



GGCHCP(West)(M)06/06
Minutes 6

Paper No.

West Glasgow Community Health Care Partnership Committee

**Minutes of the Meeting held at 1.30 p.m. on Tuesday, 12 December 2006 in the
Councillors' Corridor, City Chambers, George Square, Glasgow**

PRESENT

Councillor Aileen Colleran (Chair)

Lorna Barr, Professional Executive Group
Terry Findlay, CHCP Director
Councillor Irene Graham
Paul Higgins, Professional Executive Group
Jessica Murray (Vice Chair)

Barbara Elliott, Professional Executive Group
Marie Garrity, Staff Partnership Forum
Councillor Dr Malcolm Green
Tam Munro, Public Partnership Forum
Dougie Taylor, Public Partnership Forum

IN ATTENDANCE

Dr Alison Bigrigg, Director, Sandyford Initiative (Item 7)
Jim Crichton, Head of Mental Health
Chris Melling, Acting Head of Learning Disability
Jeanne Middleton, Head of Finance
Justine Murray, Head of Human Resources
Ray de Souza, Head of Planning and Health Improvement
Valerie Smith, Business Support Manager
Karen Whyte (Minutes)

ACTION BY

1. APOLOGIES

Apologies were received from Baillie Dr Christopher Mason; Baillie Gordon Matheson; Pam Fenton, Head of Health and Community Care; Matt Forde, Head of Children's Services; Margaret Joyce, Acting Head of Addictions Services; Dr John Nugent, Clinical Director; and Amanda Taylor, Acting Head of Learning Disability.

Cllr Colleran welcomed everyone to the meeting especially Marie Garrity who has joined the Committee on behalf of the Staff Partnership Forum.

2. MINUTE OF LAST MEETING ON TUESDAY, 31 OCTOBER 2006

The minutes of the last meeting held on Tuesday, 31 October 2006 [Paper No. 06/12] were agreed as accurate, subject to the following agreed amendment on page 8, paragraph 7 under Services Provided by West Community Addiction Team the word 'SDC' should be changed to 'SDF' and "20 volunteers" should read to "20 secondary pupils".

KW**3. MATTERS ARISING****a) Learning Disability Respite**

Terry Findlay has discussed with the Director of Social Work Services the need for respite within the West Glasgow area following on from the report which had been produced for the last Committee meeting [Paper No. 06/02]. A letter has been sent by the Chair reflecting the Committees views. The Drumchapel proposal is developing further as the process has now been started.

b) Employability

Ray de Souza reported that the Employability Integrated Strategic Group would hold its inaugural meeting on 13 December and be convened by Baillie Matheson. The group will consider the way forward for developing an integrated approach to employability in West Glasgow and be asked to endorse the objectives of the framework. A key aspect of the work will be to outline a standardized outcomes and monitoring arrangements. It was hoped that the second tier of the framework, the Operational Group, would be rolled out as soon as possible after the New Year.

On related matters, Ray de Souza informed the Committee that a pilot project had been developed by the CHCP and Opportunities with joint funding of £40,000 from each organisation. The project would focus on enhancing the capacity of frontline practitioners in social work and (in due course) primary care to address employability issues with service users. Terry Findlay advised the Committee that an awareness-raising, interactive event for health and social care practitioners on employability was organized by the CHCP and Equal Access. It was well received and positively evaluated. It was also noted that the CHCP had been invited to join an NHS-led Health and Employability Group.

c) Development Plan

Ray de Souza advised the Committee that Guidance had now also been issued by the Council's Social Work Services. The CHCP would endeavour to follow the separate guidelines of both the NHS and Social Work as closely as possible in producing the CHCP Plan. Work on the plan is currently in progress and the starting point is to review the feedback received from the engagement process in the context of achievements outlined in the last plan and the performance reports. Heads of Service are in the process of identifying the key priorities for their respective service areas. The Committee Development session in January will provide an important opportunity for members to highlight and/or shape the strategic direction and priorities for the CHCP over the next three years, particularly at local level.

d) Development Session Topic – 19 January 2007

Terry Findlay asked the Committee if they would still be happy to meet on 19 January 2007 as the session on 1 December 2006 had been cancelled due to a large number of apologies. Ray de Souza confirmed the importance of continuing with this Session to discuss issues around the Development Plan. Cllr Colleran sought confirmation from the Members that the Session on 19 January 2007 would continue as planned.

DECIDED:

Committee Development Session about the CHCP Plan will take place on 19 January 2006.

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4. REPORTS FROM SUB-COMMITTEES

a) Professional Executive Group – Update

A report was submitted by the Clinical Director [Paper No. 06/13]. Unfortunately Dr John Nugent could not attend the meeting so Jim Crichton, Head of Mental Health gave a brief update on the issues discussed at the last PEG meeting which was held on 29 November 2006.

Work was still on-going to develop a governance "Lead" role in the West and it was hoped that this would progress in early January 2007.

JN

Key discussions around the role of the PEG were discussed, in particular, members had received information on the survey which had been conducted and it was noted that some members were still unsure on the role of the PEG. It was agreed that it would be helpful to hold a PEG Development Session (1/2 day) in mid-January 2007 with a view to taking forward key issues.

Unfortunately it was not possible to confirm Social Work membership at the meeting and this issue would be taken forward to the next meeting. Finalising Membership and electing a Co-Chair had also been discussed. It was noted that it would be helpful to have a Social Work colleague as the Co-Chair of the PEG.

b) Public Partnership Forum

Ray de Souza gave a verbal account of progress. Representation and membership would hopefully be agreed by 1 April 2007. Three Public/Stakeholder meetings are being held and then an election process would be set up. Tam Munro highlighted that progress had been made in relation to establishing the Voluntary Sector Network. Tam had attended recently a very constructive meeting which both Uzma Rehman and Fiona Dickson from the CPP had been presented. He confirmed that 93 voluntary organisations had signed up to date.

Ray de Souza confirmed that the Glasgow News has been developed as one of the means of developing a link and dialogue with the local community and encouraging engagement. The free newspaper is delivered to 77,000 households and it has been well received.

Ray de Souza indicated that discussions about the way city-wide voluntary organisations engage with CHCPs are still on-going. Further consideration will also continue to be given as to the involvement of specific populations in the PPF, such as people with learning disabilities.

c) Staff Partnership Forum

Justine Murray had submitted [Paper No. 06/14] which had detailed background on the Staff Partnership Forum. First meeting was scheduled for Friday, 15 December 2006 with Terry Findlay and Marie Garrity as joint chairs. At this initial meeting terms of reference and identifying local representatives would be considered. The remit of the Staff Partnership Forum will address operational issues affecting the CHCP and ensure the implementation of agreed strategy decisions as appropriate. The CHCP Staff Partnership Forum is not a terms and conditions negotiating body. Justine would bring an update to the next meeting of the Committee.

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5. HUMAN RESOURCES/LEARNING AND ORGANISATIONAL DEVELOPMENT

Justine Murray talked to [Paper No. 06/15]. It had been agreed at the last Committee meeting that a progress report in relation to the standing items for human resources, learning and organisational development be produced highlighting the implementation of respective pay modernisation agendas within the NHS and the Council.

Under the Human Resources Progress Report Justine noted:

- **Establishment**

Figures for the CHCP are in the process of being clarified. Within Social Work Services, the disaggregation of the North West Area Team is still in progress and once complete will enable production of exact establishments.

Within health, there is an estimated 830 NHS staff employed within the CHCP. Establishment records are currently being checked manually with each Manager to ensure accuracy.

- **Turnover**

Once establishment figures for Social Work Staff are clarified, it will be possible to produce staff turnover information which Justine will update the Committee on at the next meeting.

There is currently a vacancy management system operating within the Council at present, therefore vacant posts will be advertised and filled in exceptional circumstances only.

Work has started on producing regular turnover information. Currently NHSGGC is reviewing its workforce information systems. A snapshot of workforce information was taken in August 2006 and it suggests a 7.8% turnover rate within West Health Staff for that month.

- **Attendance**

Based on the figures for West Area Social Work, absence for the period 5 November 2006 to 2 December 2006 was 7.52%

The snapshot of workforce information suggests a 6.5% absence rate for West Health Staff for August 2006. It was noted that levels above our performance targets and work continued to bring this down to a more acceptable level.

- **Learning and Education Progress Report**

Irene McMahon had been appointed as the Learning & Education Adviser for the NHS for West and North West CHCP.

- **Organisational Development Progress Report**

Yvonne Campbell had been appointed as the Senior OD Adviser for the NHS for West and South West CHCP. Significant OD activity is being developed and the standing items for future updates will be:

Transformational Themes; OD Plan; Performance Management & Objectives; and Leadership.

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- **Learning, Education and Development Group**

An update on the NHS knowledge and skills framework (KSF) will be given to the next Committee meeting. It is hoped that a draft CHCP Learning Plan will be produced by Spring 2007.

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- **Workforce Pay & Benefits Review**

Valerie Smith gave an update on the Workforce Pay and Benefits Review. Glasgow City Council is currently undergoing a review in order to comply with equal pay legislation and to ensure that men and women doing similar jobs receive the same remuneration.

The outcome of the process has resulted in some staff being allocated to a pay grade higher than their current pay point and some staff being attached to a pay point which is lower than their present pay point. Therefore these staff are in a potentially detrimental position. A review and appeal process is now in place and questions are being sent to the Heads of Service for answers by Staff.

The number of staff in Social Work in detriment is approximately 1,150 but the precise number of staff affected in West CHCP is not available at this point in time.

Due to staff in various areas across the Council being in detriment Unison took the decision to ballot their members to vote for strike action which was planned for 5, 6 and 7 December 2006. This strike action was averted due to management and Unison talks agreeing a settlement. Terry Findlay noted that the preparations for this proposed industrial action tested our emergency planning response, particularly in relation to our two public residential homes for the elderly.

Dougie Taylor highlighted the issue of people in detriment and that it looked more like groups of staff i.e. Learning Disability Staff were particular affected. Barbara Elliott noted that learning and education for staff would need to be developed. Cllr Colleran confirmed that she attended the Steering Group for the Council and that a process was moving forward and more work was still to happen.

- **Agenda for Change**

Justine Murray gave an update on Agenda for Change (AfC).

Prior to the introduction of pay modernisation, the NHS had 17 different pay and grading structures (known as Whitley), often with differing terms and conditions, based on staff group or profession. Pay and conditions were negotiated nationally, including cost of living rises.

Pay modernisation was brought about for a number of reasons, including the fact that separate pay structures could not guarantee equal pay for work of equal value, that a fragmented pay structure hindered redesign of services, and the need to be better at linking pay progression to knowledge and skills acquisition.

Assimilation is the process of staff transferring from previous Whitley grading to AfC banding.

To date, 297 staff have been assimilated. Of these, 44 staff have increased grade, 235 have moved to similar grades, and 18 have decreased grade. Of this group of 18 staff, 16 are on protected salaries. It was noted that the appeals process is now in place.

- **Knowledge & Skills Framework Process**

A Knowledge and Skills handbook has been produced nationally. This describes a range of competency areas, some of which are core to all jobs, e.g. communication. For each competency area, a number of levels of competency are described.

Once assimilated, the Employee and Manager should agree a Personal Development Plan to support achievement of the KSF outline. Training is in place for Managers to become familiar with the PDP process in relation to KSF and the PDP plans will then inform the Learning Plan.

6. FINANCIAL REPORT

Jeanne Middleton talked to [Paper No. 06/16]. The NHS revenue position at the end of August 2006 is a net underspend of £237,600. This is favourable movement of £34,000 against the previous period underspend of £213,600 reported, however, current indications project a break even position at the end of the financial year. The Partnership Social Work budget is reporting a net overspend of £516,800 for the period ended 3 November 2006. This is significant and represents an adverse movement of £402,600 against the previous net overspend of £114,200 (period 6) reported. The summary position highlights a Partnership overspend of £279,200 (0.37%) and represents an adverse movement of £378,600. Discussions with Social Work on the realignment exercise are on-going regarding a number of budgets and areas of service:

Jeanne Middleton highlighted the Health and Community Care Social Work budget that currently has a significant overexpenditure.

The reason for this is Residential Homes are overspent by £80,000 due to the requirement to increase night duty cover in residential units in line with a directive from the Care Commission.

In addition, West CHCP inherited a number of posts in excess of establishment. The over-established staffing level will reduce through time by a combination of staff leaving the service and re-deployment where appropriate. This situation has arisen based on the way in which the Fieldwork Review has been implemented. Consequently we are seeking confirmation that this will be viewed as an overall system responsibility, not solely the CHCP.

Home Care Services are overspent following a Departmental re-alignment of budget across the five CHCPs. A request has been made for details of the methodology used. The position is being monitored closely by Social Work Centre on an overall basis as the total Home Care budget across the system, (all CHCPs and Centre), is in balance.

The Committee noted the need to continue discussions with the Social Work Department to clarify budget allocations and reiterated the view that the CHCP cannot assume full responsibility for all budgets until these matters are resolved.

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Jeanne Middleton noted that work is on-going to progress the final Capital and Accommodation Plan 2006-2010 for submission to NHS GGC and GCC Joint Capital Planning Group. At this stage it is anticipated that the final version will be made available in January 2007.

Terry Findlay noted that there had been a three month slippage trying to secure the site for the Drumchapel Integrated Children and Family Centre which had now been achieved. The Project Management Team can now begin their work but as a consequence of the delay the project is now behind schedule but it is anticipated that planning permission will be sought by March 2007.

7. PERFORMANCE MANAGEMENT

Ray de Souza introduced this report [Paper No. 06/17]. He invited the Committee to consider their role and responsibilities in relation to planning, performance management and ensuring best value set out in the CHCP Scheme of Establishment.

Ray de Souza advised the Committee that Matt Forde, Head of Children's Services was already undertaking a large area of work on Children's Services to address performance improvements.

He reported the points raised on monitoring of violence against women and domestic could not be addressed at present because that data is not collated by NHS GG&C routinely at present.

Cllr Colleran underlined the importance of its piece of work and that it was crucial for all to work out what the performance measures may be. It was noted that the achievement of targets would be an issue and would continue to be a challenge in the second half of the year. Dougie Taylor noted that there is still work to be carried out within the Addictions Services. Ray confirmed that the Addictions Partnership and the Drug Action Team should be able to provide the relevant information from their systems in due course.

Cllr Colleran asked the Committee members to consider the content of this paper and the issues that had been discussed. She asked members to feedback to Ray de Souza and she suggested that further discussion should take place at the Development Session in January 2007. Cllr Colleran asked what reporting format members would find helpful and what particular areas they would like to see highlighted and with what frequency.

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It was agreed that Addiction Services performance should be reported regularly in view of this being a priority identified by the CHCP and the fact that a previous report to the Committee indicated that 95% of those accessing the West Community Addictions Team had “drug” problems, with few alcohol dependent people receiving a service.

Terry Findlay noted that the priorities will be noted in the Development Plan for next year and this will in turn be reported back to the Committee more frequently.

Ray de Souza asked members to advise him how frequently they would like to receive reports to the Committee and he will endeavour to report these in simple terms.

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8. SEXUAL AND REPRODUCTIVE HEALTH

Cllr Colleran welcomed Dr Alison Bigrigg to the meeting.

Alison talked to [Paper No. 06/18] and noted that she was infact the Director of Sandyford and not the Clinical Director as stated in the paper. The Sandyford Initiative was established in 2001 by the merger of Glasgow’s hospital based Genito-Urinary Medicine (GUM) Services, Community Family Planning Services and the Centre for Women’s Health. This initiative was the first of its kind in the UK. In 2005, the Sandyford Hub programme was launched. This involved the provision of a mini-Sandyford or Hub within each CHCP area integrating with local services. It has been resourced by re-design of traditional Family Planning Clinics and an injection of funding from the National Sexual Health Strategy, Respect & Responsibility. In April 2006, Clyde Family Planning and GUM Services joined the Sandyford Initiative to form a single integrated unit. Sandyford now provides specialist Sexual Health Services to ten CHCPs and four Local Authorities. It employs over 300 staff and has a budget of approximately £10 million per annum. The Director of Sandyford report to the West Glasgow CHCP Director, Terry Findlay. There are also four workers within Health Promotion who report directly to Ray de Souza.

The aim of Sandyford is to improve the sexual health of the whole population of Glasgow and Clyde. It therefore actively encourages self-referral with walk-in and appointment clinical open to all. This produces challenges in targeting of resources to ensure maximum health gain but most sexual health interventions are extremely cost effective.

Dr Bigrigg then spoke regarding the Sandyford Hub. The aim of a Hub is to bring high quality sexual and reproductive health services provided at Sandyford to each CHCP.

At present, Sandyford is the Hub for West Glasgow CHCP but it is hoped to develop a facility within the refurbished Drumchapel Health Centre in 2008/9.

Responsibility for delivery of local sexual health plans and Generic Services is a joint responsibility of CHCP Managers and Staff as well as Sandyford. Each member of CHCP service delivery teams need appropriate knowledge and training in sexual health. Sexual health is gaining greater emphasis in undergraduate and postgraduate formal training and will take time to take effect.

Specific service user populations have identifiable high risk of poor sexual health and/or find services difficult to access include:

- Alcohol abuse;
- Drug addiction;
- Prostitution;
- Domestic violence;
- Homelessness; and
- Looked after and accommodated children.

In summary, as a public service with responsibility for health and social welfare it is noted:

- Talk openly about sexual health and plan for it;
- Understand the links between sexual ill-health and other social determinants;
- Optimise information and service provision;
- Ensure all staff are equipped to respond in a positive and supportive manner to requests for sexual health information and help; and
- Ensure that key staff, such as Social Workers for looked after and accommodated young people or Counsellors are able to pro-actively address sexual health issues.

Cllr Colleran thanked Dr Bigrigg for her very thorough and thought provoking piece of work. Marie Garrity was disappointed to hear that the School Services is one of the weaker links; she suggested that Health Visitors could address the difficult areas with School Nurses. Dr Bigrigg agreed that this would be helpful. Tam Munro stated that breaking down barriers with young people is difficult. A project in Dundee has shown good results in addressing the issue of sexual health with young people.

Barbara Elliott asked how people from certain group's i.e. physical disability, people with MS or arthritis could access the Sexual Health Service? Dr Bigrigg advised that people can be taken forward through the Hub Services.

Chris Melling highlighted that parents with children with a learning disability feel uncomfortable discussing sexual health matters and also noted that staff who take care of people with a learning disability need to feel supported when addressing sexual health issues or discussing sexual relationships. Dr Bigrigg advised that again this could be taken forward by the local Hub who can work with the local Staff and clients with their area.

Dougie Taylor suggested to Dr Bigrigg that it may be advantageous to look at a piece of work which was undertaken three years ago in regard to people with addictions. He undertook to forward information for Ray de Souza and Dr Bigrigg to consider.

Cllr Graham highlighted the relationship between alcohol; sexual health and teenage pregnancy. In view of the impact alcohol has on a range of services and issues the CHCP has to address, it was agreed that the CHCP should explore with Community Safety and the CPP's the opportunities for collective action.

Cllr Colleran closed the meeting and wished everyone a Happy Christmas and New Year.

9. DATE AND TIME OF NEXT MEETING

The next meeting was agreed for Tuesday, 20 February 2007 at 1.30 p.m. at the City Chambers.

Meeting finished/concluded at 3.45 p.m.