leading on certain issues, such as in risk registers, where the issues faced by some CH(C)Ps may be mirrored elsewhere.

Dr Mitchell reported that the Board operated a Clinical Governance Support Unit, based at Gartnavel General Hospital, and that representatives of the Unit would be invited to the next meeting of the Clinical Governance Sub-Committee to discuss how the CHCP could deliver on clinical governance issues to the satisfaction of the Board.

NOTED

14. DATE OF NEXT MEETING

The Committee noted that the next meeting would be held on Wednesday 18 April 2007 at 10.00 am, in Eastwood House, Eastwood Park, Giffnock.