



West Glasgow
Community Health & Care Partnership

GCHCPC(West)(M)06/04
Minutes 4

Paper No.

West Glasgow Community Health Care Partnership Committee

Minutes of the Meeting held at 3.30 p.m. on Thursday, 24th August 2006 in the Community Centre for Health, Dumbarton Road, Glasgow

PRESENT

Councillor Aileen Colleran (Chair)
Jessica Murray (Vice Chair)

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

Barbara Elliott, Professional Executive Group
Councillor Irene Graham
Prince Obike, Staff Partnership Forum

IN ATTENDANCE

Jeanne Middleton, Head of Finance W.G. CHCP
Dr John Nugent, Clinical Director, W.G. CHCP
Amanda Taylor, Learning Disability Operations Manager, W.G. CHCP
Pam Fenton, Head of Health and Community Care West CHCP
Ray de Souza, Head of Planning and Health Improvement, West CHCP
Matt Forde, Head of Children's Services
Margaret McGovern, West CHCP (Minutes)

1. APOLOGIES

Apologies were received from Paul Higgins, Professional Executive Group, Margaret Joyce, Community Addictions Manager, W.G. CHCP, Chris Melling, Learning Disability Operations Manager, W.G. CHCP, Baillie Gordon Matheson and Jim Crichton, Head of Mental Health, W.G. CHCP

Cllr Colleran welcomed everyone to the meeting and hoped that everyone had a good summer break. Cllr Colleran also thought today's venue was an appropriate venue for our meeting.

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2. MINUTE OF LAST MEETING ON THURSDAY 29 JUNE 2006

The minutes of the last meeting held on Thursday, 29th June 2006 were agreed as an accurate record.

3. MATTERS ARISING

- Register of Interest

Terry reminded the Committee Members to complete and return the declaration of interest. These should be returned to Karen Bowers, West Glasgow CHCP, Headquarters, 1055 Great Western Road, Glasgow G12 0XH. Advice is available to members on an individual basis if required.

Committee members

- CHCP Development Plan

Ray informed the group that the plan has been widely circulated to partner agencies and it is also posted on the website. There have been a number of staff and public events and the final event on 1st September will be with voluntary organisations. After this event the Health Improvement Plan component will be submitted to the Board. Most people are requesting copies of the Full Development Plan and not the Summary Plan.

Ray has been invited to the three Local Area Committees.

Some of the issues that have arisen in the meetings are:

- The enormity of the task ahead of us.
- Staff willing to engage in process but feel they are not fully informed of developments
- Staff would like more of Next Generation type events over the next 12 months.
- Integrating Health Improvement into everyone's working day will be a huge challenge
- Financial implications and lack of resources to deliver the objectives
- A revised plan will be provided by end of September and a report brought to committee

RdS

- Employability Sub-Committee

This is a major priority but has not proceeded as planned as a consequence of partnership discussions. A sub committee of this group is on hold to allow time to agree how this should be dealt with the CPP, our Chair and other officers.

Cllr Colleran felt that the Strategic Framework was a good way of moving forward as discussions with both CPP Chairs had supported this approach. Dougie endorsed this approach and the Committee Members agreed to not implement the earlier decision to establish the sub-committee pending further discussions.

RdS/TF

- Committee Meeting Schedule

Karen has already circulated a schedule of meetings to committee for the remainder of the year. Further dates need to be circulated for approval.

KBowers

4. FINANCE AND CAPITAL WORKS REPORT

Jeanne gave a brief outline of her paper. West Glasgow CHCP reported an underspend of £90,300 against the Partnership's NHS Health Budgets. This represents a favourable movement of £52,100 on the previous months underspend of £38,200.

Work is ongoing to ensure the Partnership receives a fair share of the budget and Jeanne reported that significant progress has been made and highlighted the Health budget realignment exercise was 95% there and that a financial framework could be made available by the October meeting.

Jeanne drew everyone's attention to page 2 of the report and commented on the significant issues and the corrective action taken.

- Mental Health (Adult) – Although budget is underspent, Mental Health Community Services have reported an admin pay cost pressure within Riverside and Arndale Resource Centre. This is currently being compensated by underspend due to vacancies.
- Prescribing Budgets – True financial position will be clearer in a few months when the impact of the new drug tariff changes are made available.
- Hosted Services have a £73,000 underspend mainly due to Asylum Seeker Services. It is anticipated that the budget will be in balance within the next reporting period and realigned to Enhanced Services. There are significant cost pressures with Primary Care support services.

Social Work Financial Position – for the period ended 14th July 2006 West Glasgow CHCP reported a net underspend of £582,000 against Social Work budgets. This is not an accurate reflection of the financial position. Discussions with Social Work are ongoing regarding realignment of budgets as the expenditure for the North West of £1,911,800 is still to be allocated to the North and West CHCPs under the new arrangements, this will be a 70/30 split, 70% to West.

Capital Programme Position – Terry informed the committee that the final proposals for Sandy Road/Plean Street are imminent with detailed design work/costings nearly complete.

There is spare land next to Drumchapel Health Centre which was used to house a Nursery and there were plans to use this land as an overspill car park for the shopping centre development. After further discussions it has now been decided to use this space for this Child/Family Centre and this proposal has been agreed by service partners. A request has been made to DRS to make this available.

Matt felt that this new area was better geographically and that it creates a campus of services: Joint Social Work, Health Visitors and Health Centre. It is a very important step to develop Children's Services.

Drumchapel Shopping Centre Development is moving ahead and Council are keen to define the public services requirements for the area. A new Civic Building will be constructed that will accommodate current services in Mercat and other services in the current shopping precinct.

The Community Planning Partnership occupies the top floor of Mercat and were to move to allow social work staff from Essenside Centre to relocate. However they do not wish to move therefore we are exploring the former GHA offices as

ACTION BY

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ACTION BY

an alternative until the new civic building is available. This option has considerable costs that is currently being quantified but it is unavoidable given the CPP position.

Tam wishes to be kept informed of these developments.

Cllr Mason felt we should be considering development of respite provision for people with Learning Disabilities in West Glasgow as patients have to go out of area for this service at present.

Amanda explained that following the closure of Kelso, this service is now provided in Riddrie. Cllr Mason felt that meeting these needs locally may cost more but respite care is essential. Some families do not get respite at all and we need to start planning this provision. There are other ways of providing respite other than centres and should be explored to take some pressure away from parents. It was agreed that a further needs assessment be conducted and the potential for a service located in Drumchapel be explored as part of the redevelopment in the area. A paper would be prepared for the next meeting and carer's representatives would be invited to attend this discussion.

AT/TF

5. REPORTS FROM SUB-COMMITTEES

(a) Professional Executive Group

John Nugent provided an update on the membership of the PEG noting that Helen McKenzie had joined the group having been appointed the Lead Allied Health Professional for the West CHCP. Recent PEG discussions had been focussed on Clinical/Care Governance, Infant feeding and Worklessness.

The Clinical/Care Governance sub committee of the PEG had met on 13th July at GRH and there had been a very good attendance at this meeting. John left the meeting with a very large 'wish list' of Clinical/Care Governance issues for the CHCP to develop and these were brought back to the next PEG meeting for discussion.

Many of these issues are not new, and are therefore already being covered by current activity. However there was a sense that the Clinical/Care Governance agenda needed to evolve in order to be fit for purpose in the CHCP world. In an attempt to take this forward John had since met with Andy Crawford (Clinical Governance manager at the Board), Pamela McCamley (West CHCP Clinical Governance liaison person) and various committee members to discuss Clinical/Care Governance.

As a result of these meetings John was keen to convene a smaller Clinical/Care Governance Sub Group to consider in more detail how some of this agenda could be taken forward. Members of the committee were invited to express an interest in that smaller CG sub group, by contacting John in the first instance.

John advised that the Prescribing Sub Group of the PEG intended to hold its first meeting the following week and that items currently for discussion included;

ACTION BY

- Prescribing budget (a big issue for both practices and the CHCP)

- Prescribing Guidelines
- Prescribing effectiveness.

Service Visits

John and Pam had offered a whistle-stop tour of some of the 'health' services provided in the Drumchapel area and noted that this had apparently been well received. They asked for any further feedback and advised that they intended to offer a 'second part', more 'social care' orientated visit, as well as offering to repeat the first visit for the benefit of the remaining committee members.

Cllr Colleran asked if anyone had any questions.

Dr Malcolm Green felt that Prescribing Finance was not clear due to the weekly news items/political issues highlighting the cost some drugs and he felt that cost considerations alone should not determine who receives a particular drug treatment. John explained that many of the drugs in question were often secondary care based drugs and did not therefore impact directly on primary care budgets.

Cllr Colleran agree that it was important that the committee members be more familiar with the issues around prescribing and she therefore suggested that the issue of prescribing should be part of a future Development Session.

JN

(b) Public Partnership Forum

Dougie and Tam introduced a tabled paper to the committee on a proposed structure for West Area Voluntary Sector Network.

There are 300/400 potential members in West CHCP area. The network would have a number of co-ordinating groups designed to link together the work of the membership and would consist of nominated officers.

The Networks Executive Group would consist of 2 members elected from each membership group; It would elect representatives to West Glasgow CHCP and the two local Community Planning Partnerships.

The Health and Care Membership Group of the network would link into the Public Partnership Forum for the CHCP.

Dougie explained that the Voluntary Sector in West Glasgow includes City Centre at present and also National Bodies – so paring down is required. Dougie reported that he keeps organisations/groups informed about issues from this committee.

Ray reported that the PPF Steering Group was steadily progressing towards the development of a PPF. The intention would be to ensure that the PPF sits within a clear framework of community engagement and that the CHCP and CPP's arrangements and efforts are properly linked and co-ordinated. Committee members endorsed this approach. A particular challenge was to develop an effective channel of communication with young people. Discussions at present are focussed on membership, constitution and communication processes. He said that the value of progress had been slowed down to accommodate parallel developments in relation to community engagement within the CPP's

ACTION BY

Prince felt that the views of groups/public/young people can be represented without them being at the table – engaging them is important and Tam informed

committee that in the West we have an added bonus in Dumbarton Road Corridor as they engage young people in Youth Partnership and they also engage young people in the street. Peer education is also an important step in schools starting this term S1 pupils will be peer educators to Primary 7 pupils.

Amanda reported that she attended a meeting of the Learning Disability Planning and Implementation Group at end of July – 20 people representing service organisations attended the meeting. A number of actions were agreed and are being progressed.

Staff Partnership Forum

The delay in establishing the forum has been caused by the need to go to grass roots for members and this took some time but, nominations have now been made. Area Partnership Forum has to agree these nominations then we can proceed.

Barbara informed the committee that the Social Work Unison initial meeting had been held which reflect that we have two different processes of engaging with staff representatives.

6. CHCP COMMITTEE DEVELOPMENT EVENT 12th September – PROPOSED FORMAT

A paper was discussed that described the options for the next event and Cllr Colleran asked what the Committee would like to see at the event?

- Priorities
- How to organise

Cllr Colleran encouraged feedback outwith this meeting to Terry after which a detailed program will be developed with Cllr Colleran

ALL

7. SERVICES FOR PEOPLE WITH ADDICTIONS IN WEST GLASGOW

Terry apologised for the delay in preparing this paper. A comprehensive report will be brought to the next meeting and this will also be circulated prior to the meeting.

TF

8. CHILD PROTECTION

Matt Forde spoke to his paper outlining the CHCP's responsibilities for child protection. He drew the committee's attention to significant recent enquiries into child deaths which found deficiencies in clinical and professional practice, and in communication between agencies. The Scottish Executive audit of Child Protection found that children were not always protected, and as a result the Executive has established a Child Protection reform programme with significant implications for all agencies. Services and policy makers have the challenge of ensuring that children are identified where they need protection and that opportunities are not lost to do so.

ACTION BY

Matt highlighted that in Glasgow, parental substance misuse, particularly problematic drug misuse, is a major factor requiring intervention to protect children. He referred to the findings of 'Hidden Harm' - a report by the Advisory Council on Drug Misuse. Services for adult drug users need to have good links

with children's services and with child protection. Services need to see beyond the adult patient and be alert for the child in need.

All services will shortly be subject to a multi-disciplinary inspection process for Child Protection Services to be carried out by HMIE. The aim of inspection will be to find out how well children were protected and their needs met. Matt concluded by pointing out that most of the services and processes to be tested were the direct responsibility of the CHCP.

Cllr Colleran asked if anyone had questions.

John Nugent raised the issue of hidden harm and pointed out that GPs have now changed the way they prescribe Methadone, they now consider whether there is a child in the house before they decide how they will prescribe.

Cllr. Graham asked what are the current arrangements for Children's Service Planning. Cllr. Graham also raised the issue of children in homes where there is domestic abuse. 7,000 women reported domestic abuse and many of these women have children. Barbara felt that protocols should be put in place.

Matt indicated that revised children's services planning arrangements are in place for the city that give a stronger profile to planning for vulnerable children. The CHCP is responsible for leading this work at a locality level. Protocols on domestic violence also are in place and police now refer all instances of domestic abuse where there is a child. This generates huge numbers of referrals to Social Work. More broadly, he agreed that there was a need to see the connections between domestic violence and child protection.

Jessica thought the report very helpful and section 2.9 on Hidden Harm was very useful, especially the need to see the child beyond the adult service user.

Matt advised that work to establish a local forum for progressing children's services planning and the child protection agenda had begun with a meeting with New Learning Communities Principals from West.

He reported that there was commitment from all the key agencies to establish an effective local mechanism for improving Children's Services. Matt agreed that it was important to expand the process to involve local people.

Jessica thought this a very good start in child protection.

Dougie raised a few points:

With reference to the local Supporting Rehabilitation partnership, one of the formal partners is West Community Addiction Team – they help people who come from chaotic lifestyles and get them back into work. ESF funding buys childcare for those with dependent children. If a child of an addict is in childcare and the adult does not turn up they will probably be using drugs. We need to respond to this in a joined up way by involving User/Family/Money Advice/Housing etc. There is an issue on confidentiality with accessing files and information between organisations.

Amanda informed the committee that a new Bill goes to parliament on 1st October 2006 Adult Protection. There will be parallels with the Child Protection agenda.

ACTION BY

Dr. Mason commented that we should all ponder over the conclusion of the inquiry into the death of Kennedy McFarlane as quoted in the report: "No one had put all the pieces of the puzzle together". It brings the Orkney abuse case and Leeds ritual abuse case to mind. Everyone should learn lessons from these cases and learn how to empower and engage professionals so they can be confident in their practise. Teachers are now making referrals if they are worried about a child and they know who to refer to. Barbara endorsed this. Staff at all levels need to know that they are supported as it is a challenging piece of work.

John suggested we could encourage people to report to a clearing house as it is difficult to spot obvious cases.

Cllr Colleran thanked everyone for their input to this discussion and suggested that we keep this as a standing item on the agenda. Dr. Mason felt that standing items can lose impact. Cllr Colleran will address the issue at future meetings. Cllr Colleran was very pleased with the progress to-date; it is a very good start.

Date and Time of Next Meeting – Tuesday 31st October 2006, 1.30pm at the City Chambers, Glasgow.

Meeting concluded 5.25pm

MINUTE NOT YET ENDORSED AS A CORRECT RECORD



GGCHCP(West)(M)06/05
Minutes 5

Paper No.

DRAFT

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.

MINUTE NOT YET ENDORSED AS A CORRECT RECORD

ACTION BY

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.

TF

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.

MINUTE NOT YET ENDORSED AS A CORRECT RECORD

ACTION BY

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.

RdS

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.

MINUTE NOT YET ENDORSED AS A CORRECT RECORD

ACTION BY

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 in to consideration for these developments when the costings were being made? Terry replied, that yes, these costing 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.

JM

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.

JM

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.

MINUTE NOT YET ENDORSED AS A CORRECT RECORD

ACTION BY

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 SDC. A 3 year roll in programme had commenced in April with 20 volunteers and 76 pupils who are now engaged in the pilot. 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 whose 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.

MINUTE NOT YET ENDORSED AS A CORRECT RECORD

ACTION BY

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

RdS

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.

MJ

10. WEST GLASGOW CHCP DRAFT DEVELOPMENT PLAN: FEEDBACK FROM ENEGEMENT 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.

RdS

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.

MINUTE NOT YET ENDORSED AS A CORRECT RECORD

ACTION BY

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.