West Glasgow Community Health Care Partnership Committee

Minutes of the Meeting held at 1.30 p.m. on Tuesday, 31 October 2006 in the Councillors’ Corridor, City Chambers, George Square, Glasgow

PRESENT

Councillor Aileen Colleran (Chair)

Lorna Barr, Professional Executive Group
Terry Findlay, West CHCP Director
Councillor Dr Malcolm Green
Tam Munro, Public Partnership Forum

Barbara Elliott, Professional Executive Group
Councillor Irene Graham
Baillie Dr Christopher Mason
Dougie Taylor, Public Partnership Forum

IN ATTENDANCE

Jim Crichton, Head of Mental Health, West Glasgow CHCP
Matt Forde, Head of Children’s Services, West Glasgow CHCP
Margaret Joyce, Community Addictions Manager, West Glasgow CHCP
Chris Melling, Learning Disability Operations Manager, West Glasgow CHCP
Jeanne Middleton, Head of Finance, West Glasgow CHCP
Justine Murray, Head of Human Resources, West Glasgow CHCP
Dr John Nugent, Clinical Director, West Glasgow CHCP
Ray de Souza, Head of Planning and Health Improvement, West CHCP
Valerie Smith, Acting Head of Addiction Services, West Glasgow CHCP
Amanda Taylor, Learning Disability Operations Manager, West Glasgow CHCP
Karen Whyte, West Glasgow CHCP (Minutes)

ACTION BY

1. APOLOGIES

Apologies were received from Jessica Murray (Vice Chair), Paul Higgins, Professional Executive Group, Baillie Gordon Matheson, Prince Obike, Staff Partnership Forum and Pam Fenton, Head of Health and Community Care West CHCP

Cllr Colleran welcomed everyone to the meeting.
2. **MINUTE OF LAST MEETING ON THURSDAY, 24 AUGUST 2006**

The minutes of the last meeting held on Thursday, 24 August 2006 were agreed as accurate.

3. **RESPITE/SHORT BREAK SERVICES FOR ADULTS WITH A LEARNING DISABILITY REPORT**

Cllr Colleran welcomed Evelyn McIver, Cathie Heaney and Margaret Miller, carers and users of Learning Disability Respite Services. Chris proceeded to give a brief background on respite for people with learning disabilities. Mrs McIver noted that the closure of Kelso House is not a popular decision especially when residents are being moved to Riddrie. Parents and carers do not want to move to Riddrie as it is too far away and they feel that the journey for some of the clients may be too much for them. It was also highlighted that some GPs will not attend Riddrie. A location for a new facility in Drumchapel is proposed but recurring revenue will have to come from existing monies for this to happen. A questionnaire and response had been provided along with the paper and it was noted that 22 out of 38 responses had been received. 20 out of 22 people had noted in the response that they would use a respite centre in Drumchapel if one was made available. Cllr Graham asked if the clients had been consulted regarding moving to Riddrie? It was noted that not all clients would fully understand the move and what it entailed. Cllr Graham also asked about the high level of provision for few which was noted within the report. Chris replied saying that this was purely historical. It was agreed that the current provision needs to be assessed.

It was noted that the proposal for a new facility in Drumchapel and needs assessment was limited only to existing services and users and did not incorporate unmet needs. For this to proceed services would no longer be purchased from Fulwood Avenue Centre. Cllr Mason stated that funding needs to be tackled appropriately and at a higher level and also noted that it was unpopular to move Kelso House to Riddrie. He agreed that the Committee should look at taking forward the Drumchapel Respite Centre proposal in consultation with service users. It was also noted that the West CHCP cannot afford to fund all individual packages and there was also a necessity to increase support to help Carers. Tam Munro stated that the Committee had to advocate on behalf of people with learning disabilities and that various financial packages must be looked into. The Committee has an opportunity to set a standard that would be a mix of overnight/short stay respite in the West CHCP. John Nugent also commented that patterns of use may be worth exploring. It was agreed to support the proposal and write to the Director of Social Work about needs in the area.
2. REPORTS FROM SUB-COMMITTEES

a) Professional Executive Group – Update

Dr John Nugent gave a brief update on issues discussed at the last PEG meeting on Wednesday, 25 October 2006:

- Childhood Immunisation Rates; recently available per CHCP, a recent survey had suggested that significant numbers of professionals involved had doubts about the schedule and the availability of an online training programme, under the mentorship of Dr Ahmed of GG&C Health Board, was discussed.

- The roll out of the Weight Management Service in the West; endorsement of this invaluable new service

- The Redesign of Primary Care Mental Health Services; particularly the issues

- Feedback from a recent Diagnostics Redesign Event; which had already resulted in helpful changes to the diagnostics process, although communication issues around these developments were also raised

- The review of the Health Visitor role; as part of the wider issue of Children’s Services redesign

- Compliance aids; as raised during one of the service visits this issue raises concerns about workload and safety

- The Primary Care Collaborative; recent news that a further wave would be starting

- Social Work Governance Arrangements and Health Improvement and Inequalities would be carried forward to the next meeting.

- Finally a proposal was being developed for the development of the PEG including firming up of membership and nominations of a Co-Chair to be taken forward at the next meeting.

John also gave an update on the activity of the two current Sub-Groups of the PEG.
Care/Clinical Governance Group Activity

This Group last met on 17 October 2006, and the role and remit of this Group has yet to be finalised. A Clinical/Care Governance paper had been presented at a Health Board seminar on 3 October 2006 and positive verbal feedback had been received. The Sub-Group workplan was still being agreed and a draft had been circulated with the papers. Work was still on-going to develop a governance “Lead” role in the West.

Prescribing Group Activity

John reported that practice prescribing budgets are still based on an historical spend and that the following represent the current priorities of the prescribing sub group:

- The development of a CHCP Prescribing Plan
- A review of the Prescribing Incentive Scheme
- A review of Wound Management Prescribing

Once again John offered the services of the Prescribing Lead in the matter of a Prescribing item at a future Committee development session. Terry will let John know when this is required.

Cllr Graham asked about Social Work involvement in the PEG. Matt Forde confirmed that this was still being developed. 2 members currently sit on the PEG on an interim basis and definitive membership is currently being arranged.

b) Staff Partnership Forum

Terry Findlay advised the Committee that a framework had been agreed by the NHS and the Trade Unions. The Unions were still in discussion as to who would Chair the Group but that Representatives had been nominated.

c) Public Partnership Forum

Ray de Souza briefly presented this paper. Membership of the PPF Executive had been outlined in accordance with the Guidance. An Executive of 19 is proposed for the PPF reflecting the target proportions of 9 representatives of coalitions; 7 projects (local agencies) and 3 individuals as outlined in the Guidance. The Steering Group will consider the matter of membership further at its next meeting on 6 November 2006.

Glasgow News has been developed as a joint/partnership venture between the CHCP, the two local CPP’s; Opportunities, the Police and Fire and Rescue. The paper has been very well received by the local communities in the CHCP area and is going from strength to strength. The 3rd edition would be published in the first week of December.
Both Tam Munro and Dougie Taylor would continue as interim representatives of the PPF on the CHCP Committee.

Glasgow Community Planning Limited and its partners have agreed an integrated framework for community engagement within each of the 5 CHCPs in Glasgow. Work is being progressed by the CPPs to implement the proposals for the new framework and CHCP staff have agreed to join the membership of the Community Engagement Co-ordination Group which will have a strategic and quality assurance role for community engagement within the area and maintain an overview of related activities. Some more detail needs to be worked out and that work is in progress.

The voluntary sector network would enable the identification of members to the PPF; CPP and the relevant Community Engagement Groups.

Tam Munro commented that things were moving on in terms of the voluntary sector network proposal. GCVS are helping with an election process.

5. FINANCIAL REPORT

Jeanne Middleton gave a brief update on the position to date. The revenue position at the end of August 2006 is a net under spend of £213,600. Social Work currently has an over spend of £114,160 for the period ended 8 September 2006. Discussions with Social Work are still taking place. The health budget realignment exercise is 99% near completion. The Mental Health net under spend is £51,900 and Learning Disabilities current net overspend is £4,300. Other cost pressures have been identified due to the budget realignment exercise and is currently under review by the Glasgow Learning Disabilities Group. Health and Community Care net overspend is £27,900 and Children’s and Families is net under spend of £34,600 and this is mainly due to Child Health Project and Health Visitor vacancies. The Prescribing net under spend is £49,400. This could change significantly as the generic drug tariff price adjustments are reported over the coming months. Hosted Services is net under spend at £46,200 and this is currently under review.

Cllr Graham asked when does the Committee become involved regarding an under spend position? Terry advised that expenditure priorities are determined through the CHCP Plan and any discretionary funds are put to this purpose. Any expenditure outside of the agreed plan would need to be determined by the Committee.

Cllr Green asked what the likely impact on Social Work would be of the Pay and Benefits Review? Terry advised that there would be an impact financially on all Council functions, the CHCP is focused upon ensuring staff in detriment have opportunities over the next two years.
The draft Capital and Accommodation Plan 2006-2010 was tabled for discussion. Terry gave a brief overview on the paper and outlined some of the key principles within it and highlighted that discussions are still on-going regarding the site for the new Drumchapel Children and Family Centre. The works being carried out at the Community Centre for Health in Partick were hoped to be completed in March 2008 and a development at Woodside is becoming more urgent and would be taken forward with North CHCP.

Barbara Elliott asked if disabled access was being taken into consideration for these developments when the costings were being made? Terry replied, that yes, these costings were being taken into consideration in all new developments.

John Nugent asked what the process for bigger projects was? Terry confirmed that these would be submitted to the City Council and the NHS capital planning processes in the first instance. Some projects are submitted directly by the Scottish Executive.

Chris Melling raised the issue of car parking at Southbrae.

Cllr Mason asked if provision was being made available for Campbell, McNair and Rutherford House’s in the works being carried out on the new MH building at Gartnavel Royal Hospital? Terry confirmed that there were plans to refurbish in the Capital Plan for 2007/8. Dr Mason then asked if this would then lead to a reduction in the number of acute beds? Jim Crichton replied that there was no reduction of beds within the new MH build.

Cllr Colleran then asked if both Cllr Mason and Jim Crichton could meet outside the Committee to take these issues forward.

Cllr Graham raised the issue around the LD provision at Whiteinch and if this should be in the plan? Terry confirmed that this building is rented and the reason why it was not in the plan.

Terry tabled for Committee members information schematics relating to Partick Community Centre for Health – Phase II and Plean Street Health Centre in Yoker.

Cllr Colleran asked the Committee to agree the plan and it was agreed to proceed in principle with a final plan to be submitted early in the New Year.

6. HUMAN RESOURCES, LEARNING & ORGANISATIONAL DEVELOPMENT

Cllr Colleran welcomed Justine Murray, Head of HR to the Committee. Justine highlighted that significant work is being progressed to put in the necessary infrastructure to support human resources and development activity such as the establishment of key posts, structures, systems and processes. It would be important for the Committee to be regularly updated on the progress in implementing HR, OD and Learning agendas.
The Committee were then asked to give consideration on the following standing agenda items which hopefully, they would find helpful. These were:

- HR Performance
- Learning Performance; and
- OD Performance.

These were agreed by Committee.

Cllr Mason asked if more awareness of autism could be included into the Training Plan. Justine noted that this was a helpful point and highlighted that a Learning Plan had not been established but that she would take this forward to the next PEG meeting.

Cllr Colleran highlighted that it may be helpful if the Pay and Benefits Review information was put into the report. This was agreed by the Committee and Justine would take this forward. Barbara Elliott asked how would integrating practice in a health environment happen? Justine stated that she was already looking at establishing a group to address certain issues around this.

7. SERVICES PROVIDED BY WEST COMMUNITY ADDICTION TEAM

Margaret Joyce gave an update to the Committee on services provided. Support services available directly from the CAT include:

- One to one support and counselling. People can see a Duty Worker at any point of their counselling;
- Methadone Clinics; hepatitis B immunisation, hepatitis C testing and follow up, HIV testing; treatment of abscesses and wounds;
- Health promotion and harm reduction information;
- Access to mental health assessment and Psychological Services; referral to alcohol related brain damage intervention, Acute Liaison Services; and
- Homeless Support Services, Sexual Health Clinic and C card which entitled people to free condoms.

The Team currently work with approximately 910 clients and provide a range of interventions that are determined by individual care plans. The ratio of service users indicates that there are approximately 3 drug users to 1 alcohol user.

Within the CAT the average waiting time for an assessment is less than 7 days. The daily duty arrangements within West CAT means that persons can refer directly to the service and be seen as required.

Support is provided to pregnant drug users and the Family Support Worker in the West CAT is currently working with 14 women.
2 Specialist Addiction Workers have a current active caseload of 18 girls and 17 boys between the ages of 12 and 21 years.

Under employability the CAT Team are working with local organisations. Dougie Taylor highlighted that there had been 470 clients in 2 years and that these were individuals and not referrals. A delivery partnership had been established with the CAT Team, Drumchapel Adventure Group, Drumchapel Opportunities and the Glasgow Volunteer Centre. This was part of the Council service and the West CHCP is a partner for 300 people engaging in services which is a brilliant achievement.

2 Drug and Alcohol Forums are active within the West Glasgow CHCP which represented the Drumchapel and Dumbarton Road Corridor areas. Issues raised at the Forums include the development of a permanent base for West CAT in the DRC geographic area.

Sessional workers are employed by the DRC Addictions Forum and Scottish Drugs Forum in an attempt to recruit second year pupils attending Knightswood Secondary School to deliver peer education on addiction issues and on healthy living to final year primary school pupils. Tam Munro advised that staff will be employed by the DRC and not the SDF. A 3 year roll in programme had commenced in April with induction training for adult educators who will in turn act as tutors to the 20 secondary school pupils till the turn of the year. It was also noted that education for primary schools had been available since April. Matt Forde highlighted that an effective Addictions Service is beneficial to children and their families.

The Kinship Group is supported by staff and colleagues from the Scottish Drugs Forum’s Community Engagement Officer. Its membership comprises around 12 grandparents who have caring responsibilities for children who own parents are unable to provide appropriate care. This is an active group whose support for children and their families is very important.

So far this financial year the West CAT has referred 25 people to a range of residential rehabilitation units. 2 voluntary organisations have been commissioned to provide residential/accommodation facilities.

The Addiction’s West Community Alcohol Support Services provides tailored support for people over the age of 18 who are experiencing problems with alcohol and homelessness, or are at risk of homelessness, or are in the process of resettling with the West of Glasgow. Barbara Elliott raised the issue of people who want to continue to drink and it was noted that there was no service developed for them and that this was an issue which would have to be taken forward. It was agreed that this issue should be taken forward to the Local Housing Forums and then brought back to a future Committee meeting.
The main challenges for the West CAT Team in the year ahead are:

- To strengthen the links between Social Work Family Support Services; Child Protection Services and Addiction Services to ensure best possible outcome for children under 5 who live within families where the problematic use of drugs or alcohol impacts.
- To maintain the growth in numbers of individuals and families accessing Addiction Services.
- The CAT Clinic currently prescribes to approximately 300 persons, 16 of who receive buprenorphine (subutex).
- To continue to support the 11 GP Practice Shared Care Clinics who prescribe to more than 280 clients.
- To implement exit strategies with clients in an attempt to move greater numbers into further education, training and employment opportunities. In so doing improve psychological, financial and physical well being of this often disadvantaged client group.

8. PROPOSED INTEGRATED FRAMEWORK FOR EMPLOYABILITY IN WEST GLASGOW

Ray de Souza introduced this paper to the Committee. He advised that this was a three tier model and that proposals would be discussed and endorsed by the two CCP’s at a meeting which was arranged for next week. Dougie Taylor asked if the Integrated Strategic Group, Job Centre Plus and the Shaw Trust be represented and Ray indicated that the members of the Strategic and Operational Groups would be the subject of further discussion as the proposals were rolled out.

Cllr Colleran asked for the framework to be implemented as soon as possible and for progress to be reported to the Committee regularly.

9. CHCP PERFORMANCE MANAGEMENT AND REPORTING FRAMEWORK

Ray de Souza advised the Committee that new arrangements had been agreed by the Council and the Health Board. Points 2.4 and 2.5 of this paper were highlighted regarding agreed targets. It was noted that the Executive Team would be considering the performance management arrangements and specifically the targets and measures at a meeting with the Management Group next week. The matter would also be the focus of detailed consideration at the next Committee Development Session which was due to take place in December 2006.
Cllr Graham highlighted that there was no reference to women or violence within this paper. Ray would report Cllr Graham’s concerns to the NHS/Council Group. It was noted that the Police hold the most reliable data on these issues. Margaret Joyce agreed to try and retrieve this information and produce a paper. Cllr Graham suggested that it would be helpful if the pilot project (Impact) could look into these issues in greater detail. Cllr Colleran agreed that this was an issue which needed to be look at within each individual CHCP and the Committee agreed the recommendations of the report.

10. WEST GLASGOW CHCP DRAFT DEVELOPMENT PLAN: FEEDBACK FROM ENGAGEMENT PROCESS AND PROPOSALS FOR NEXT STEPS

Ray de Souza informed the Committee on the feedback which had been received on the Draft Development Plan and that comments had been received from a number of sources. Comments would be incorporated into the next CHCP Plan which would be produced in January 2007 for discussion with the NHS and the Council. Dougie Taylor asked if the comments received could be circulated to members as people had given their time and Ray agreed that he would do this.

Cllr Colleran asked the Committee to agree the recommendations of this report.

11. SCHEDULE OF CHCP COMMITTEE MEETINGS AND DEVELOPMENT SESSIONS PUBLIC ACCESS AND CHCP COMMITTEE MEETINGS

Terry asked all members if they could please note the date and times of future Committee meetings and Committee Development Sessions in their diaries. Terry reminded the Committee that all Committee meetings are now open to the public and will be advertised accordingly. However, the facility to consider matters in private is available through a motion to exclude the press and public. The form of the motion is “to consider whether to approve a motion to exclude the public and press during consideration of the items listed in Part II of the Agenda, in view of the confidential nature of the business to be transacted”. This will be used for issues related to individual staff, discipline or commercial and in confidence business.

It was agreed by the Committee that all future Committee meetings would be held at the City Chambers except for the meeting scheduled to take place on 17 April 2007. The Committee would agree at a future meeting where this meeting would take place.

12. DATE OF NEXT MEETING

The next meeting was agreed for Tuesday, 12 December 2006 at 1.30 p.m. at the City Chambers.

The meeting ended at 4.15 p.m.