

NHSGG&C(M)09/7
Minutes: 117 - 120

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the Board Room, Dalian House
350 St Vincent Street, Glasgow, G3 8YZ
on Tuesday, 1 December 2009 at 9.30 am**

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Dr C Benton MBE	Mr I Lee
Mr R Calderwood	Councillor D MacKay
Mr G Carson	Councillor J McIlwee
Dr B Cowan	Mr G McLaughlin
Ms R Crocket	Mrs J Murray
Mr P Daniels OBE	Councillor I Robertson
Ms R Dhir MBE	Mr D Sime
Mr D Griffin	Mrs E Smith
Mr P Hamilton	Councillor A Stewart
Dr M Kapasi MBE	Mr K Winter

Councillor D Yates

I N A T T E N D A N C E

Dr S Ahmed	.. Clinical Director, Public Health Protection Unit
Mr C Bell	.. Chair, Area Clinical Forum
Ms S Gordon	.. Secretariat and Complaints Manager
Mrs J Grant	.. Chief Operating Officer, Acute Services Division
Mr J C Hamilton	.. Head of Board Administration
Mr A McLaws	.. Director of Corporate Communications
Ms C Renfrew	.. Director of Corporate Planning and Policy/Lead NHS Director, Glasgow City CHCPs

ACTION BY

117. WELCOME AND APOLOGIES

Mr Robertson welcomed members to this additional NHS Board meeting. As it was being held outwith the agreed 2009 schedule of NHS Board meetings, a few apologies had been received. A number of those members had expressed an interest in the discussion related to Agenda Item No. 5 “NHS Greater Glasgow and Clyde – Award of Contract” [Board Paper No. 09/64] and, as such, he suggested that consideration of this paper be deferred until the 15 December 2009 NHS Board meeting.

DECIDED

That Agenda Item No. 5 “NHS Greater Glasgow and Clyde – Award of Contract (Paper No. 09/64)” be deferred until the 15 December 2009 NHS Board meeting.

**Head of Board
Administration**

Apologies for absence were intimated on behalf of Mr J Bannon MBE, Professor D Barlow, Mr R Cleland, Councillor J Coleman, Dr L de Caestecker, Councillor J Handibode, Mrs R K Nijjar and Mr B Williamson.

118. RECEIPT OF A PETITION

Mr Robertson referred to a petition submitted by Paul Martin MSP and representatives of the Women's Royal Volunteer Service (WRVS) from Stobhill Hospital handed to Mrs E Smith, Vice Chair, on Monday 16 November 2009. The petition, signed by 5,520 people was to "keep our local Stobhill WRVS coffee shop open".

Mr Calderwood described the service provided by the WRVS in respect of the current Stobhill Hospital site. He outlined the NHS Scotland-wide pilot in relation to the provision of Aroma coffee bars, one of which was in the new Stobhill Ambulatory Care Hospital. Mr Calderwood had met with the Chief Executive of WRVS UK and had agreed that further work would be carried out jointly to take forward a business relationship and agree a strategy to reflect local policies and ongoing partnership working with voluntary services throughout the NHS Board's area.

Mr Robertson reported that he had attended the Annual General Meeting of the WRVS recently as had Councillor D MacKay. This had been a positive event and both greatly valued the services provided by voluntary organisations such as the WRVS throughout the NHS Board's area and hoped that with ongoing partnership working, local solutions would be found. Mr P Hamilton commended the sterling work provided by the WRVS to the NHS over many years and encouraged negotiations to be handled sensitively.

NOTED

119. FINAL DRAFT - GLASGOW CITY CHCP SCHEME OF ESTABLISHMENT

A report of the Director of Corporate Planning and Policy/Lead NHS Director Glasgow City CHCPs [Board Paper No. 09/62] advised the NHS Board on developments reached in relation to the establishment of the Joint Partnership Board and revised Scheme of Establishment to be implemented, in full, from April 2010.

Ms Renfrew described the final draft Scheme of Establishment, developed as an output of the programme of joint work established by the Council Leader and NHS Board Chair in late 2008 and the work over which the shadow Joint Partnership Board had presided since September 2009.

The revised Scheme of Establishment would replace the Scheme developed in April 2005, which formed the basis for the original establishment of the CHCPs with Glasgow City Council. From the NHS perspective, the changes reflected:-

- The agreed devolved model;
- The revised status of CHCP Directors as employees of both organisations; resolving a number of governance issues;
- Responding to the concerns of Directors with regard to current arrangements;
- Greater alignment of the approaches of the Council and the NHS.

Ms Renfrew advised that the revised Scheme of Establishment was approved by the shadow Joint Partnership Board on 25 November 2009 and would be subject to the required due process within the City Council.

In approving the Scheme of Establishment, the shadow Joint Partnership Board agreed to receive further reports on detailed work on the timing of devolution, the operation of commissioning arrangements, host CHCP arrangements, resource allocation between CHCPs and the devolution of resources from social work centre, where required, to support the transfer of resources and responsibilities.

Ms Renfrew summarised the areas of change from the original Scheme of Establishment and now incorporated into the final version.

Ms Renfrew explained that the approval of the revised Scheme of Establishment by the shadow Joint Partnership Board and the NHS Board formalised the significant progress which had been made in recent months to resolve long standing issues in relation to devolution, financial, governance and accountability arrangements. Approval also provided the positive platform for the CHCPs to deliver on the aspirations which the NHS Board and Council had established. The Joint Partnership Board, had, to date, operated in shadow form and it was proposed that at its next meeting it should consider a proposal to move into substantive operation reflecting the fact that a new Scheme of Establishment was the definitive marker of agreement between the NHS Board and Council on the future of CHCPs.

As Vice Chair of the shadow Joint Partnership Board, Mrs Smith commended the business-like approach of the meeting held on 25 November 2009. It had provided a great opportunity to build on the momentum gained and progress the agenda of CHCPs. Recognition was given to the fact that NHS Board members knew little about Council processes and vice versa and, as such, a workshop would be arranged for the Joint Partnership Board members to address this. On behalf of the NHS Board, she thanked Ms Renfrew, the CHCP Directors and the Council's Chief Executive for their hard work and endeavours to date. This was echoed by Mr Robertson and all NHS Board members.

Mr Sime referred to the arrangements for the Staff Partnership Forum (and for the way in which the Staff Governance Standard for NHS employees would be applied within CHCPs) and asked to see the Minute of Agreement between NHS Greater Glasgow and Clyde and its recognised trade unions referred to in the Scheme of Establishment. This would be circulated to Board members for their information.

**Director of
Human
Resources**

In response to questions from Dr Kapasi, Ms Renfrew confirmed that chronic illness management processes were managed by the CHCPs; for Palliative Care, the CHCPs would be responsible for district nursing and contractual arrangements with Marie Curie; contracts with Hospices however, lay within the Directorate of Rehabilitation and Assessment which sat within the Acute Services Division and CHCP Directors were responsible and did report to the NHS Board on applicable HEAT target performance (which was measured by the Performance Review Group).

Councillor MacKay appreciated the work that had been taken forward jointly between the NHS and Glasgow City Council. He pointed out, however, that within other local authority areas of the NHS Board, developments were taking place at a different pace and, as such, he sought flexibility and local solutions to achieve service integration particularly as different Councils had different structures and processes. Ms Renfrew recognised that, particularly as different political structures existed within other Council areas, flexibility would exist and future arrangements would be formed to suit local circumstances. She pointed out, however, that good experience had been gained in the negotiations with Glasgow City Council and that this may help with any future integration discussions with other Councils.

Mr Daniels agreed and extended his thanks to all members of the shadow Joint Partnership Board where goodwill was apparent at its last meeting when discussing the revised Scheme of Establishment's achievements which had been recognised.

Mr Carson asked about the implications for voluntary sector organisations in relation to the devolution of resources to CHCPs. Ms Renfrew confirmed that to ensure a consistent approach, CHCP Directors and their Heads of Service would be expected to ensure that they worked effectively as a team, across the five CHCPs, co-ordinating key areas of activity and decision-making to ensure duplication was avoided and good practice was shared and implemented.

Councillor Robertson recognised that an understanding of each others business was key, as was the priority that decision-making and services/outcomes had to be the right fit for local communities and people and saw the work of the Joint Partnership Board and the new arrangements as a way of achieving this.

DECIDED

- That the revised Scheme of Establishment be implemented, in full from April 2010, subject to due City Council process and approval.
- That the formal establishment of the Joint Partnership Board, currently in place in shadow form, be approved subject to due City Council process and approval.
- That the delegation to the Joint Partnership Board of any required further amendments to the Scheme of Establishment, with a formal review by the Joint Partnership Board six months after the implementation of the Scheme of Establishment, be approved.
- That the further work which was required to fully implement the Scheme of Establishment and which the Joint Partnership Board would oversee be noted.

**Director of
Corporate
Planning and
Policy / Lead
NHS Director
Glasgow City
CHCPs**

120. HEPATITIS C UPDATE

A report of the Clinical Director, Public Health Protection Unit [Board Paper No. 09/63] asked the NHS Board to note progress on local implementation of the Hepatitis C Action Plan for Scotland Phase II May 2008 – March 2011.

Dr Ahmed explained that Hepatitis C was a major public health issue in Scotland with an estimated 1% of the Scottish population infected with Hepatitis C, compared with 0.5% prevalence in England and Wales.

An estimated 50,000 Scots were Hepatitis C antibody positive, the majority of whom remained undiagnosed. 80% of those infected would develop chronic Hepatitis C infection and treatments were available that could clear the virus in 50-60% of those treated. Without treatment, around 15% would develop cirrhosis within 20 years, and 5% would develop liver cancer.

Dr Ahmed reported that, as of 30 June 2009, there were 26,347 people with diagnosed Hepatitis C infection in Scotland. Of these, 10,677 (41%) were resident within NHS Greater Glasgow and Clyde. It was estimated that 89% of Hepatitis C infections were acquired as a result of injecting drug use.

Dr Ahmed led the NHS Board through the Scottish Action Plan for Hepatitis C summarising both Phase I (September 2006 – August 2008) and Phase II (May 2008 - March 2011). NHS Greater Glasgow and Clyde received £1.15m for the duration of Phase I and £12.1m over Phase II. He summarised local progress in terms of Hepatitis C prevention and testing, treatment, care and support.

In response to a question from Dr Benton regarding community pharmacies providing needle exchange, Dr Ahmed confirmed that the provision of this service was based on a strict criteria. Furthermore, any gaps were identified and geographical areas targeted accordingly by Glasgow Addiction Services.

Councillor Yates asked about the Service Level Agreements between NHS Boards and Scottish Prison Service establishments to promote the treatment of Hepatitis C infected inmates. Dr Ahmed confirmed that there was a high level of addiction and transience within this population and that, as the Action Plan was a national plan, good working relations existed with other Health Boards and prisons to ensure follow-through with all inmates to avoid any treatment being interrupted.

In response to questions from Dr Kapasi, Dr Ahmed confirmed that the number of community pharmacies providing needle exchange had doubled from 32 to 64 in Phase II of the Board's Local Action Plan. With regard to the availability of services at weekends, Dr Ahmed confirmed that some pharmacies were open and, over and above this, patients could receive 60 new needles at a time; which was now the new upper limit. Glasgow Addiction Services could be accessed and were available 24 hours a day, 7 days a week. Dr Ahmed confirmed that it was the intention of the Scottish Government Health Directorates to launch a publicity campaign encouraging current and/or former drug injectors to be tested for Hepatitis C. This should go some way to increasing undiagnosed cases. Locally, voluntary services (namely C-level) were commissioned to deliver Hepatitis C prevention interventions across NHS Greater Glasgow and Clyde and they visited pubs, clubs and parks as well as facilitating group work to target vulnerable individuals.

Mr Bell asked about any existing vaccination for Hepatitis C that may be available especially for healthcare workers. Dr Ahmed confirmed that no such vaccination currently existed. Healthcare workers were entitled to receive a Hepatitis B vaccination but if they considered they had been exposed to Hepatitis C, they should approach Occupational Health for advice.

NOTED

The meeting ended at 11.00am