NHS Greater Glasgow & Clyde

Mental Health Partnership (MHP) Committee (2007/01)

Minutes from a meeting held in the Boardroom, Dalian House, Glasgow at 10.00 am on Thursday, 8th November 2007

PRESENT:

- Gordon J Anderson Chair, MHP Staff Partnership Forum
- Catherine Benton Health Board Member
- Cllr James Coleman (In the Chair) Chairman and Health Board Member
- Robert Davidson Acting Nurse Director, MHP
- Anne Hawkins Director, MHP
- Cllr Iris Gibson Member, SW Glasgow CHCP
- David Leese Director, Renfrewshire CHP
- Cllr Christopher Mason Member, Glasgow City Council
- Colin McCormack Head of MH, South East Glasgow CHCP
- Cllr Joseph Mcllwee Member, Inverclyde Council
- Karen Murray Director, East Dunbartonshire CHP
- Julie Murray Director, East Renfrewshire CHCP
- Cllr Michael O'Donnell Member, East Dunbartonshire Council
- Keith Redpath Director, West Dunbartonshire CHP
- Dr Linda Watt Medical Director, MHP

IN ATTENDANCE:

- Doug Adams Head of Planning & Performance, MHP
- Raymond Bell Head of MH, East Glasgow CHCP
- Annemargaret Black Head of MH, East Dunbartonshire CHP
- Morag Brown Head of Health & Community Care, North Glasgow CHCP (representing David Walker, Director)
- Catriona Chambers Head of HR, MHP and Non Glasgow CHPs
- John Dearden Acting Head of Administration, MHP
- Neil Hunter General Manager, Glasgow Addictions Partnership
- Calum MacLeod Head of MH, South West Glasgow CHCP
- Fiona McNeill General Manager, Clyde MH Services and Head of MH Renfrew CHP
- Donald Thomson Head of Finance, MHP
- Clive Travers Head of MH, North Glasgow CHCP
- Cindy Wallis Mental Health & Partnership Manager, East Renfrewshire CHCP
- Helen Watson Head of Planning & Health Improvement (representing David Walker, Director, Inverclyde CHP)
1. WELCOME

In extending a welcome to the first meeting of the Mental Health Partnership Committee, Councillor Coleman invited those present to introduce themselves.

Councillor Coleman commented that the Mental Health Partnership was a unique organisation which had a challenging role in seeking to improve mental health services across the area which comprised NHS Greater Glasgow & Clyde Health Board. The inter-relationships between the organisations charged with delivering mental health services were complex, but if successful the Partnership and its partner organisations had the potential to make a real difference to the way in which services to those with mental health illness were provided in an innovative and constructive way. He invited Anne Hawkins to set out the background to the decision to form the Partnership and its role.

2. SETTING THE SCENE - THE ROLE OF THE MENTAL HEALTH PARTNERSHIP & COMMITTEE

Anne commented that following a major restructuring of the health services in Greater Glasgow in early 2006 the primary responsibility for delivery of mental health services had been allocated to Community Health (Care) Partnerships, with the role of the Mental Health Partnership to plan mental health services, performance manage mental health services and activity; deliver a number of area-wide services; including in-patient facilities. At the same time the Health Board area had been increased to encompass a significant part of what had previously been Argyll and Clyde Health Board which placed a new dimension on the role of the Partnership with the need to review the way in which services were delivered in Clyde. There had been some delay in establishing the Partnership Committee, partly due to the change in political composition of Councils following the May 2007 elections.

The Partnership Committee was a formal Committee of the Health Board with representation from CH(C)Ps and all local authorities. The Partnership Committee was ready to take forward its role in providing a focus for the delivery of adult mental health services and in establishing a vehicle for collaborative working between primary and secondary mental health services and local authority social work services.

As described in more detail in the Constitution of the Committee [Paper
2007/001] the Committee and the Partnership had a role in:-

- Leadership/Strategic Planning
- Development of Services
- Implementation of Corporate, Clinical and Staff Governance responsibilities
- Performance Management of the Mental Health system
- Development of Health Improvement Strategies.

There was currently a range of different approaches for the delivery of services across the area, including integrated and non-integrated Community Health Partnerships.

Since its conception the Partnership had been developing a Mental Health Strategy for the Clyde area on which it was hoped consultation would commence soon following External Scrutiny of the proposed arrangements.

Work had recently commenced on a Learning Disabilities Plan for the Clyde area to support the shift of care to community services from in-patient services. Following the closure of Merchiston Hospital in Johnstone, a new Assessment and Treatment facility had been established at Blythswood House in Renfrew.

Earlier in the year, a Medium Secure Forensic Service had been established at Rowanbank, Stobhill and work had progressed on the development of Community Forensic Learning Disability Services and Adult Mental Health Crisis Service. The new Gartnavel Royal Hospital facility was at the stage of nearing completion in the West of the City.

Within the Partnership, a Senior Management Team met on a monthly basis (including representation from CH(C)Ps) to oversee the work of the Partnership. A Performance Assurance Group had been formed to look at performance management issues across the whole system. This would now be supplemented by the scrutiny provided by the Partnership Committee.

Amongst the challenges faced in the delivery of mental health services were:-

- The level of external scrutiny provided by the Mental Health Tribunal Service and the Mental Welfare Commission, the requirements of the Mental Health (Care & Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2002;
- Achieving a workable balance between the provision of community and in-patient services;
- Developing performance data;
- Consultation, agreement and subsequent implementation of the Clyde Strategy;
- Review of the Greater Glasgow Modernising Mental Health Strategy which was now coming to the end of its 5 year lifespan; and
Development of health improvement and prevention strategies.

The Chairman invited comments in response to this overview.

Councillor Mason asked about the arrangements for Learning Disability Services between Greater Glasgow and the Clyde. Anne advised that at present the services in Clyde were directly managed by the health service (with the LD Way Forward Group looking at future arrangements). In Greater Glasgow, services were provided through a joint partnership between Glasgow City and the Health Board where the General Manager was jointly accountable to her and the Director of Social Work for Glasgow City.

**NOTED**

3. CONSTITUTION AND MEMBERSHIP OF THE COMMITTEE

John Dearden submitted Paper 2007/01 enclosing the formal Constitution and Membership of the Committee.

Attention was drawn to:

(a) the requirement to elect a Vice Chair of the Committee from the Councillor or Board Non-Executive Members of the Health Board serving on the Committee;

(b) for members to declare interests and complete the Register of Interests (insofar as these had not previously been completed); and

(c) the vacancies existing on the Committee e.g. for a nomination of a representative of a voluntary organisation whose activates related to the objectives of the Partnership.

It was noted the Fiona McNeil should be shown in the Membership listing as being the Head of Mental Health for Renfrewshire CHP as well as General Manager for Clyde Mental Health Services.

**AGREED**

1. That the election of a Vice Chair be included on the Agenda for the next meeting.

2. That further consideration be given to appropriate representation from one or more voluntary group to be invited to the Committee.

4. PRESENTATIONS

The following presentations were made to the Committee highlighting relevant areas of work to supplement the background information packs which had been circulated in advance of the meeting:

(i) Staff Governance –

Catriona Chambers
(Head of Human Resources MHP and Non-Glasgow CHCP)

Catriona outlined the 3rd Edition of the Staff Governance Standard which
required the Board to demonstrate that staff are:-

- Well informed
- Appropriately Trained
- Involved in decisions which involved them
- Treated Fairly and Consistently
- Provided with an improved and safe working environment.

Catriona described the monitoring arrangements being put in place within the Mental Health Partnership to assess performance against the Standard through a sub group of the MHP Staff Partnership Forum. She also commented on the challenges faced by the MHP in terms of workforce governance given:-

- the size of the organisation
- the significant change programme in process
- the complexity added to measurement from working with joint partners
- the implementation of pay modernisation
- the need to rationalise different workforce information systems within Greater Glasgow & Clyde.

(ii) Care Governance –

Dr Linda Watt
(Medical Director, MHP)

Linda explained the distinction between clinical governance and care governance (which incorporated social care responsibilities). She showed in diagrammatic form the inter-relationships between the various services included within mental health and the significant overlap of responsibilities to achieve a whole system approach. Within this context Linda described the Care Governance Group established by the Partnership and its themed sub groups and how these were populated to ensure appropriate links were maintained between different service providers.

(iii) Performance Assurance –

Doug Adams
(Head of Planning & Performance, MHP)

Doug Adams set out the National framework within which Mental Health Services were developed and delivered and the national performance reporting arrangements. This sat alongside the current development of local performance monitoring arrangements which were based upon common core data sets being developed which covered all services. He hoped that at the next meeting some of the outcome of this work would be available for sharing and discussion.

(iv) Rights, Relationships & Recovery – National Review of Mental Health Nursing in Scotland

Robert Davidson
(Acting Nurse Director, MHP)

Robert gave a brief overview of Rights, Relationships and Recovery which was based on:-
A rights approach to nursing practice;

Developing positive relationships as the starting point for all interventions with service users, carers and families;

Recovery as the underpinning principle of therapeutic interventions.

**NOTED**

5. **FINANCIAL FRAMEWORK**

Donald Thomson submitted Paper 2007/02 which provided a high-level overview of the Mental Health Partnership budget within Greater Glasgow and Clyde showing the main areas of expenditure. The report highlighted some of the more significant issues which were incorporated into the revenue budget figures presented. It was noted that expenditure was the subject of monthly monitoring reporting to the Senior Management Team.

Councillor Mason enquired if the figures presented included the local authority budget provisions incorporated into CHCPs. Donald confirmed that they did not and were just the health service elements of expenditure.

**NOTED**

6. **FUTURE WORK PLAN OF THE COMMITTEE**

Anne Hawkins commented that she hoped that the presentations and information provided helped in providing an overview of the complexity of the organisational arrangements for the delivery of mental health services. A significant role of the Partnership Committee was to scrutinise from a whole system approach the activities relating to Adult Mental Health Services. Within this context Anne suggested some issues for consideration at the next, or a subsequent, meeting:

- Issues identified from the Performance Assurance Group providing an overview of performance across the system and possible areas for detailed scrutiny.
- Work being developed and implemented in the areas of health improvement where the Head of Heath Improvement could be asked to present an overview to the next meeting of the Committee.
- The outcome of the External Scrutiny Panel’s consideration of the Clyde Strategy proposals.
- Consideration of Planning and Priorities for 2008-9 as part of process of reviewing the Mental Health Delivery Plan.
- Initial thoughts on review of the current Greater Glasgow Modernising Mental Health Strategy.

Other issues which the Committee might wish to consider at an early date were:

- Performance against the Mental Health Deliver Plan (6 monthly review
with the Scottish Government).

- Legislative provisions affecting Mental Health Services
- More detail of Care Governance issues
- Update on performance against the Staff Governance Standard.

Councillor Coleman invited comments from the Committee:-

David Leese thought it would be helpful to review the joint planning arrangements within the local authority areas.

He also suggested that with the prospect of significant change in how services were to be delivered in the Clyde it would be helpful for the Committee to have a presentation on the approach being developed to secure organisational and workforce development.

Linda Watt suggested it would be useful to the Committee to have presentations or reports on specific services to aid understanding of the complementary roles of various specialist services.

Councillor Mason was keen to explore how as an organisation the Partnership developed the concept of measuring "wellbeing" i.e. how do we know we are making a difference.

Colin McCormack commented that it was important that quality issues and responsiveness to equality issues were factored into all that the Partnership did.

Keith Redpath emphasised the importance of involving service users and carer representatives in the work of the Committee. This prompted a query as to whether one representative of voluntary bodies was sufficient. The consensus was that a cohort of 3 representatives should be invited to participate in the work of the Committee. The concept of a member or members "buddying" with user representatives was put forward to support such user representative’s full participation in the Committee. Anne undertook to look into these suggestions.

**AGREED**

That Anne Hawkins discuss further with the Chair a programme for submission of reports for future meetings in addition to those issue identified in Anne’s initial suggestions.

7. **FUTURE MEETINGS**

Dates for future quarterly meetings of the Committee were proposed. These were **AGREED** based upon meetings at 10.00 am on Thursdays.

The meeting ended at 11.20 am