

Renfrewshire Community Health Partnership

**Minutes of the meeting of
Renfrewshire Community Health Partnership
held at 12.30 p.m. on 17th November, 2006
in the Chambers, Renfrewshire Council**

PRESENT

Councillor T Williams (in the chair)

Ms F Bryce	...	Voluntary Sector
Mr D Crawford	...	Renfrewshire Council
Mrs D Duffy	...	Renfrewshire CHP
Dr L Jordan	...	Renfrewshire CHP
Councillor R Kelly	...	Renfrewshire Council
Mr D Leese	...	Renfrewshire CHP
Ms J McDonald	...	RCVS
Ms M Robertson	...	Renfrewshire CHP
Mr B Williamson	...	Non-Executive Director

IN ATTENDANCE

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

ACTION BY

29. WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the first meeting of the Committee being held in public in the Council Chambers. The Chair advised that the venue of the meeting was a significant indicator of the joint working between both organisations. On behalf of the Committee, the Chair also welcomed Mr Barry Williamson, Non-Executive Director, to his first meeting of the Committee.

Apologies for absence were intimated on behalf of Mr D Martin, Chief Executive, Renfrewshire Council, Mr A Patrick, Renfrewshire CHP, and Mr A Robertson, Non-Executive Director.

30. MINUTES OF PREVIOUS MEETING

The Committee approved the minutes of the meeting held on 6th October 2006 (RCHP(M)06/2).

31. DIRECTOR'S UPDATE

- **Health Visiting Review** - Mr Leese advised that the initial consultation process was about to conclude and it was planned that proposals on next steps would be confirmed in December 2006.
- **Population of CHP Management Structure** – Mr Leese advised that as of 27th November 2006 the management structure of the CHP would be fully populated. Mr Leese further advised that he would discuss in more detail the Head of Childrens Services post when this item came up later in the Agenda.

32. STANDING ORDERS FOR THE PROCESS AND BUSINESS OF THE COMMITTEE

Mrs Still advised that the points raised by the Council had been clarified and the Committee's Standing Orders had been approved by the Board of NHS Greater Glasgow and Clyde at its meeting on 24 October 2006. The Standing Orders will be updated once membership of the Committee has been finalised.

The Committee noted approval of the Standing Orders.

33. APPOINTMENT TO HEAD OF CHILDRENS SERVICES

Mr Leese referred to the paper issued with the Agenda and advised that this reflected discussions between the CHP and the Council on joint arrangements for the management of Childrens Services at Head of Service level.

As Members were aware, the CHP had sought to appoint to this post earlier in the year but had been unable to do so. Consequently, the CHP and the Council had again looked at possible joint ways of working. Mr Leese advised that he would wish to record his thanks to Mr David Crawford, Director of Social Work, for facilitating swift progression on discussions, culminating in a joint arrangement between the CHP and the Council for the management of Childrens Services at Head of Service level.

The joint arrangement will see Mr Peter MacLeod, the current Head of Child Care and Criminal Justice within the Council's Social Work Department, take on an additional remit for childrens services within the CHP. It is proposed that this arrangement remain in place for an interim period of two years until November 2008. Creation of this joint arrangement will add to the development of the joint work between the CHP and Council, particularly in relation to the development of Child Protection Services and services to support children with disabilities.

Mr Leese concluded by advising that the paper being presented to the Committee had been approved by the Council, through its Community and Family Care Policy Board, on 7 November 2006. In terms of the practicalities of the post, Mr MacLeod will have office space within the CHP office building and retain his principle office within Social Work. Mr MacLeod will become part of the

CHP's Management Team and will undertake a period of orientation over the next few months. Further updates on development of the post will be provided to the Committee at future meetings.

The Chair advised that he welcomed the joint arrangement between the two organisations. As Members were aware, the future location of the CHP will be within the Council's premises which will help facilitate such arrangements.

Mr Crawford advised that he had spoken to Mr MacLeod and was able to confirm that Mr MacLeod was comfortable with the arrangement. Mr Crawford further advised that as with Mr Leese, he himself was extremely pleased to have reached agreement on a joint arrangement so soon in the development of the new health organisation. He envisaged the arrangement would bring lots of opportunities for both Health and Social Work.

The Committee noted the appointment to Head of Childrens Services.

34. PUBLIC PARTNERSHIP FORUM (PPF)

Ms MacKay advised that each CH(C)P is required to have a Public Partnership Forum (PPF) as a formal mechanism to maintain a dialogue with its local community. National guidance also promotes that CH(C)Ps seek to use current arrangements within the local authority, voluntary sector and other existing public involvement mechanisms.

Renfrewshire CHP had hosted an event on 13th June to inform the local community about the emerging CHP and the development of the PPF in Renfrewshire. 63 delegates had attended, representing a range of local community and voluntary organisations and including a number of individuals from the public.

Following this event, a commitment had been given to establish an interim PPF. Terms of Reference for the Group have now been agreed and the Group will meet bi-monthly working towards constitution of a formal PPF. Regular progress reports from the Group will be provided to the CHP committee.

Ms MacKay referred to the key tasks of the Interim Executive Group outlined in Section 4.3 of the paper issued with Agenda, advising that initial work on each of the areas has commenced. A 'reflective session' to build on the output from the June event has been arranged for 6 December 2006. The aim of this event is to update attendees on the development of the CHP and the establishment of the interim PPF arrangements. At the same time views will be sought on how the CHP can work more effectively with local communities and what people want from their PPF. Output from the event will inform the CHP Development Plan for 2007/08.

Ms MacKay advised that a further key piece of work for the PPF is to take an active part in the 6 local Community Planning Forums

which are developing local action plans. There is an opportunity to align the PPF closely with Community Planning to reduce unnecessary duplication and improve engagement on issues which cut across services.

The Chair thanked Ms MacKay for her update, advising that there was knowledge of the PPF within the community. The event on 6 December 2006 will allow people opportunity to be further updated.

Mr Leese advised that as indicated by Ms Mackay, all CH(C)Ps, together with the Mental Health Partnership, have the same responsibility for developing robust PPF structures to ensure effective engagement and dialogue with their respective local communities. The CHP will work with other CHPs to learn from each other and avoid duplication. Recognising the importance of the PPF, regular updates will be provided to the Committee.

Ms Bryce referred to Section 4.3 of the paper relating to involvement of the voluntary sector in the work of the PPF and enquired how this would be resourced. Mr Leese advised that the purpose of the interim arrangements was to look at existing arrangements currently in place and to undertake quantification of resources needed to support the PPF structure.

The Committee noted the update on the PPF.

35. CHP DEVELOPMENT PLAN 2007/08 – PLANNING CYCLE

Ms MacKay referred to Paper 06/22 issued with the Agenda and advised that this outlined the process for establishing the CHP Development Plan for 2007/08. The 2007/08 Development Plan requires to be produced by the end of February 2007 to ensure that it is in place by the start of the financial year in April 2007.

The Development Plan has two purposes:

- To represent the local focus of NHS Greater Glasgow and Clyde activity and commitments.
- To articulate the contribution to the corporate plan for NHS Greater Glasgow and Clyde.

Mrs MacKay advised that there were some changes to previous planning guidance. The CHP Plan should reflect the 9 NHS Greater Glasgow and Clyde organisational transformational themes which are the principles Greater Glasgow and Clyde seeks to work by. The themes are about behaviours, both organisational and personal, and the CHP Development Plan, together with Personal Development Plans, should demonstrate how they relate to the transformational themes.

A major change in the planning process is that the Development Plan has to cover a three year period. This will allow focus on year 1 and outline the direction of travel for years 2 and 3. The Plan will outline the health needs in Renfrewshire and how these will be addressed. Inequalities require to be addressed throughout the document and should be linked closely to performance management.

Ms MacKay concluded by advising that in future years it is hoped to use the joint planning processes for preparing the Development Plan.

Ms McDonald advised that from her perspective the Plan was still very much dominated by health and social care rather than health and wellbeing and she would like to see more input from the wider sweep of community services such as police and fire services. Mr Leese advised that the Board's transformational themes were inequalities led and outcome focussed. At the CHP Committee's Development Session, more guidance on what the Plan means will be provided. In terms of the Development Plan, the focus is on health improvement.

Ms Bryce advised that she felt some of the language used within the Plan could pose problems for the wider public and would like to see it being more readable. At the same time there should be names and contact numbers against action points. The Chairman advised that the points raised by Ms Bryce would be taken on board and actioned.

F MacKay

The Committee approved the timetable for the production of the Renfrewshire CHP Development Plan 2007/08.

36. WINTER PLANNING

Ms Morrison advised that all NHS Boards are expected to have robust plans for dealing with winter pressures within both the acute and primary care settings. Within primary care, NHS Boards, NHS 24 and the Scottish Ambulance Service are required to develop and submit plans to fully address the particular pressures on primary care out of hours services over peak periods, including the winter and festive period.

This year the Christmas and New Year holiday periods fall directly after a weekend, resulting in a 4 day out of hours period operating each week. This places significant pressures on the out of hours service in terms of medical, nursing and community pharmacy cover.

An NHS Greater Glasgow and Clyde Primary Care and Unscheduled Care Out of Hours Winter Plan has been developed on a Board wide basis which demonstrates the partnership working of all organisations to address these pressures.

Ms Morrison advised that a specific issue currently being addressed is medication cover during the out of hours period. An average of 20% of calls received during a 4 day out of hours period relate to medication requirements, many of which are preventable. To address this issue work is currently underway across pharmacy, health and homecare services to give advance notification of the length of the out of hours period to encourage patients to ensure they have an adequate supply of their medication. This can significantly reduce activity for the out of hours services.

The Chair thanked Ms Morrison for her presentation on winter planning, advising that there would always be unforeseen issues which would arise, but the Plan addresses 90% of emergency situations.

Mr Crawford commended the medication planning work being undertaken and the range of other planning issues contained within the plan. Such planning indicates progress in moving from a reactive to proactive position.

The Committee noted the Winter Planning document 2006/07.

37. PANDEMIC INFLUENZA PLANNING

Ms Morrison advised there is a legislative requirement within the Civil Contingencies Act 2004 (Revised October 2005) for all businesses to have in place a Generic Business Continuity Plan – “a process that helps manage risks to the smooth running of an organisation or delivery of a service, ensuring continuity of critical functions in the event of a disruption and effective recovery afterwards”. Production of a Flu Pandemic Plan is a specific component of the Generic Business Continuity Plan.

To meet the requirements of the Act, the CHP is required to establish a CHP Civil Contingencies Group and to submit approved business continuity plans by December 2006 to the NHS Greater Glasgow and Clyde Civil Contingencies Strategy Group. The CHP Lead officer for this work is Fiona MacKay, Head of Planning and Health Improvement.

Ms Morrison advised that over the last six months NHS Greater Glasgow and Clyde has undertaken a significant body of work and planning preparation to meet the requirements of the Act. This work is being overseen by a Strategic Group chaired by Dr Linda de Caestecker, the Board's Interim Director of Public Health. 17 Sub Groups are accountable to the Strategic Group, the number of sub groups gives an indication of the complexity of planning across the whole system.

A Primary Care Planning Group, chaired by Dr Alan McDevitt, Assistant Medical Secretary of the Local Medical Committee, has been established as 1 of the 17 sub groups. Early outcomes from this group include:

- Production of a guidance document re. pandemic influenza planning within General Practices and other Primary Care Settings
- Infection Control Guidance
- Establishment of a CH(C)P and Out of Hours working Group focussing on areas requiring whole system responses and to support independent contractors to develop and complete Business Continuity and Influenza Pandemic Plans

Ms Morrison advised that the CHP/OOH Flu Pandemic Group will require to address a variety of issues, including:

- Raising awareness with all CHP constituents
- Completion of Business Continuity & Pandemic Flu Plan for all sites by Dec 2006

- Co-ordination across primary /secondary care, partner agencies and communities
- Effective communication
- Workforce planning within and across business units
- Planning largely for the unknown
- Supporting and sustaining momentum
- Maintaining the CHP's level of preparedness

Ms Morrison concluded by advising that workforce planning will be a critical area for the Group to address as there is a need to develop plans to ensure that core services can function in the event of a pandemic. The work of the Group will be challenging as it deals with addressing the unpredictable. However, if such a pandemic occurs, once started it will quickly spread and the CHP must maintain a robust level of preparedness.

The Chair thanked Ms Morrison for her presentation on pandemic influenza planning, advising that the CHP and its partner organisations were required to plan for the worst and hope for the best to ensure as many situations as possible were planned for and addressed. The impact of a pandemic would be catastrophic and robust preparedness would be key to minimising impact.

Mr Crawford advised that as with the NHS, the Council was working on similar plans. Due to the major connections between the two organisations and impact on inter-connections, there was a key role for the Council's Emergency Planning Officer on the CHP's Civil Contingencies Group and a major role for social work in such planning.

The Committee noted the establishment of the CHP Civil Contingencies Group and work undertaken to date.

38. CHOICE OF ACCOMMODATION PROTOCOL

Mr Crawford advised that in accordance with Scottish Executive Circular 8/2003, Renfrewshire Council and Renfrewshire CHP have produced a local discharge protocol for discharges from hospital into care home accommodation within Renfrewshire. The Protocol was endorsed by Renfrewshire Council through the Community & Family Policy Committee at its meeting on 7th November 2006.

Mr Crawford advised that the Protocol is based on principles and best practice for ensuring all patients and carers, together with all relevant agencies, are involved in the smooth transition from hospital to community settings.

One issue which the circular addresses and which is incorporated into the local protocol is identification of preferred choice of care home. In the past, problems have arisen where a patient expresses a preference for one particular care home which has no availability at the time of their discharge. If the patient is unwilling to accept any other placement, he/she remains in hospital utilising a hospital bed unnecessarily.

Circular CCD 8/2003 advises that it is the responsibility of the assessor/care manager to assist patients or their family to identify a minimum of three preferred choices of care homes in priority order. The circular also requires that where a person is unable to move to one of his/her preferred choices of care home within 6 weeks of the person being fit for discharge, an interim choice of care home should be agreed with the patient or their family/friend/advocate.

Mr Crawford concluded by advising that it is anticipated that the protocol will be used as infrequently as possible. However, its provision removes the difficult position in which front line staff are sometimes placed when patients are unnecessarily utilising hospital beds due to difficulties in meeting limited preference of care home accommodation.

Mr Williamson advised that from a hospital perspective, he very much welcomed the balanced approach taken in the creation of the protocol. The protocol allows for a balance of choice for people at the unwell end of the spectrum as well as those at the discharge end.

Mr Leese advised discussion of this operational issue was timeous due to winter approaching. The smooth transition of patients into community settings will facilitate the availability of secondary care beds and dovetails into the winter planning process. The joint agreement between the Council and the CHP will bring impetus to discharge arrangements.

In response to Ms Bryce's enquiry regarding consultation, Mr Crawford confirmed that extensive local consultation had taken place. The Protocol was a local issue addressing a national requirement and as indicated earlier would be used with extreme sensitivity.

Ms McDonald enquired how usage of the protocol would be reported back and advised that whilst she fully understood the need to unblock hospital beds, there were other areas of community services needed, such as improved homecare and transport services. Similarly, advocacy was mentioned within the protocol and Ms McDonald wondered if there would be opportunity for the voluntary sector to pick up on some of these issues.

Mr Crawford advised that Delayed Discharge monitoring would continue to be reported and this could be adapted to incorporate usage of the protocol. To address other issues, e.g. persons with incapacity, the protocol will allow such patients to be placed in accommodation best suited to their needs. Advocacy arrangements are already available and used. The range of choices for patients will expand, with increasing development of homecare services such as very sheltered housing etc. In the long term it is hoped that the number of care homes required will reduce due to development of other community services but in the meantime the Protocol addresses a small but significant process.

The Chairman concluded discussion on the Choice of Accommodation Protocol by advising that it was acknowledged that the choice of care home was a sensitive issue. An important point was the range of support available to those people who required it.

The Committee approved the Choice of Accommodation Protocol.

39. CHP FINANCIAL REPORT

Mr Bryden referred to Paper 06/26 issued with the Agenda, advising that this outlined the CHP's position at end of Month 6. Of significant note was the overall revenue position which has improved from £136,000 as reported at the previous meeting to £12,000 adverse. Other key features for noting include:-

GMS Cost Element of Family Health Services (FHS) – This continues to overspend but reflects better performance by GPs within the Quality & Outcome Framework (QoF). This overspend is offset by an underspend within prescribing costs. In addition, there are a number of vacancies not yet filled which are also offsetting the GMS overspend.

Revenue Position by Care Group – The overall budget is similar to that presented at the previous Committee meeting but there has been some re-alignment of budgets which has had an impact on individual care group variances.

Year End Forecast – The forecast for the full year is that the current underspending within pay will be recycled into service pressure areas, resulting in break-even across pay and supplies. Similarly, it is forecast, informed by firm assumptions, that the overspending within GMS will be matched by underspending within prescribing. Both of these will result in an overall net forecast break-even position.

Capital Programme – There has been some movement of projects since the last Financial Report, with the Russell Institute Project being reallocated to Oral Medicine and the Physically Disabled Rehab Unit being reallocated to the Rehabilitation and Assessment Directorate. Therefore, the only current capital projects are the Joint Community Equipment Store and the GP Training Facility at Bishopton. Expenditure on the Joint Community Equipment Store, however, will slip into the first half of 2007/08. Funding will be reprovided in 2007/08.

Formula Capital – Bids against the £1m Formula Capital allocated to CH(C)Ps have been submitted and are being collated in preparation for a prioritisation process being undertaken by the CHP/Partnership Directors. The outcome of this process will be known by the end of November 2006.

Mr Crawford advised that he had found the update in relation to prescribing costs and QoF payments very helpful and enquired if there was a limit as to how much each individual GP Practice can draw down in respect of services provided. Mr Leese advised that there are a maximum number of points GPs can generate

within the QoF framework. However, it is fair to say that across the NHS system, the assumed level of expenditure for QoF payments was lower by a significant number of millions than actual level of expenditure. For future reports, an appendix will be provided showing QoF expenditure.

J Bryden

The Committee noted the CHP Financial Report for the Period Ended 30 September 2006.

40. RENFREW HEALTH AND SOCIAL CENTRE

Mr Leese outlined the context of the project, advising that the earlier issue of identification of the capital funding for the development had been resolved. Towards the latter stages of summer 2006 the Chief Executive of NHS Greater Glasgow and Clyde had approved £15m capital to support the project. Paper No. 06/27 outlines the action required to complete the remaining work and see the project through to conclusion.

Mr Leese advised a Project Board has been established and is being co-chaired by Renfrewshire CHP and Renfrewshire Council. At the initial meeting of the Project Board a plan of work was agreed, with work required in three distinct areas:-

- Technical Review
- Project Management
- Timetable

The Technical Review is to ensure that the building will be fit for purpose and that the estimated costs to date are accurate.

The Project Board has Project Management responsibility for the development, supported by NHS Greater Glasgow and Clyde's Capital Projects Department, working in partnership with Renfrewshire Council.

It is anticipated that the technical review and project costing will be concluded during November 2006, allowing finalisation and submission of the Outline Business Case to the Scottish Executive Capital Investment Group (CIG) by the end of December 2006. Dependent on CIG approval, it is anticipated that by April/May 2007 the Full Business Case will be complete and a Preferred Bidder identified. Finalisation of specification, including mobilisation onto site by preferred bidder, will take approximately 18-20 weeks and build time will be approximately 70 weeks thereafter, giving an estimated date when the building will be available to be mid/late 2009.

The Chair advised that progression of this development was good news. Whilst completion was still some time in the future, the end result will be a new fit for purpose Health Centre for the people of Renfrew. Credit should be given to NHS Greater Glasgow and Clyde for honoring the commitment to see this project through to completion as the Board had been under no obligation to do so.

The Committee noted the Renfrew Health and Social Care Centre update.

41. JOINT FINANCIAL FRAMEWORK FOR OLDER PEOPLE 2006-2009

Mr Leese advised that within the early days of the establishment of the CHP, one of the inherited challenges was progression in planning for older peoples services. Work on this began in June 2006 when a commitment was given to identify priorities for funding as soon as possible to allow implementation.

At the August 2006 CHP Committee, the new joint planning structures and related working arrangements were agreed. Within this, a Joint Planning Performance and Implementation Group (JPPIG) was established to lead this programme of work.

The proposed financial framework for older peoples services builds on Renfrewshire's joint commissioning strategy 2006/2009 and the balance of care study approved by NHS Argyll and Clyde and Renfrewshire Council in 2005.

At the JPPIG meeting held earlier in the day the Joint Financial Framework was agreed. This Framework will allow for the development of services to proceed in financial balance.

Based on work progressed so far, the joint pool of resources for older peoples services is almost £5m in 2006/07, rising to £8.5m by 2008/09. Of this, £4.6m has been committed in previous years and a further £350,000 of service developments arising from the joint commissioning strategy are imminently due to start or are already operating.

Further balance of care/service model changes will continue to be developed by the JPPIG to determine additional, costed service and development priorities. The financial framework for older people will continue to be refined by JPPIG in light of these emerging issues.

Mr Leese concluded by requesting the Committee to acknowledge the work undertaken by JPPIG and to endorse the proposals contained within Table 1 of Paper 06/28 issued with the Agenda. An update on development of the proposals will be routinely provided to the Committee.

Mr Crawford advised that the proposals contained within the Joint Financial Framework for Older People outlines the development of a wide range of services to boost the community infrastructure.

The Committee approved the Joint Financial Framework for Older People 2006-2009.

42. OTHER BUSINESS DISCUSSED

(a) CHP Committee Development Session

Mr Leese advised that the first CHP Committee Development Session would take place on Friday 1st

NOT YET ENDORSED

December 2006. The purpose of these sessions is to broaden and deepen Committee Members understanding of service issues. Opportunity will be taken at the meeting to ascertain what topics Committee Members would find beneficial.

43. DATE OF NEXT MEETING

Friday 19th January 2007 at 12.30 p.m. in the Council's Chambers.

All to Note

Renfrewshire Community Health Partnership

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held at 12.30 p.m. on 19th January 2007
in the Chambers, Renfrewshire Council**

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 Martin	...	Renfrewshire Council
Ms J McDonald	...	RCVS
Mr A Robertson	...	Non-Executive Director
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
Mr P McLeod	...	Renfrewshire CHP/Renfrewshire Council
Ms F McNeill	...	Renfrewshire CHP
Ms J Still	...	Renfrewshire CHP

ACTION BY

1. WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed Members, Attendees, and members of the public to the meeting.

Apologies for absence were intimated on behalf of Mr David Leese, Mrs Dorothy Duffy, Mr Andy Patrick and Mr Barry Williamson.

2. MINUTES OF PREVIOUS MEETING

The Committee approved the Minutes of the meeting held on 17th November 2006 (RCHP(M)06-3).

3. DIRECTOR'S UPDATE

In the absence of Mr Leese, Dr Jordan provided the Director's update.

Dr Jordan advised that following dissolution of NHS Argyll and Clyde, NHS Greater Glasgow and Clyde had given a commitment to take a fresh look at the proposals for acute hospital service

provision for the Clyde section of the former NHS Board which now sits within the responsibility of NHS Greater Glasgow and Clyde. Over the last few months, the Board's Director of Planning – Acute, and her team have worked tirelessly in reviewing the Strategy and meeting with clinicians and the public to discuss new proposals. These proposals have recently been published and are out for consultation from 8th December 2006 – 2nd February 2007. Dr Jordan encouraged all Members to provide feedback on the consultation.

It was noted that the new Strategy outlines proposals for Renfrewshire and Inverclyde. A separate needs assessment is in the process of being undertaken in relation to acute hospital provision at the Vale of Leven.

Dr Jordan advised that there are substantial differences between the previous and new strategy proposals. Within the new Strategy, A&E services will continue to be delivered in both hospitals. To allow this to happen, new ways of working will be adopted, with consultants networking across the Clyde patch. Other changes to current service delivery relate to possible minor changes to particular specialty services (Urology, Vascular, Ophthalmology, Dermatology and ENT). These changes will impact on less than 500 patients treated at the IRH and less than 900 patients at RAH. The reason for these changes is not about moving services to Glasgow, which has been a common public concern raised during both strategies, but to rationalise specific specialty services to allow development of specialised knowledge of medical staff in order that they are able to maintain their expertise and continued professional development.

Referring to the shorter than normal consultation period, Dr Jordan advised that as the public had indicated a desire for certainty around services provided by both hospitals, the Scottish Health Council had agreed to a shorter consultation period than normal. This will allow the outcome of the consultation to be made available to the Minister for Health and Community Care before the Scottish Parliament purdah period commences.

Dr Jordan concluded by advising that engagement processes were now to commence for Maternity Services and Older Peoples Services.

Mr Crawford confirmed that the Council would be submitting a formal response to the Clinical Strategy consultation.

The Committee noted the Royal Alexandra Hospital and Inverclyde Royal Hospital Acute Services Consultation.

4. SCHEDULE OF MEETINGS - 2007

The Head of Administration referred to Paper 07/01 issued with the Agenda and advised that the proposed schedule of meetings of the Committee for the remainder of 2007 were 23 February, 20 April, 22 June, 17 August, 5 October and 30 November.

The Committee approved the 2007 Schedule of Meetings.

5. AUDIT SCOTLAND – CHP SELF ASSESSMENT TOOL

The Head of Administration referred to Paper 07/02 issued with the Agenda and advised that to support NHS Boards and CH(C)Ps set up and develop appropriate governance arrangements, Audit Scotland had produced a self-assessment checklist based on good practice and statutory guidance.

Mrs Still advised that a self-assessment had been completed on behalf of the CHP and submitted to Audit Scotland for comment. A response was still awaited. Mrs Still requested the Committee to note progress to date.

Dr Jordan advised that normally the self-assessment would be presented to the Professional Executive Group (PEG) before coming to the Committee, but to facilitate assurance to the Committee it had been agreed to present firstly to the Committee and then to the PEG at its next meeting.

The Committee noted progress of the Renfrewshire CHP Governance Self-Assessment.

6. PROFESSIONAL EXECUTIVE GROUP

Dr Jordan referred to Paper 07/03 issued with the Agenda, advising that this contained the Minute of the October meeting of the Professional Executive Group (PEG). Since then a further meeting of the Group had taken place and substantive membership agreed. As yet the 3 PEG representatives who will sit on the CHP Committee have still to be identified, however it is anticipated that this will be agreed at the next meeting of the Group and the 3 PEG members will attend the next meeting of the Committee.

L Jordan

The Committee noted progress in establishment of the substantive membership of the Professional Executive Group and PEG representation on the CHP Committee.

7. COMMUNICATIONS

The Head of Health and Community Care advised that as Members would be aware, the Communications Group was a formal sub-group of the Professional Executive Group.

At the October meeting of the Committee it had been agreed that an update on progress of the Communications Group would be brought to the Committee. Paper 07/04 issued with the Agenda contained a workplan detailing progress to date and the future workplan of the Group for the next 6-12 months.

Referring to the workplan, Ms Morrison advised that it was clear that much of the work within the first year is around improving basic communication systems and approaches. The agreed meetings between the CHP's Senior Management Team and individual professional groupings, independent contractors and partner agencies have already taken place or are scheduled in diaries. In addition, further staff engagement events following on

from the June 2006 events are scheduled for 1st and 7th February 2007.

A substantial amount of work has taken place on development of the CHP's website for public access. The site contains details of the CHP's structure, premises, services provided, details of the CHP Committee Meetings and useful links. The content of the website will continue to be developed but a comprehensive basis has been established.

In respect of staff communication, the first staff newsletter is currently at the Printers and will be issued within the next week or two, it is anticipated that a staff newsletter will be issued either twice or three times per year.

Ms Morrison concluded by advising that in due course it is anticipated that the CHP will link with Renfrewshire Council's Communication Strategy. Ms Morrison requested the Committee to note progress to date.

Mr Martin advised that the Group should make no apology for spending substantial time setting up the basics for communication as it was imperative that this was established correctly. In terms of the impending co-location of the CHP and the Council, it would be beneficial to explore at the outset shared communication services. Ms Morrison concurred, advising that this issue would be picked up by the Group.

S Morrison

Mr Robertson advised that communication was at the heart of all change, indicating that the NHS has progressed a long way over the last 3-4 years and it would be interesting to see how the CHP measures improved communication, particularly in terms of public perception. Mr Robertson advised that within Glasgow all press coverage is routinely analysed which in turn is leading to more accurate and positive reporting. It may be that the CHP would find similar analysis beneficial. The Chair advised that the Council undertakes similar analysis of press coverage, particularly from local media, and consideration will be given to the CHP and the Council undertaking this jointly.

S Morrison

The Committee noted the Communications update.

8. CHP DEVELOPMENT PLAN 2007/08

The Head of Planning and Health Improvement referred to Paper 07/05 issued with the Agenda. Ms MacKay advised that NHS Greater Glasgow and Clyde had circulated final Planning and Priorities Guidance for 2007/08 from which each CH(C)P was required to produce a Development Plan consistent with this framework.

In terms of content of the Plan, Ms MacKay advised that each section of the draft has been through the relevant professional/public partnership groups, and discussed at the Committee's Development Session in December 2006. The CHP was also represented at the recent Social Work planning event which gave the opportunity for Social Work and Health to highlight

shared priorities. It is still too early for full alignment of the CHP and the Council's planning processes but this is being worked towards.

Ms MacKay concluded by advising that an early draft of the Plan had been issued earlier in the week for comment with the intention that a final draft of the Plan will be presented to the Committee at its meeting on 23rd February 2007 for approval.

F MacKay

The Chair advised that there were some interesting target groups specifically identified within the Plan and sought further details of the homelessness section. Ms MacKay advised that a main focus of the Development Plan relates to addressing inequalities and there is evidence that homeless people have particularly poor health outcomes. The PPF had indicated that this was one area it would specifically like to see developed, particularly in relation to appropriate access to services.

Mr Crawford acknowledged the process used for development of the Plan, confirming that the issues contained within the Plan were comparable with the Council's Social Work Service Plan. In looking at both plans it is clear that there is a large overlap within development priorities and whilst the two planning processes are not yet synchronised, work will be undertaken to align the processes with a subsequent move to an integrated planning process. Following co-location of both organisations, work will be undertaken in looking at how both organisations join up their development processes, taking account that both organisations will have individual responsibilities.

Mr Robertson sought clarification on a number of points. Firstly, reassurance that the development of Renfrewshire's Plan was consistent with the requirements of NHS Greater Glasgow and Clyde and other CH(C)Ps. Secondly, whether there was recognition of the different health needs of rural and urban areas within Renfrewshire. Thirdly, relating to the particular key headings identified within the Plan, where teenage pregnancy, cancer screening and ethnic minority issues sat within these. Responding to each point in turn Ms MacKay advised that in relation to consistency of development of CH(C)Ps, within NHS Greater Glasgow and Clyde, there are 10 CH(C)Ps together with other partnerships and Acute Services. Whilst the number of service areas are large and involve a complex infrastructure, all are working within the same planing and priorities guidance framework provided by the NHS Board, also there are safety networks within the system such as Managed Clinical Networks which operate on a boardwide basis. In terms of the rural/urban split, whilst this has not been specifically highlighted within the Plan, the 6 local Community Planning Forums also produce Action Plans which feed into the Development Plan. This enables local issues to be recognised. Thirdly, in relation to specific service areas, teenage pregnancies will be covered within the sexual health section of the Plan, cancer services will be covered in a section on cancer and palliative care, and, in relation to ethnic minority issues, the CHP has a responsibility to produce an Action Plan on equalities, including ethnic minority equality, and detail of how this will be addressed will be contained within the Plan.

The Chair advised that the CHP's Development Plan was a growing document, overlap between the CHP and the Council has been noted and will be addressed through synchronisation.

The Committee noted progress on development of the CHP's Development Plan 2007/08.

9. FINANCIAL REPORT FOR THE PERIOD ENDED 30 NOVEMBER 2006

Mr Bryden referred to the Financial Report, Paper 07/06 issued with the Agenda, and advised it was worth noting that two financial periods had passed since the last meeting of the Committee. Mr Bryden advised that in terms of the overall revenue position, since the last report this had improved by £80,000 to a £68,000 underspend. Turning to the main expenditure categories, Mr Bryden advised that within Family Health Services there continues to be an overspend, however it was again worth reiterating that this reflects improved performance by GPs against the QoF Framework. Offset against this overspend is an underspend in prescribing, together with an underspend on vacancies not yet filled. In addition to offsetting the FHS overspend, the underspend within pay is being used for investment within a number of service pressure areas.

Turning to Section 2 of the Report, Revenue Position by Care Group, Mr Bryden advised that the overall care group budgets have increased by £1m, principally as a result of the CHP taking on other areas of responsibility.

Mr Bryden concluded his update by referring to Section 3 of the Report, Year-End Revenue Forecast, and advised that this section was important from a financial viewpoint. At present the forecast for the full year is that the current underspending within pay will continue to be recycled into service pressure areas which will result in break-even across pay and supplies. There is an informed and firm assumption that the overspending within GMS will be matched by underspending within prescribing. This results in an overall net forecast break-even position.

In response to Mr Robertson, Mr Bryden confirmed that the actual prescribing figures were up to October 2006 with an accrual to cover up to December 2006. Whilst pricing fluctuations were very favourable in October, more recent months were closer to the required national level of £30m savings.

The Committee noted the Financial Report for the Period ended 30 November 2006.

10. RENFREW HEALTH AND SOCIAL CARE CENTRE

Mr Bryden referred to Paper 07/07 issued with the Agenda and advised that this was a copy of the submission to the NHS Greater Glasgow and Clyde Performance Review Group (PRG) for approval of NHS funding for the above development. In addition to submission of the draft Outline Business Case (OBC)

to the PRG, the draft OBC had been sent to the Scottish Executive Capital Investment Group (CIG) in December 2006 for comment prior to formal submission to the 23 January 2007 meeting of the Group. The OBC had been approved by the PRG at its meeting the previous week and it was very much anticipated that approval by CIG would be forthcoming.

The Chair advised that he would wish to congratulate everyone involved in development of the submission as a lot of time and effort had been given by a large number of people. Development of the Renfrew Health and Social Care Centre would serve as a reminder of an excellent piece of joint working.

Mr Robertson advised that at the meeting of PRG held the previous week there had been tremendous support for this development. As well as the Renfrew development, the NHS Board was pleased to go out to consultation on future services for Inverclyde Royal Hospital. Both occasions have highlighted tremendous support from both clinicians and the public.

The Committee noted progress of the Outline Business Case for Renfrew Health and Social Care Centre.

11. DATE OF NEXT MEETING

Friday 23rd February 2007 at 12.30 p.m. in the Council Chambers.