

NOT YET ENDORSED AS A CORRECT RECORD

PCDMIN2005/04

Minutes of a Meeting of the Divisional Management Team
held at 10.00 a.m. on
Thursday, 5th May, 2005
in the Seminar Room, Easterhouse Community Health Centre,
Auchinlea Road, Easterhouse

PRESENT:	Andrew Robertson Douglas Griffin	Chairperson Director of Finance
IN ATTENDANCE:	Jane Arroll Robert Broadfoot Andy Carter John Dearden Isla Hyslop Alistair Maclean Pamela McCamley Sylvia Morrison David Thomson Dr Linda Watt	Director of Allied Health Professions Director of Primary Dental Care Head of Personnel General Manager, Corporate Services OD & Training Manager General Manager, Support Services Complaints Manager (to Minute 5) CHP Implementation Manager (to Minute 5) Director of Pharmacy Associate Medical Director
BY INVITATION:	Jonathon Squire	Joint Partnership Forum (Mental Health) (to Minute 14)

Action

1. APOLOGIES

Apologies for absence were submitted on behalf of John Bannon (Non-Executive Member), Eileen Burns (Divisional Nursing Advisory Committee), Elsbeth Campbell (Head of Communications), Iona Colvin (General Manager, Addiction Services), Rosslyn Crocket (Chief Executive), Councillor Bob Duncan (Non-Executive Member), Colin Fergusson (Area Pharmaceutical GP Sub-Committee), Mark Feinmann (Joint General Manager, Learning Disabilities), Terry Findlay (Divisional General Manager, Primary Care), Marie Garrity (Joint Partnership Forum Primary Care), Juli McQueen (Head of Organisational Development & Training), George Ralston (Divisional Psychology Advisory Committee), Dr Iain Wallace (Medical Director) and Dr Barbara West (Area Medical Committee, GP Sub-Committee).

2. WELCOME/ANNOUNCEMENTS

The Chairperson welcomed to the meeting Pamela McCamley (Complaints Manager), Sylvia Morrison (CHP Implementation Manager) and Isla Hyslop (OD

& Training Manager) who were attending to present papers to the DMT.

He welcomed everyone to the Easterhouse Community Health Centre. The Centre was a major extension of the Health Centre making it into a significant Community Health facility serving the Easterhouse Community. The Centre had received awards for its innovative design and recognition from the former Local Health Council for the services provided to patients.

3. MINUTES

The Minutes of the meeting of the Divisional Management Team held on 3rd March 2005 [MIN 2005/023] were approved as a correct record and signed by the Chairperson.

4. COMMUNITY HEALTH PARTNERSHIPS – SCHEMES OF ESTABLISHMENT

Sylvia Morrison spoke to Paper 2005/039, which provided an update on the preparation and submission of Schemes of Establishment for Community Health Partnerships. Sylvia explained that the Schemes of Establishment were high-level descriptors of the scope, services provided and the governance arrangements which were to apply to Community Health Partnerships (now termed Community Health and Social Care Partnerships (CHSCPs)). Wherever possible these bodies would provide integrated services between health and local authorities and therefore their establishment required to be approved by the relevant local authorities as well as be submitted to the Scottish Ministers for approval.

The Health Board had now approved Schemes of Establishment for eight out of the proposed nine CHSCPs in Greater Glasgow comprising:-

West Dunbartonshire: 1 Partnership that includes NHS services only from Greater Glasgow and Argyle and Clyde Health Board covering the geographic area of West Dunbartonshire Council.

Glasgow City: 5 CHSCPs based on an integrated model, which included the full range of local authority social work services and shared governance with the local authority elected Members.

East Renfrewshire: 1 Partnership based on an integrated model that included the full range of local authority social work services and shared governance with the local authority elected Members. This arrangement would additionally be a partnership with Argyle and Clyde Health Board.

East Dunbartonshire: 1 Partnership based on an integrated model that included the full range of local authority social work services and shared governance with the local authority elected Members.

Agreement had yet to be reached with **South Lanarkshire Council and Lanarkshire NHS** about the scope and boundaries of a CHSCP to include the Rutherglen and Cambuslang area. A decision on this was not expected before

September.

Sylvia commented that the CHSCPs would include within their remit all functions of current LHCCs, but would additionally encompass a range of health services and functions delivered by the Primary Care Division. The full list of services to be devolved to CHSCPs was included in an Appendix to the submitted paper, which Sylvia commented upon and included:-

- GMS Challenging Behaviour Practice
- Carers Development
- Dietetics and Nutrition
- District Nursing Out of Hours Service
- Community Nursing Service
- Asylum Seekers & Refugees Services (Health Visitor Support)
- Oral Health Action Teams (OHATs)
- GMS Contractor Monitoring & CDM
- Diabetic Renal Screening Service
- Breastfeeding Initiative
- Sandyford Initiative
- Central Contractor Support
- Marie Curie Nursing Service.

Alongside this, through the Sainsbury process, decisions had already been taken to delegate the delivery of Community Mental Health Services (Elderly and Adult) under arrangements for joint accountability with the GGHB wide Mental Health Partnership. There would also be significant delegation of health promotion and planning functions from the Health Board, although the details for this had yet to be defined.

Discussions were continuing to finalise the range of services to be delegated from the Yorkhill Division, including School Nursing and a range of community-based children and adolescent services. A paper setting out current thinking on these Yorkhill Services, which had been issued by the Health Board on 22nd April for comment, was submitted for information.

Sylvia explained how other aspects were currently developing, including:-

- contractor support functions;
- the provision of Human resources and IT and financial resources;
- facilities support;
- clinical governance/risk management;
- medical and other professional leadership roles;
- the intention to form a Rehabilitation and Assessment Service as part of the Acute Operating Division;
- the re-configuration of dental services through a separate Directorate of the Acute Division; and

- inclusion within the Acute Emergency Care and Medical Specialities Directorate of the Acute Division of Out of Hours Medical Service (GEMS).

The whole process of moving to implementation of CHSCPs would be taken forward along with the implementation of the single system reform of NHS Greater Glasgow with the aim of ensuring that the two processes would meld together at appropriate points and achieve a smooth transition of staff, accountability and governance structures. High-level project plans to secure this were in development.

The DMT discussed the scale of change being implemented and noted the understandable concern from some over the future inter-relationships within the single NHS system and the linkages with local authorities. It was recognised that various details had yet to be concluded, but there was increasing clarity over future configuration of services.

Jane Arroll noted in respect of those services identified in Attachment 1 as allocated to the Rehabilitation and Assessment Directorate, that there was an expressed intention to migrate these services ultimately into CHSCPs. She also noted that the future arrangements for Allied Health Professions Clinical Leadership were an issue to be discussed further.

Douglas commented on the future arrangements for prescribing management within the context of CHSCPs.

NOTED

5. NEW NHS COMPLAINTS PROCEDURE

Pamela McCamley presented Paper 2005/040 setting out the background to a review of the National NHS Complaints system undertaken by the Scottish Executive Health Department. Proposals for review of the system had been published in March 2003 and following a period of consultation revised arrangements had now been put in place effective from 1st April 2005 in accordance with Circular HDL (2005) 15 and associated Directions.

The main change was that the former Independent Review Process no longer applied. Complainers had perceived this process as not independent of the NHS, believed that it took too long to conclude and did not achieve the purpose it was supposed to have achieved. In future if a complainant was not satisfied with the outcome of a complaint there would be a direct right to approach the Scottish Public Service Ombudsman.

Under the former processes, Pamela explained that where complaints were made against directly employed staff, Divisional complaints staff actively sought to encourage any complainant to come back to the organisation where they were not satisfied following a response from the Division. It was considered appropriate that complaints staff should continue to operate in this manner under

the revised procedure, so that it could be established what the complainant remained unhappy with and consideration could be given to whether there is anything further that could be done to resolve the complaint. To add to the value of this opportunity for review, complaints staff would also consider the appropriateness of seeking professional advice, independent of the service area that has addressed the complaint initially. It was agreed that this was appropriate in maintaining a positive relationship with any complainant and in promoting public confidence that the Division was an open and responsive organisation. In doing this, however, it would be necessary to ensure that staff were not compromising the complainant's awareness of their right to approach the Ombudsman if they so wish.

The new Complaints Procedure also placed an emphasis on dealing with patients' concerns at a local level before they escalate into formal complaints. The guidance made a more marked distinction between "comments and concerns" and formal complaints, but also made it clear that patients should always have the right to go through the formal Complaints Procedure, either as an initial process, or following any attempts by local staff to resolve comments or concerns raised locally. Consideration was currently being given to the training needs in the Division to ensure that staff are fully briefed on the requirements of the new Procedure and the responsibilities this places on them. Consideration was also being given to adoption of a common complaints policy and procedures across NHS Greater Glasgow.

DECIDED/-

1. That the revised arrangements be noted.
2. That the approach proposed in providing opportunity for internal review of decisions on formal complaints and in ensuring that staff are fully briefed on the new arrangements be endorsed.

**Complaints
Manager**

6. AN ACTION PLAN FOR IMPLEMENTING ORAL HEALTH AND MODERNISING NHS DENTAL SERVICES

Robert Broadfoot made a presentation to the DMT entitled "An Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland" Robert explained that the Action Plan set out the Scottish Executive's response to consultation documents on "Towards Better Oral Health in Children" and "Modernising NHS Dental Services". The measures in the Action Plan aimed to address Scotland's poor oral health record and provide better access for patients and provide an attractive package for the recruitment and retention of dental staff within the NHS.

In promoting improved oral health the Executive identified an approach covering:-

- Improved support for dentists - including rental (or equivalent support for premises), premise improvement costs, support for IM&T costs and incentives to take on NHS patients;

- Education, Training and Workforce Development including Primary Care Dentists.
- Public Health approaches, including clinical prevention and advice for children, free oral health assessments, extension of tooth brushing programmes and greater emphasis on clinical prevention.
- Changes to the arrangements for patients to maintain registration with NHS dentists.
- Focus on the very young and the very old.
- Operation of NHS dentistry within the context of various initiatives including compliance with the primary care dental standards developed by NHS Quality Improvement Scotland and the National Care Standards Committee, making decontamination of dental equipment a priority and the promotion of the "Smoking and Health" Bill.
- New targets for oral health improvement would be set and a Lead Officer identified for each NHS Board who would have responsibility for establishing an infrastructure at local level to link with SE strategy.

Within Greater Glasgow NHS David Walker in the Board's Planning Department had been identified as the Lead Officer to take the Action Plan forward.

Robert commented that the Action Plan contained many positive messages and commitments from the Scottish Executive, but as yet little detail as to how the commitments would be achieved.

NOTED

7. LIP MONITORING

John Dearden presented Paper 2005/041 providing the final update to 31st March 2005 on achievements against targets set within the Divisional Local Implementation Plan for 2004/5.

Attention was drawn to the revised status categories in the report to reflect this was a year-end position and the identification within the Monitoring Report of those items which were provisionally seen as carrying forward into 2005/6. An interim LIP for the year 2005/6 was to be prepared by HQ Directors at the end of May and this would form the basis of monitoring activity until the single system working by the Health Board was implemented later in the year.

NOTED

8. STAFF GOVERNANCE

Paper 2005/042 on staff governance issues, concentrating on those aspects that related to the Organisational Development and Training function was presented

by Isla Hyslop who drew attention to the work on the CHP Leadership Programme and the work on implementation of Knowledge and Skills Framework for Agenda for Change.

NOTED

9. WAITING TIMES – EXCEPTION REPORT

Dr Linda Watt presented Paper 2005/043 on performance against agreed waiting times for the period ending March 2005.

Linda commented that the report highlighted the negative aspects where waiting times had been exceeded. In many cases, these had been exceeded only in terms of a few weeks and were not significant. She also commented on the significant effort put into the redesign of services which had achieved improved access for patients ensuring that referrals were made appropriately to the relevant service.

NOTED

10. PHARMACY PRACTICES COMMITTEE

The minutes of a meeting of the Pharmacy Practices Committee held on 5th April 2005 [Paper 2005/044] were noted. The meeting was largely about an oral hearing into an application to locate a pharmacy in Petershill Road, Glasgow.

David Thomson commented on a recent training event he had attended run by the National Appeals Panel and indicated that there was a desire by the Appeals Panel to see more oral hearing of applications. The Chairman observed that this would add significantly to the work of the Pharmacy Practices Committee and suggested that this was not required in every case, but was a matter for determination by the Committee on the merits of each application. John Dearden undertook to speak further to Janine Glen about the approach to be taken on this issue.

**General
Manager,
Corporate
Services**

11. RISK MANAGEMENT ADVISORY COMMITTEE

The Minutes of a meeting of the Risk Management Advisory Committee held on 15th March 2005 [Paper 2005/045] were noted.

12. FUTURE DMT AND COMMITTEE MEETINGS

John Dearden presented Paper 2005/046 which set out proposed dates for the DMT and main Committees for the period to December 2005, should these be required prior to the revisions to operating arrangements to follow from the transition to single system working later in 2005/6.

DECIDED/-

That the proposed dates for DMT and main Committee meetings set out in the Schedule to the submitted report be agreed.

**General
Manager
Corporate
Services**

13. NEXT MEETING

The next meeting of the Divisional Management Team was noted as Thursday, 30th June 2005. The venue for this meeting was to be confirmed.

14. CONFIDENTIAL ITEMS

DECIDED/-

That the following items be considered in private as they may contain information which is exempt from disclosure under the Freedom of Information (Scotland) Act 2002.

15. REFERENCE COMMITTEE

The Minutes of meetings of the Reference Committee held on 21st March [Paper 2005/047] and 25th April 2005 [Paper 2005/048] were noted.

Attention was drawn to certain on-going issues as referred to in the Minutes relating to the recovery of monies and the provision of orthodontic treatment.

The meeting ended at 11.40 a.m.