

ERCHCP(M) 14/1
Minutes 1 – 17

**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 12 February 2014 in
the Council Offices,
Main Street, Barrhead**

PRESENT

Councillor Alan Lafferty (in the Chair)

Safaa Baxter	Chief Social Work Officer
Morag Brown	NHS Greater Glasgow and Clyde Board
Councillor Tony Buchanan	East Renfrewshire Council
Councillor Jim Fletcher	East Renfrewshire Council
Ian Lee	NHS Greater Glasgow and Clyde Board
Councillor Ian McAlpine	East Renfrewshire Council
Rena McGuire	Public Partnership Forum
Dr Alan Mitchell	Clinical Director
Julie Murray	CHCP Director
Elizabeth Roddick	Community Pharmacist - Professional Advisory Group
Rosaleen Reilly	Public Partnership Forum

IN ATTENDANCE

Eamonn Daly	Democratic Services Manager
Tim Eltringham	Head of Health and Community Care
Jonathan Hinds	Service Manager, Criminal Justice Services
Candy Millard	Head of Strategy
Cathy Roarty	Professional Nurse Advisor

APOLOGIES

Dr John Dudgeon	GP - Professional Advisory Group
Anne Marie Kennedy	Public Partnership Forum
Councillor Jim Swift	East Renfrewshire Council

ACTION BY

1. **DECLARATIONS OF INTEREST**

There were no declarations of interest intimated.

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

The committee considered the Minute of the meeting of 27 November 2013.

DECIDED:

That the Minute be approved.

3 **MATTERS ARISING**

The committee considered a report by the Director of the Community Health and Care Partnership providing an update on matters arising from discussions that had taken place at the previous meeting.

Commenting in respect of interim arrangements for new health and social care partnerships, the director explained that a report would be submitted to the next meeting of the committee on the implications of the Public Bodies (Joint Working)(Scotland) Bill currently going through parliament, as well as a work plan to be taken forward during the “shadow” year. She also indicated that a seminar on these topics could also be held if considered appropriate.

CHCP Director

NOTED

4. **CARE GOVERNANCE SUB-COMMITTEE**

The committee considered the Minute of the meeting of the Care Governance Sub-Committee held on 15 January 2014, which forms Appendix 1 accompanying this Minute.

Councillor Lafferty reported that he had attended the meeting and had been impressed by the detailed discussions and contributions made by sub-committee members.

NOTED

5. **PUBLIC PARTNERSHIP FORUM EXECUTIVE GROUP**

The committee considered the Minute of the meeting of the Public Partnership Forum (PPF) Executive Group held on 15 October 2013. which forms Appendix 2 accompanying this Minute.

NOTED

6. **STAFF PARTNERSHIP FORUM**

The committee considered the Minute of the meeting of the Staff Partnership Forum (SPF) held on 19 August 2013, which forms Appendix 3 accompanying this Minute.

NOTED

7. **UPDATE ON CROSS-BOUNDARY PROPOSALS FOR COMMUNITY NURSING**

The committee considered a report by the Director of the Community Health and Care Partnership relative to the implications for community nursing services in East Renfrewshire in the light of the redrawing of health board boundaries to ensure that a whole local authority area lay within an individual health board area.

The report highlighted the situation in part of Busby and part of Uplawmoor, where residents were served by NHS Lanarkshire and NHS Ayrshire and Arran respectively, although health board boundaries were being redrawn and all of East Renfrewshire would lie within the NHS Greater Glasgow and Clyde (GGC) area from 1 April 2014.

The report provided details of some of the challenges in delivering services to East Renfrewshire residents served by other health boards and also non East Renfrewshire residents who were registered with an East Renfrewshire GP. With particular regard to health visitors attending children living outwith East Renfrewshire as a result of the child being registered with an East Renfrewshire GP, it was explained that GGC records were not compatible with those in the Lanarkshire board area in addition to which one of the consequences of this arrangement was that health visitors were unable to establish detailed knowledge of, or relationships with, other services in that board's area which may have an input into services for the child.

Having outlined the steps that had already been taken to try and reduce the number of cross-boundary district nursing visits between East Renfrewshire and South Lanarkshire, the report explained that although the new boundary arrangements would facilitate improved access to health and social care services locally, a number of key issues remained in respect of East Renfrewshire residents being registered with GPs outwith the East Renfrewshire boundary. These included the use of different assessment tools, recording systems and IT systems by different health boards.

The report further explained that whilst the impact of the boundary changes on health visiting resources, mental health and learning disability teams would be negligible, the impact on district nursing services would be significant as the area to be covered would be larger with a population increase of approximately 1,800. It was explained that although some resource had been identified from within existing teams, this may not be sufficient to accommodate the extra population and workload.

Thereafter the report set out the key principles that would underpin any proposed model for health visiting and outlined 2 proposed options for future

service delivery; one based on a geographic model of practice for all children within a defined health board boundary, and the other model based on GP attachment for all children and families.

It being explained that the former option was considered to be the best way forward, reference was also made to the ongoing district nursing service review being conducted by NHSGCC and it was suggested that whatever option was selected, it would be prudent to await the outcome of the review before agreeing any changes to the district nursing service.

The Professional Nurse Advisor was then heard at length in connection with the proposals in the course of which reference was made to provision in the Children and Young Persons Bill going through the Scottish Parliament for named persons to be allocated to children from early infancy to school age, and the associated service implications this could have. Reference was also made to the potential increase in demand for district nursing due to changing age profiles and how this demand may be increased further with the health board boundary changes.

Expressing support for the geographic health visitor model, Mr Lee queried what steps could be taken to encourage East Renfrewshire residents registered with a non East Renfrewshire GP to register locally. This would not only help in terms of more integrated service planning, but also help to address some of the cross boundary service and information transfer issues that existed at present.

In response to questions from Ms Brown it was confirmed that the board's Director of Corporate Planning and Policy had been involved in discussions around the proposals.

The director having explained the service integration benefits that would accrue from all East Renfrewshire residents being registered with an East Renfrewshire GP, Dr Mitchell explained the reasons why from a GP perspective it was not helpful to have patients registered who were some distance away, but that patients who had been registered with a particular practice were often reluctant to change even if moving to a different area. He also highlighted that improved service delivery and not cost was the main driver in the proposals.

DECIDED:

- | | | |
|-----|---|----------------------------|
| (a) | to support Option 1 – Geographic model of practice for all children within a defined health board boundary - as the preferred model of service delivery within health visiting; and | Professional Nurse Advisor |
| (b) | that the outcome of the District Nursing Service Review be awaited before any changes to the District Nursing Service are considered. | Professional Nurse Advisor |

8. CRIMINAL JUSTICE SOCIAL WORK SERVICES – OPERATIONAL DEVELOPMENTS 2014

The committee considered a report by the Chief Social Work Officer providing a summary of operation developments taking place in 2014.

The report explained that during 2013/14 the Scottish Government had announced a number of opportunities for local authority criminal justice social work services and other partners to develop plans to address priority groups, these being identified as women offenders and prolific offenders.

Having heard from the Chief Social Work Officer on the manner in which criminal justice social work services were funded and the challenges this presented in terms of longer term planning for service delivery, the committee then heard from the Service Manager, Criminal Justice Services, who reported in detail on how the three initiatives were being taken forward at a local level.

In response to questions, it was clarified that unpaid work as part of a Community Service Order was part of a disposal following conviction, whilst Fiscal Work Orders were alternatives to prosecution for low level crimes which impacted on local communities, such as vandalism.

NOTED

9. **SCOTTISH GOVERNMENT RESPONSE TO “REDESIGNING THE COMMUNITY JUSTICE SYSTEM – A CONSULTATION ON PROPOSALS”**

The committee considered a report by the Director of the Community Health and Care Partnership summarising the position of the Scottish Government following consideration of responses to their consultation on redesigning the community justice system.

The report reminded the committee that the three options consulted upon had been an enhanced Community Justice Authority model; a local authority model; and a single service model.

The report explained that the Scottish Government’s response to the consultation had been published in December 2013. Responses to the consultation had indicated a clear preference for local provision.

The report outlined the key themes that had emerged during the consultative exercise and explained that the Scottish Government had accepted the preference for a local focus for planning and delivery with local strategic planning and delivery of community justice services through community planning partnerships. However the proposals also included the establishment of a national body to provide assurance and recommendations to Scottish Ministers and local government elected members, and also professional strategic leadership. This body would support a Board for Community Justice.

A continued role for the Risk Management Authority, the development of a national strategy for workforce learning, development and innovation, and a developing role in community justice for the Third Sector were also highlighted.

The arguments for and against the continuation of ring-fenced funding were outlined and it was explained that consultation on the detail of the government’s preferred model would take place in the current year.

In response to comments on the establishment of a national body, the director explained that these proposals would be the subject of further development, and so at this stage details of the role of the board and issues such as membership were unclear.

NOTED

10. EASTWOOD HEALTH AND CARE CENTRE – PROGRESS UPDATE

Under reference to the Minute of the meeting of 12 June 2013 (Item 43 refers), the committee considered a report by the Director of the Community Health and Care Partnership providing an update on progress in the development of the new integrated health and care centre for the Eastwood area of East Renfrewshire.

The report referred to the funding mechanisms for the centre and reminded the committee that in order for economies of scale to be achieved the project had been bundled with the construction of a new health centre in Maryhill. Details of progress in the development of the Final Business Case (FBC) were provided, it being explained that for a number of reasons, including that some elements of the project needed to be subjected to market testing and the costs of the Maryhill project exceeded the affordability cap, the finalisation of the FBC had been delayed and as a result the timetable for the project had slipped, with an anticipated completion date of October 2015.

In order to expedite matters, the director was seeking delegated authority to submit the FBC once finalised to the Board's Quality and Performance Committee. This in turn would allow the FBC, once approved by the committee to go forward to the Scottish Government's Capital Investment Group in March.

The director having emphasised that the issues around the Maryhill centre were the cause of the delay and confirmed that the project would still be within the approved financial envelope, Councillor McAlpine expressed disappointment that progress in the Eastwood project was being hampered due to difficulties with the Maryhill project, and that residents in the area were keen for the project to be delivered.

DECIDED:

- (a) that the report be noted; and
- (b) that delegated powers be granted to the Director of the Community Health and Care Partnership to submit the Full Business Case to the Board's Quality and Performance Committee for approval prior to submission in March 2014 to the Scottish Government's Capital Investment Group. CHCP Director

11. CARE AT HOME SERVICE INSPECTION

The committee considered a report by the Director of the Community Health and Care Partnership regarding an inspection of the Council's Care at Home Service carried out by the Care Inspectorate in November 2013.

The report explained that the service had been assessed as “very good” in each of the themes in which it had been assessed, and that there had been steady improvement in service grades over the past 5 years.

As part of their findings, the Commission made 2 recommendations about changes in service provision. The first recommendation was that the service consultation and quality assurance process should be developed to gather more specific information about the quality of management, whilst the second related to the development of support plans for people with dementia.

Mrs Roddick referred to comments made at the previous meeting about the pressures placed on community pharmacists as a result of the current requirements for the dispensing and administration of medication together with the prompting of medication to many service users to allow them to be assisted by home care staff to take medicines. She again highlighted the need for these arrangements to be given further consideration.

In reply, the Head of Health and Community Care explained that the management and reduction of risk to patients was key in the development of any arrangements and whilst recognising the demands that were placed on pharmacists suggested that the current arrangements were not likely to change in the foreseeable future. Notwithstanding the director explained that this issue would be discussed at the seminar in May.

Councillor Lafferty welcomed the report and highlighted the importance of independent evaluation of services provided.

NOTED

12. ORGANISATIONAL PERFORMANCE REVIEW

The committee considered a report by the Director of the Community Health and Care Partnership advising of the outcome of the last Organisational Performance Review (OPR) conducted jointly by the Chief Executives of NHS Greater Glasgow and Clyde (NHSGGC) and East Renfrewshire Council and which looked at the CHCP’s performance against a wide range of requirements laid down by NHSGGC and the Council.

Commenting on the report the Head of Strategy referred to the different performance monitoring arrangements in place in the Council and the NHS and that work would be carried out to try and develop a reporting format that better reflected the requirements of both organisations. This would also take account of new requirements in the transition to health and social care partnerships.

NOTED

13. ANTICIPATORY CARE OPERATING POLICY

Under reference to the Minute of the meeting of the Care Governance Sub-Committee of 15 January 2014, when it had been agreed to recommend to the committee that the Anticipatory Care Operating Policy be approved, the

committee considered a report by the Director of the CHCP regarding a proposed anticipatory care operating policy for East Renfrewshire, a copy of which accompanied the report.

The report explained that national policy promoted the use of anticipatory care planning approaches to better manage long-term conditions, anticipatory care planning being seen as an evolving conversation tailored to personal circumstances and proportionate to the support needs of the individual and their carer. As such, the report explained that the proposed policy set out the approach to anticipatory care within the East Renfrewshire CHCP and the contributions to anticipatory care of professionals across the partnership area..

The report then provided a summary of the policy, explaining that the policy described the linkages between the operating policy and the *Strategic Framework for the Management of Long Term Conditions* developed by NHS Greater Glasgow and Clyde alongside the *Keep Well* programme.

Furthermore, amongst other things, the report explained that the policy set out the key roles and responsibilities of various professionals, tying these together around multi-disciplinary working and the Rehabilitation and Enablement Service clusters and the added value brought to anticipatory care from this context.

Dr Mitchell suggested that local GPs would be welcoming of the improvements. He explained that there were still IT challenges around the sharing of care plans amongst different groups of staff. However, the Head of Health and Community Care had been pursuing this with the health board and a date from which care plans would be available to secondary care staff had now been determined. This would give clinicians easy access to patients' anticipatory care plans, which it was hoped would reduce hospital attendances and admissions, and reduce the length of stay for those patients admitted to hospital.

DECIDED:

That the Anticipatory Care Operating Policy be approved.

Planning and
Performance
Manager/Acting
Rehabilitation
and Enablement
Services
Manager

14. REVENUE BUDGET MONITORING – 2013/14

The committee considered a report by the Director of the Community Health and Care Partnership advising of the CHCP budgetary position as at 30 November 2013.

The report explained that in respect of the 2013/14 consolidated budget, against a phased budget of £56.8 million, there was currently an overspend of £413,233 (0.7%). The reasons for the overspend were outlined.

The director reminded the committee that in December 2013, recognising the pressures being faced by the service, the Council had agreed to provide a further £1 million of funding in the current financial year.

Dr Mitchell having confirmed that account had been taken of short supply issues relative to the prescribing budget, Mr Lee expressed concern at the overspend and questioned what were the implications for the 2014/15 financial year. In reply, the director explained that the Council would be confirming the 2014/15 budget the following day and that in preparing the budget for the CHCP, estimates had been made of projected service demand.

Whilst welcoming the additional injection of funding by the Council, Ms Brown highlighted that external pressure for service improvement could place additional demands on budgets as well as issues such as anticipatory care and re-ablement also impacting on budgets, and that it may be helpful for these issues to be discussed at a seminar.

Welcoming this suggestion the director explained that it had already been flagged up to the board that issues that the board were keen to address at a board-wide level could have budgetary and service delivery consequences at a local level.

NOTED

15 VALEDICTORY – SAFAA BAXTER, CHIEF SOCIAL WORK OFFICER

Councillor Lafferty reminded the committee that this would be the last meeting attended by Safaa Baxter prior to her forthcoming retirement from her post of Chief Social Work Officer. He expressed gratitude for the support and advice provided by Mrs Baxter during her time in office and acknowledged the major contribution she had made to the delivery of quality services for East Renfrewshire residents.

Thereafter, on behalf of the committee, Councillor Lafferty offered Mrs Baxter best wishes for a long and happy retirement.

Resolution to Exclude press and public

At this point in the meeting, on the motion of the Chair, the committee unanimously resolved that in accordance with the provisions of Section 50A(4) of the Local Government (Scotland) Act 1973, as amended, the press and public be excluded from the meeting for the following items on the grounds that they involved the likely disclosure of exempt information as defined in Paragraphs 6 and 9 of Part 1 of Schedule 7A to the Act.

ACTION BY

16. **EAST RENFREWSHIRE CARERS SERVICE**

The committee considered a report by the Director of the Community Health and Care Partnership regarding proposals for the contracting for carers' services when the current contractual arrangements ended on 31 March 2014.

DECIDED:

- | | | |
|-----|---|--|
| (a) | in consultation with the Council's Procurement Section, that arrangements be made to develop a negotiated contract with East Renfrewshire Carers; | Commissioning and Development Co-ordinator |
| (b) | that the contract be awarded on a 3 year basis (2 years with an option to extend for a further year); and | Commissioning and Development Co-ordinator |
| (c) | that discussions take place with Crossroads Care about pilot arrangements for home based respite. | Commissioning and Development Co-ordinator |

17. **DATE OF NEXT MEETING**

It was reported that the next meeting would be held on Wednesday 16 April 2014 at 10.00 am in the Council Offices, Main Street, Barrhead.

NOTED

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

**Minute of meeting of the
East Renfrewshire Community Health and Care Partnership
Care Governance Sub-Committee
held at 10.00 am on 15 January 2014 in
the Council Offices, Main Street, Barrhead**

PRESENT

Dr Omer Ahmed	GP, Barrhead Health Centre
Morag Brown	NHS Greater Glasgow and Clyde Board
Kim Campbell	Primary Care Development Manager
Mary Gallagher	Operations Manager, Children and Families
Hilary Millar	Community Pharmacy Clinical Governance Facilitator
Councillor Ian McAlpine	East Renfrewshire CHCP (Chair)
Dr Alan Mitchell	Clinical Director
Rosaleen Reilly	Public Partnership Forum
Cathy Roarty	Professional Nurse Advisor
Cindy Wallis	Mental Health & Partnerships Manager
Janice Winter	Clinical Effectiveness Coordinator

IN ATTENDANCE

Eamonn Daly	Democratic Services Manager
Kirsty Gilbert	Child Care Service Manager
Jonathan Hinds	Service Manager, Criminal Justice Social Work Services
Caren McLean	Lead Officer, Child Protection
Stuart McMinigal	Business Support Manager
Erik Sutherland	Planning and Performance Manager
Gerry Tougher	PPF Liaison Officer
Catherine Tully	Prescribing Support Pharmacist

APOLOGIES

Safaa Baxter	Chief Social Work Officer
Lorna Brown	Lead Officer, Prescribing and Clinical Pharmacy
Anne Dean	Staff Partnership Forum
Tim Eltringham	Head of Health and Community Care
Lesley Forsyth	Public Partnership Forum
Wilma Hepburn	Acting RES Manager

ACTION BY

1. CHANGE IN ORDER

Prior to the start of the meeting, Councillor McAlpine intimated that he had agreed to change the running order to facilitate the conduct of the meeting and that Agenda Item 8 – Workload and activity of criminal justice social work services would be considered after Agenda Item 4 – Child Protection Update.

NOTED

2. MINUTE OF PREVIOUS MEETING

The sub-committee considered the Minute of the meeting of 30 October 2013.

DECIDED:

That the Minute be approved.

3. MATTERS ARISING

Under reference to the Minute of the previous meeting (Item 5 refers), when it had been agreed that details of incidents recorded in Datix in respect of the Barrhead Centre and Barrhead Health and Care Centre be circulated to members of the sub-committee for information, Mrs Reilly commented that the use of the “other incident” category was higher compared to other premises.

The reasons for the use of the “other incidents” category having been explained and the steps being taken to try and minimise the use of the category, it was suggested that appropriate officers identify the specific details of the incidents recorded as “other” and meet Mrs Reilly thereafter.

Commenting in general on the use of the “other incidents” category, Ms Brown highlighted the challenges this posed in terms of proper oversight and governance activities.

DECIDED:

- (a) that the comments be noted; and
- (b) that appropriate officers identify the specific details of the “other incidents” recorded in respect of the Barrhead Centre and Barrhead Health and Care centre and meet with Mrs Reilly thereafter.

Primary Care
Development
Manager/Clinical
Effectiveness Co-
ordinator/Clinical
Risk Co-ordinator

4. CHILD PROTECTION UPDATE

The sub-committee took up consideration of a report by the Chief Social Work Officer relative to recent developments in self-evaluation work in child protection in East Renfrewshire.

A copy of the self-evaluation report considered by the East Renfrewshire Child Protection Committee, together with a care governance newsletter article on local development in the field of child protection accompanied the report.

Commenting firstly on the newsletter, the Lead Officer Child protection was heard relative to the changes to how learning opportunities were being offered to partners across East Renfrewshire Child Protection Committee.

Thereafter the Lead Officer was heard relative to the self evaluation exercise that had taken place, the questions that had been asked, an analysis of the responses and information that had been obtained, and the subsequent improvement plan that had been developed.

In response to questions, it was clarified that co-operation with partner agencies had already significantly improved and a number of changes had been made to child protection paperwork and templates which improved the quality of information provided. It was also clarified that reports from GPs had improved significantly.

Further discussion then took place relative to the usual length of time children were placed on the Child Protection Register

NOTED

5. WORKLOAD AND ACTIVITY OF CRIMINAL JUSTICE SOCIAL WORK SERVICES

The committee considered a report by the Director of the Community Health and Care Partnership, providing details of the workload of criminal justice social work services during 2012/13.

Having outlined the criminal justice services managed by the CHCP during 2012/13, given details of new developments during the year including completion of the improvement plan for high risk offenders, and referred to work continuing to 2013/14 including responding to the outcome of the national redesign consultation, the report provided full details of work during 2012/13. This included the preparation of assessments to assist courts with sentencing (up 17.5%) and an increase in Community Payback Orders.

ACTION BY

It was also highlighted that the number of probation and Community Service Orders had decreased in line with more eligible offences being dealt with through Community Payback Orders.

Amongst other things, information regarding the amount of unpaid work carried out by offenders was provided, it being noted that Cashback for Communities funding of £82,500 had been received from the Scottish Government in 2011/12 which had enabled a joint project between criminal justice services and the Environment Department to redevelop tennis courts as part of the Cowan Park Sports Hub in Barrhead. As part of the project, offenders had completed the project alongside the appointed contractor.

Details of some of the other work carried out by the service were also provided. This included operation of the Forensic Community Mental Health Team where 36 individuals across East Renfrewshire, Renfrewshire and Inverclyde had been managed in 2012/13, and Arrest Referral services. Furthermore, comment was made on performance against national standards.

Comment was also made on the Scottish Government consultation on the future delivery of criminal justice services. The Government had analysed the responses to the consultation and it now looked as though the service would continue to be delivered through local authorities. However, it was likely that a number of additional conditions would be placed on local authorities and partner agencies, and these would be reported to a future meeting.

In response to questions, the Service Manager explained that the Community Payback Order scheme was working better than previous arrangements, as the new scheme allowed better engagement with offenders to tackle any underlying issues with up to 10% of a sentence able to be used for engagement with offenders or referral to other services.

In addition, Dr Mitchell reported that from 1 April 2014, responsibility for police custody health services was transferring to health boards. Services currently provided only by forensic medical examiners/police surgeons would be supported by nursing staff in future. It was explained that the new arrangements would also allow for better links to community health services.

Thereafter, Catherine Tully was heard on some of the work being carried out by the prescribing team in respect patient care for older people, with particular regard to polypharmacy. It was highlighted that East Renfrewshire CHCP had the best percentage for completed polypharmacy reviews (57%) by GPs.

ACTION BY

DECIDED:

- (a) that the report and additional information be noted;
- (b) that the additional conditions to be imposed relative to the retention of criminal justice services by local authorities be reported to a future meeting.

Service Manager –
Criminal Justice
Social Work
Services

6. PUBLIC PARTNERSHIP FORUM UPDATE

The sub-committee considered the undernoted items in respect of the Public Partnership Forum:-

- (i) Minute of the meeting of the Public Partnership Forum (PPF) Executive Group held on 15 October 2013; and
- (ii) Bulletin: November 2013.

Making reference to the newsletter the PPF Co-ordinator explained that following the launch of the new patient feedback website a positive comment had been received about Sandyford Services.

NOTED

7. COMPLAINTS – JULY TO SEPTEMBER 2013

The sub-committee considered a report by the Business Support manager providing information relative to complaints, MP/MSP/Councillor enquiries, suggestions and comments received by the CHCP for the period July to September 2013.

In addition, following a request made at the September meeting of the sub-committee, information relative to GP complaints had also been included in the report.

Commenting further on the report the Business Support Manager explained that it was too early at this stage to look at emerging trends but this would be done at the end of the year when more information was available.

Reference was also made to the number of complaints received about parking problems around the Barrhead Heath and Care Centre. It was noted that these were being exacerbated by the ongoing development works in Barrhead and the steps being taken to try and improve matters were explained.

With regard to GP complaints it was explained that practices that had not responded to the request for complaint information

ACTION BY

would be contacted by the Primary Care Development Manager. Dr Mitchell suggested that there were some useful learning points to share and that the report should be shared at the next GP Forum and practice managers' meeting.

In response to a question from Ms Brown regarding a particular complaint about a separate matter regarding a reduction in service and the terms of the response to the complaint, and also the importance of ensuring that services commensurate with the assessed needs of clients continued to be provided, the Business Manager undertook to feed this back to the manager concerned.

DECIDED:

- (a) that the report be noted;
- (b) that a copy of the GP complaints section of the report be taken to the next meetings of the GP Forum and Practice Managers Meeting; and
Clinical Director/Primary Care Development Manager
- (c) the comments around the terms of the response to the complaint about the reinstatement of services to previous levels be fed back to the relevant manager.
Business Support Manager

8. GP PRACTICE QUALITY IMPROVEMENT VISITS

The Primary Care Development Manager reported on visits to 3 practices in November/December 2013.

Both she and Dr Mitchell had been impressed by their visits to each of the practices while a small number of improvements had been suggested across the three practices.

Dr Mitchell reported that the opportunity had been taken at the visits to discuss issues associated with contract review compliance.

NOTED

9. ANTICIPATORY CARE OPERATING POLICY

The sub-committee considered a report by the Planning and Performance Manager regarding a proposed anticipatory care operating policy for East Renfrewshire, a copy of which accompanied the report.

The report explained that national policy promoted the use of anticipatory care planning approaches to better manage long-term conditions, anticipatory care planning being seen as an

ACTION BY

evolving conversation tailored to personal circumstances and proportionate to the support needs of the individual and their carer. As such, the report explained that the proposed policy set out the approach to anticipatory care within the East Renfrewshire CHCP and the contributions to anticipatory care of professionals across the partnership area..

The report then provided a summary of the policy, explaining that the policy described the linkages between the operating policy and the *Strategic Framework for the Management of Long Term Conditions* developed by NHS Greater Glasgow and Clyde alongside the *Keep Well* programme.

Furthermore, amongst other things, the report explained that the policy set out the key roles and responsibilities of various professionals, tying these together around multi-disciplinary working and the Rehabilitation and Enablement Service clusters and the added value brought to anticipatory care from this context.

In response to a question from Councillor McAlpine on support for the proposed policy, the Planning and Performance Manager explained that there had been high levels of support from all sectors at the workshops that had been held.

Welcoming that the policy set out the roles and responsibilities of different staff groups, Mr Brown queried there was adequate capacity to deal with any increase in SPARRA (Scottish Patients at Risk of Readmission and Admission) “at risk” people.

In reply the processes in place to deal with people at risk were outlined.

It having been confirmed that GPs were completing anticipatory care plans, Dr Mitchell reported that an increasing focus on such plans formed part of the revised 2014/15 GP contract. Some other elements that had previously formed part of the contract had been removed, however Dr Ahmed highlighted that care plans took longer to prepare than the other requirements that had been removed. In addition Dr Mitchell explained that there were still IT challenges around the sharing of care plans amongst different groups of staff, but that the Head of Health and Community Care had been pursuing this with the health board. Whilst this would be considered to be a welcome improvement it was noted that patients received a paper copy of any plan that was prepared for them so there was a mechanism for staff to get sight of plans if necessary.

ACTION BY

DECIDED:

That the sub-committee endorsed the policy for presentation to the CHCP Committee for approval.

Planning and
Performance
Manager in
consultation with
Democratic
Services Manager

10. **IMPROVING OUTCOMES FOR DRUG AND ALCOHOL RECOVERY THROUGH SERVICE REDESIGN AND IMPROVEMENT**

In the absence of the Commissioning and Development Co-ordinator and Acting Service Manager (Children and Family Services), it was agreed that consideration of this item be continued

DECIDED:

That consideration of the report be continued to a future meeting.

11. **CLINICAL DIRECTOR'S REPORT**

Dr Mitchell provided an update in respect of ongoing discussions regarding locally negotiated Section 17c contracts being made available to GPs. These allow a much greater degree of flexibility than the current national 17j contracts. Two open meetings with GPs across the board area had taken place and 2 East Renfrewshire GP practices had expressed an interest in taking this forward.

Dr Mitchell also provided an update relative to the ongoing Clinical Services Review. He explained that a demonstration project seeking to improve patient care pathways was about to take place at the Royal Alexandra Hospital in Paisley. As a result, the project would work most closely with Paisley based GPs, although patients in the Levern Valley area would benefit from any improvements that were introduced.

Finally, Dr Mitchell reported that Renfrewshire CHP and East Renfrewshire CHCP had jointly been awarded European funding to take part in a "United4Health" project, looking at ways in which to improve the treatment of patients with diabetes, heart failure and COPD. A scoping exercise to identify the best way in which to use the additional resources was under way.

NOTED

ACTION BY

12. **DATE OF NEXT MEETING**

It was reported that the next meeting would be held on Wednesday 19 March 2014 at 10.00am in the Council Offices, Main Street, Barrhead.

NOTED

East Renfrewshire Community Health & Care Partnership Public Partnership Forum

Note of the meeting of the Public Partnership Forum Executive Group Tuesday 15th October Eastwood House 1pm – 3pm

Present:	Anne Marie Kennedy Gerry Tougher Maureen Russell Christine Murray Rosaleen Reilly Susie Swift Rena McGuire Geoff Mohammed Gillian Kinstrie Bernard Fishman	Older Peoples Network (Chair) PPF Officer, CHCP Community Councils network Mental Health Support Individual Individual Community Health Projects Carer (Vice Chair) Scottish Health Council Giffnock, Thornliebank, Netherlee, Stamperland & Williamwood Area Forum
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Apologies:	Candy Millard Robert Armour Douglas Yates Marie Hedges Lesley Forsyth	Head of Planning and Performance (acting) Learning Disability network Faith Forum Community Health Development Officer, CHCP Individual
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In attendance:

Gavin Russell	Early Years Programme Manager, CHCP
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PREVIOUS MINUTES (18/09/13)

These were agreed.

MATTERS ARISING

- The homecare review event will take place at Eastwood House on October 22nd from 11am – 1pm. A mixture of staff, carers, and service users will discuss what is currently working well within homecare and what can be done better. Gerry will feedback on this at the next meeting.
- Gerry attended the Care and Repair Review meeting on 9th October. Paul Holland, ERC Trading Standards Officer, gave a very useful presentation on telephone call blocking devices. He spoke specifically about the positive impact of the devices on those with dementia who are particularly at risk of nuisance

calls. The group spoke about the possibility of linking in with telecare and/or care and repair services to make these more available to vulnerable groups.

- Rena and Rosaleen both missed the last meeting and expressed concern regarding the conversation about postponing the review of the Working Agreement. The main issue at hand is PPF representation at the CHCP Committee. It was agreed in the April 2012 Working Agreement that this would be the Chair and Vice chair, with two substitutes. This was based on guidance from NHS Greater Glasgow and Clyde at the time.

Both Rena and Rosaleen have questioned this position in the past and would like to see a more equitable attendance at CHCP Committee meetings from the four reps or a change from the Chair and Vice Chair being the two main reps. This issue would have been addressed with the Working Agreement Review. They don't want this situation to drift on until next year without further discussion. There is also the issue of the Chair as Anne Marie has now served over two years in this position. It was agreed to arrange for the 4 reps to meet with Candy and Gerry soon in order to move this forward.

COMMENTS FROM MEMBERS

- Geoff spoke about his concern over the recent NHS IT failure. Rosaleen mentioned that she had been affected by the postponement of appointments. Although the incident was largely unforeseen and no information was lost the group thought it would be appropriate to share/note PPF concern at the next CHCP Committee.
- Gerry, Anne Marie, Rena and Rosaleen fed back on the Reshaping Care for Older People/Integration of Adult Health and Social Care event at Paisley Town Hall on September 23rd. This involved East Renfrewshire, Glasgow City, Renfrewshire, Inverclyde and East Dunbartonshire contributing to a Scottish Government led event for staff and service users. It included presentations from the Scottish Government on the Reshaping Care context, health and social care integration outcomes and care standards. The Scottish Government wanted to hear the public's views on health and social care policies affecting adults and older people.

Although this event was very well attended by community members it was poorly organised and run. The event became very negative. There was also concern on the day from the audience about what is going to happen to PPFs next year with Adult Health and Social Care Partnerships.

Gerry, Geoff and Anne Marie should have an update on this after the Scottish Health Council event on October 18th which will have input from the Scottish Government on adult health and social care integration. This event will also look at the possibility of forming a Greater Glasgow and Clyde PPF network.

- Rena mentioned that Weight to Go will now be running on Thursday evenings at Dunterlie Resource Centre for the next four weeks starting October 24th.
- Christine told the group about another RAMH Recovery café at Broom Church, Mearns Road, Newton Mearns On December 6th

EARLY YEARS COLLABORATIVE, GAVIN RUSSELL: EARLY YEARS PROGRAMME MANAGER, CHCP

Gavin updated the group on his new role. He has been in post for a few months now and has spoken to numerous community/staff groups about his remit. This is to help every child in East Renfrewshire to have the best start in life that they possibly can and will involve all services working together with the community to achieve this.

There are three specific long term aims.

- A reduction of 15% in the rates of stillbirths and infant mortality by 2015.
- 85% of all children reach all of the expected developmental milestones at the time of the child's 27-30 month child health review by 2016
- 90% of all children reach the expected developmental milestones at the time the child starts primary school by 2017.

Susie asked if there has been any liaison with other authorities. Gavin replied that there is an Early Years Programme Manager in every local authority area in Scotland. She asked if there has been anything obvious so far in his dialogue with community groups and staff. Gavin mentioned that support for parents is not coherent and lacks consistent messages. Given that parents have the most significant influence on children in their early years priorities for the early years collaborative are pre-birth support, parenting and family support and working with communities. The work will focus initially in Auchenback.

Gavin stressed that new approaches to this are vital and gave an example of a recent staff initiative regarding attendance at Arthurlie Family Centre which has been very positive and increased attendance consistently.

A community event has been organised at Arthurlie Family Centre on November 11th and guest speaker will be Sir Harry Burns, Chief Medical Officer for Scotland.

Gavin is happy to come back to the PPF in a few months time and update the group on progress.

PPF ACTION PLAN UPDATE

Gerry handed round a sheet with over 30 potential updates for the PPF Glossary. The feeling is that this is still useful to have/use. There will be more to add but Gerry will make a start on the update

The group also spoke about the PPF Information Pack. This will be reviewed/updated for early 2014 with meeting dates agreed. New PPF leaflets have also been printed with the "your voice in health and social care" tag line.

The group agreed that the PPF Open event should take place in spring 2014 (possibly before the Easter break) in Barrhead. The event will be similar to Clarkston Halls in 2012 but could also include updates on Welfare Reform, Adult Health and Care Integration and Early Years Collaborative.

AOB

Gerry handed out information about a Telecare Event at Hampden Park on October 31st This will have input from Carers UK, The Falkirk Falls Management Project, a demonstration of products and guest speaker Craig Brown (former Scotland Manager)

The CHCP have around twenty spaces for service users, carers etc to attend. Names need to be in by October 25th.

Next meeting is at **Undercover, Barrhead November 19th 6pm – 8pm.**

East Renfrewshire Staff Partnership Forum

Monday, 19 August 2013 - Conference Room, 2:30pm

Minute of Meeting

Attendees:

Julie Murray, Director of CHCP, (Co-Chair)
Tim Eltringham, Head of Health & Community Care, CHCP
Ann Cameron-Burns, UNISON (NHS)
Bob Gibson, UNISON (NHS)
Ian Smith, UNISON (ERC)
Carol McIlwaine, UNISON (ERC)
Candy Millard, Commissioning, Planning & Development, CHCP
Stephen Fullerton, UNISON (NHS)
Stuart McMinigal, Business Support Manager, CHCP
Saima Nevin, HR Business Partner
Marianne Keast, Minutes, CHCP

Apologies:

Safaa Baxter, CSWO (Head of Children's Services & Criminal Justice), CHCP
Linda Tindall, Organisational Development Officer, CHCP
Anne Dean, GMB (NHS)
Steven Larking, UNISON (ERC)

1. WELCOME/ APOLOGIES

Julie welcomed everyone to today's meeting and apologies were noted as above.

2. MINUTES OF PREVIOUS MEETING

Minute approved as accurate.

3. MATTERS ARISING

No updates outwith this afternoon's agenda.

4. STANDING UPDATES:

4.1 Specialist Children's Services Redesign

Some issues around specialist paediatrics. It would be good to get some clarity around staffing. Two staff have been appointed through the changing children's services fund. There is also a whole raft of activity around the 30 month check, and are currently interviewing. We hope to have someone in post around September/October.

4.2 Business Support (Admin) Review

Paper circulated. Stuart advised that the demand analysis exercise had been deferred until after the summer holidays and will now start next Monday (26th Aug). We will look at roles and responsibilities over a four week period. Staff have been briefed. Stuart will keep the group updated.

4.3 Accommodation/ Premises/ Agile Working

Big changes taking place across Council buildings as part of the RES cluster redesign. First stage was to encourage staff across the board to have a 'spring clean', we are now in the process of the final clear out so that staff can move. Agile working model will be adopted in relation to the set up/ furniture & storage. Due to the considerable amount of movement over the next month or so, it is inevitable that there will be disruption. Agile consultants have been appointed to look at Barrhead Health & Care Centre. They will gather feedback from staff & present analysis based on their findings. It's important for us to learn lessons as we are still in early days of redesign.

Lygates ground floor will be developed into a health centre, with the 1st floor being used purely for service delivery. This will start in Oct.

A pilot project involving a number of people looking at technology for staff out in the field is underway. There is a detailed PID available, this will be emailed out to the group for info. Technology issues are being feedback from staff involved in the agile pilot. Staff need to feel that changes are supporting them not limiting them.

Stephen asked if there would be recompense for staff out of pocket through organisational changes? Ann advised that there are some issues around insurance coverage of equipment stored in cars, for example, staff's own car policy might not cover equipment damaged in a crash or stolen from the car making them liable to replace items.

ACTION: Marianne to email PID.

4.4 RES Redesign

We are currently in the process of implementing the co-location of teams. The district nursing team has moved from Clarkston to CHCP HQ, there were some IT issues on arrival but these have been addressed. There were also some contractual/ mileage etc queries. It might be useful to reiterate to staff that they can contact HR or union reps if they are in any doubt.

Cluster teams have been involved in joint exercises to get to know each other. A formal review process will be undertaken by the HR sub group in late Sep, any issues can be monitored here.

4.5 Health & Safety

Summary paper circulated showing review scores of the CHCP health & safety audit which was carried out last year. Summary shows both NHS and Council side. We will look at developing a more integrated NHS/Council health and safety plan as at the moment we have two separate streams overseen by one steering group. The group agreed that it would be helpful to see the full report & improvement plans.

ACTION: Stuart will bring full report/ improvement plans to next meeting.

5. STAFF GOVERNANCE PLAN

We will look at the Staff Governance paper at the next meeting.

ACTION: Marianne to put on agenda under Saima/ Linda.

6. NHSGG&C LEARNING DISABILITY REDESIGN

Julie has led a board-wide review of NHS specialist learning disability services over the last 18 months. The aim of the review is to bring consistency and clarity to the purpose of the specialist services across NHSGGC. There has been engagement with professional groups, staff side and user groups. The revised service specification and proposed workforce model will be available for wider consultation towards the end of the year.

ACTION: Julie will bring this to the SPF for discussion at that point.

7. HEALTH & SOCIAL CARE INTEGRATION LEGISLATION

The Bill was introduced in parliament and committees are reviewing written and verbal evidence.

There is a process developed for the integrated CHCPs to transition smoothly into shadow arrangements by April 2014.

Stephen was concerned that there was little in the bill about partnership working with staff side. He was concerned about terms and conditions and management arrangements and no clarity about where acute services fitted in.

Julie pointed out that we had been operating an integrated partnership in East Renfrewshire for a number of years and there had been no significant issues about terms and conditions or management arrangements to date.

The body corporate model could potentially evolve into an employing organisation but there was no intention that this should happen for the foreseeable future.

8. CHCP COMMITTEE PAPERS FOR 21 AUG

- Clinical Services Review
- Early Years Strategy
- Transitions Paper
- Changing Adoption & Fostering Allowance
- PPF Minutes
- Budget/ Performance Management reports

9. AOCB

Marianne to add BUDGETS to next agenda.

10. FUTURE MEETING DATES

- 25TH Nov 2013, 2:30pm, Eastwood House

All meetings 2:30pm to 4:30pm. Room booked from 1:30pm for TU pre-meetings.