

NOT YET APPROVED AS A CORRECT RECORD

NHS Greater Glasgow & Clyde

Mental Health Partnership (MHP) Committee (2007/02)

Minutes of a meeting held in the Clifford Hall,
Pollokshields Burgh Halls, Glasgow
at 10.00 am on Thursday, 28th February 2008

PRESENT:	Gordon J Anderson	Chair, MHP Staff Partnership Forum
	Dr Catherine Benton	Health Board Member
	Morag Brown	Head of Health & Community Care North Glasgow CHCP
	Cllr James Coleman	(In the Chair) Chairman and Health Board Member
	Robert Davidson	Acting Nurse Director, MHP
	Anne Hawkins	Director, MHP
	Cllr Christopher Mason	Member, Glasgow City Council
	Colin McCormack	Head of Mental Health, South East Glasgow CHCP
	Susanna McCorry Rice	Head of Mental Health and Partnerships, Inverclyde CHP
	Cllr Susan McDonald	Member, Renfrewshire Council
	Karen Murray	Director, East Dunbartonshire CHP
	Cllr Michael O'Donnell	Member, East Dunbartonshire Council
	Dr Linda Watt	Medical Director, MHP
IN ATTENDANCE:	Doug Adams	Head of Planning & Performance, MHP
	Annemargaret Black	Head of Mental Health, East Dunbartonshire CHP
	Catriona Chambers	Head of HR, MHP and Non Glasgow CHPs
	John Dearden	Acting Head of Administration, MHP
	David McCrae	Head of Mental Health, West Glasgow CHCP
	Fiona McNeill	General Manager, Clyde MH Services and Head of Mental Health, Renfrewshire CHP
	Martin Montgomery	General Manager, Forensic Services, MHP
	John Russell	Acting Head of Mental Health, West Dunbartonshire CHP
	Donald Thomson	Head of Finance, MHP
	Clive Travers	Head of Mental Health, North Glasgow CHCP
	Cindy Wallis	Mental Health & Partnership Manager, East Renfrewshire CHCP

APOLOGIES:	Raymond Bell	Head of Mental Health, East Glasgow CHCP
	Mark Feinmann	Director, East Glasgow CHCP
	Neil Hunter	General Manager, Glasgow Addictions Partnership
	Cllr Iris Gibson	Member, SW Glasgow CHCP
	David Leese	Director, Renfrewshire CHP
	Alex Mackenzie	Director, North Glasgow CHCP
	Calum MacLeod	Head of Mental Health, South West Glasgow CHCP
	Sandy Mavor	Deputy Director of Finance, NHS GG&C
	Michael McClements	General Manager, Glasgow Learning Disabilities Partnership
	Cllr Joseph McIlwee	Member, Inverclyde Council
	Jessica Murray	Member, West Glasgow CHCP
	Julie Murray	Director, East Renfrewshire CHCP
	Keith Redpath	Director, West Dunbartonshire CHP
	Cllr May Smillie	Member, West Dunbartonshire Council
Kath Stewart	Head of HR, MHP	
Cllr Douglas Yates	Member, East Renfrewshire Council	

1. MINUTES

The Minutes of the meeting held on 8th November 2007 [MHPC(M)2007/01] were approved as a correct record.

2. MATTERS ARISING

There were no matters arising, other than those covered in the circulated agenda.

3. MEMBERSHIP OF THE COMMITTEE

John Dearden submitted Paper 2007/02 providing information on additional Members appointed to the Committee since the inaugural meeting and advising the Committee of discussions held on the suggestion at the last meeting that three representatives of user organisations be invited to participate in the work of the Committee. The discussions had been around ensuring that the groups approached were representative of the area covered by the Committee. It was noted that a minor amendment to the Committee's Standing Orders and Constitution would be required to allow an increase from one to three representatives of user organisations to be members of the Committee.

AGREED

1. That Health Board approval be sought to a change in the Standing Orders of the Committee to allow the Committee to co-opt into Membership such number of additional persons representing voluntary organisations whose objectives relate to the Partnership as the Committee may determine.
2. That it be remitted to the Chairman of the Committee, on the advice of the Partnership Director, to appoint three representatives of appropriate user groups to serve as members of the Committee.

J Dearden

Cllr J
Coleman
Mrs A
Hawkins

4. CONSULTATION AND ACTION PLANNING ON MENTAL HEALTH IMPROVEMENT – "TOWARDS A MENTALLY FLOURISHING SCOTLAND"

Trevor Lakey (Health Improvement and Inequalities Manager) presented Paper 2007/03 which provided information on the Scottish Government Consultation document "Towards a Mentally Flourishing Scotland" issued in October 2007 for comment in the period to the end of March 2008. The Consultation built upon the work of the Scottish Government's National Programme for Improving Mental Health and Wellbeing and set out the proposed future direction for mental health improvement in the period 2008 to 2011. The intention was to take forward work on three main themes:-

Promote and improve mental health through focus on increasing key protection factors and reducing key risk factors

Prevent mental health problems, mental illness, co-morbidity and suicide

Support improvements in the quality of life, social inclusion, health equality and recovery for people who experience mental illness.

The intention was that each local Health Board and local authority area consults widely on the content of the report, taking an inclusive approach, in developing local services.

Within Greater Glasgow & Clyde, a Consultation Event had been held on 7th February which had been attended by 160 delegates from a wide range of services and structures. A composite report on the event was in preparation summarising the main themes from the event and would be widely circulated as a stimulus to future planning on this issue.

Trevor described the various resources available to support the Programme. It was the intention to arrange a further half-day event which would focus on putting ideas into practice and building upon the existing programmes such as the work of the Glasgow Anti Stigma Partnership; local work on suicide prevention via Choose Life and a wide range of mental health improvement activity.

Dr Linda Watt drew attention to the diagram at paragraph 4.2 of the Consultation document and emphasised the importance of this in promoting the concept of mental health as opposed to mental illness.

Anne Hawkins commented on the important role of Community Planning Partnerships in developing understanding and implementation of the concepts

within Towards a Mentally Flourishing Scotland. The extensive range of programmes and organisations detailed in Appendix C to the Consultation document illustrated the wide-ranging nature of the agenda being taken forward.

There was discussion on how success in the achievement of the desired objectives might be measured. It was recognised that there were a variety of measures available to assess general wellbeing within the population. This was an issue that could be returned to for discussion in more detail at a future meeting.

T Lakey

NOTED

5. PLANNING AND PRIORITIES FRAMEWORK 2008/9

Doug Adams (Head of Planning and Performance) submitted Paper 2007/04 which summarised the:-

- External and internal performance priorities for Mental Health Services for 2007/8
- Changes to these priorities for 2008/9
- Broad themes for the 2008/9 Performance and Development Plan.

He explained that CH(C)Ps and the Mental Health Partnership were required to produce Development and Performance Plans which provided a framework within which they operate. These plans covered a period of three years and were updated annually.

The plan for adult mental health services was influenced by external performance priorities set out in the Scottish Government document **Delivering for Mental Health** which set out three **HEAT** targets covering Antidepressant prescribing; reduction in suicide levels and reduction in psychiatric re-admissions and 14 National Commitments covering:-

1. Equalities
2. Peer Support
3. Depression
4. Psychological Therapies
5. Physical Health of people with severe mental health problems
6. Development of Integrated Care Pathways (ICPs) for schizophrenia, bipolar disorder, depression and personality disorders
7. Suicide prevention training
8. Development of Crisis Services in the Community
9. Establishment of In-Patient Forums
10. Care Programme Approach for Restricted patients
11. Mental Health and Substance Misuse
12. Child and Adolescent Service Improvements *
13. Child and Adolescent reduction in admission of children to adult wards *
14. Dementia Service Improvements *

* Commitments 12 to 14 were the responsibility of CH(C)Ps.

The Plan was also influenced by 7 corporate themes within local Planning & Performance Guidelines.

Doug summarised the content of the 2007/8 Development & Performance Plan as detailed in the submitted paper and described the changes proposed for 2008/9. The final version of the Plan was to be submitted to the MHP Senior Management Team in March for approval. Once approved it was the intention to produce a standard framework for performance assurance reporting to the MHP and the MHP Committee. This framework would be available for the next meeting of the Committee.

D Adams

Councillor Mason commented on the target for reduction in antidepressant prescribing, the use of psychological therapies and lack of specific mention within the current and proposed plan to the development of Autism Services, where local authorities were required to have outcomes for autism service development documented in their single outcome agreement. He felt that it was appropriate for the MHP to do likewise.

Linda Watt commented that there was a range of other conditions which were not mentioned in the high-level plan of the MHP, but that did not mean they were not being addressed. Colin McCormack described the work being done in relation to Psychological therapies and the strategy on antidepressant prescribing.

Dr Catherine Benton asked why Learning Disability Services did not feature in the Plan. Doug explained that within the Greater Glasgow area Learning Disability Services were delivered through the Glasgow Joint Learning Disability Partnership which had a separate planning process. The Clyde Service was currently being reviewed through a Joint Planning Group with the Clyde local authorities.

Gordon Anderson observed that much of the Plan was about the delivery of in-patient or specialist Services. A high proportion of mental health services were delivered by Community based staff within CH(C)Ps. With local authority representation on the MHP Committee he took the opportunity to raise the difficulties often faced by Community staff in parking when providing services to patient in their own home and encouraged local authorities to develop scheme which allowed exemption from parking charges to community based clinical staff. It was considered that this point was well made, but the gift to deliver a solution was not within the remit of the MHP Committee. Local authority members generally supported the concept but suggested that the matter needed to be raised in a more formal way with the respective local authorities.

G Anderson

AGREED

1. That the report be noted and that a further paper on the performance assurance framework be presented to the next meeting.
2. That a paper on the current and planned provision of services for Autism be presented to the next meeting.

D Adams

A Hawkins

6. CLYDE MENTAL HEALTH STRATEGY

Doug Adams presented Paper 2007/05 detailing progress on the development and consultation on a Strategy for Clyde Mental Health Services.

Doug set the context within which the Health Board had assumed responsibility

for the Clyde area in April 2006. Since then, joint health and local authority planning groups had been working with frontline staff to review the way existing services were organised with a view to developing a plan that would achieve service improvement and modernisation. The work, involving service user representatives, had looked specifically at how best services could be redesigned to shift the balance of care more towards enhanced community services to meet better individual needs.

The overall Strategy which had been the subject of external scrutiny by a Panel appointed by the Cabinet Secretary for Health and Wellbeing aimed to:-

- Set out what a modern mental health service should look like
- Compared where we are now against such model
- Identify how the core elements could be put in place through redesign of services and reinvestment of savings to fund service development
- Achieving financial balance for Clyde Mental Health Services by April 2010.

Some elements of the proposed Strategy required to be the subject of NHS public consultation processes including:-

- the transfer of low secure learning disability services from Dykebar Hospital to Leverndale Hospital;
- the transfer of adult and elderly acute admission beds for mental health at the Vale of Leven to Gartnavel Royal Hospital;
- the transfer of adult acute admission beds for mental health at the Royal Alexandra Hospital to Dykebar Hospital; and
- the re-provision of continuing care beds for older people's mental health from Dykebar Hospital to partnership facilities.

Doug described the views expressed by the External Scrutiny Panel, including areas of support and areas of concern. It was also noted that discussions were continuing in relation to the future provision of services currently provided from the Vale of Leven and that in relation to Addiction Services currently based at Ravenscraig, the long term plan was to develop a service for the entirety of the South Clyde based upon the Leverndale Hospital site.

It was expected that the formal consultation on the overall Clyde Mental Health Strategy would commence in March and continue for a period of three months during which various engagement opportunities with users, the public and staff interests would be arranged.

NOTED

7. REFRESHING THE GREATER GLASGOW MENTAL HEALTH STRATEGY

Doug Adams presented Paper 2007/06 on the intention to review the NHS Greater Glasgow Mental Health Strategy adopted in 1999 the main aim of which was to change the balance of care to a community based service with support through admission to hospital where required. Significant movement to achieve this objective had been made since 1999. There remained some elements which had not been implemented and where the feasibility of their implementation now required further review. Principally the original plan to relocate services from Leverndale and Parkhead Hospitals required re-consideration.

Doug explained that the intention was to review the current Strategy over a period of 12 to 18 months in the light of a number of emerging issues not envisaged at the time the original Strategy was developed.

There was discussion around the unsuitability of the existing facilities at Parkhead Hospital to meet the needs of a modern mental health service; the developing view on the number of acute beds required (where Scotland continued to have a higher ratio of in-patient beds to the rest of the UK); the developing role of GP Services in supporting those with a mental health illness e.g. through physical health checks as an enhanced service. These and other issues would need to be considered as part of the Strategy review.

The Health Board would ultimately take the decision on the Strategy, but further papers on the emerging work would be presented to the MHP Committee.

D Adams

NOTED

8. GROUP AND COMMITTEE MINUTES FOR NOTING

The following Minutes were submitted:-

(a) Performance Assurance Group : 31st January 2008
[PAG(M)2007/02]

Anne Hawkins referred to the intention to develop a corporate performance report which would be submitted to both the Committee and CH(C)Ps. She also referred to the work being progressed on benchmarking where Doug Adams had been invited to join the National Group developing this work.

(b) Adults with Incapacity Supervisory Body : 27th November 2007
[AWIA(M) 2007/03]

Anne Hawkins explained that the Supervisory Body was responsible for overseeing the Health Board's responsibilities under Part IV of the Adults with Incapacity (Scotland) Act 2000 for regulating the financial affairs of an adult who had impaired capacity and who was resident within an authorised establishment under the control of the Health Board. In terms of the Minute submitted, the Supervisory Body had reviewed draft Operating Procedures for Patients' Private Funds; considered arrangements for the training of staff in the provisions of the Act and noted progress in establishing registers of patients who lacked capacity.

(c) Mental Health Partnership Staff Partnership Forum : Friday, 18th January 2008
[SFP(M)2007/05]

Attention was drawn to the consideration by the SPF of the report on the development of the Clyde Mental Health Strategy and issues relating to the review of accommodation.

(d) Care Governance Group : Wednesday, 14th November 2007
[CG(M)2007/11]

Dr Watt referred to the successful Annual Care Governance Conference held at the Glynhill Hotel on 16th January 2008. This event had been attended by

some 300 staff with Workshops on the topics of Integration, Legislation and Professional Regulation held and supported by a series of Poster Presentations.

NOTED

9. FUTURE PRESENTATIONS TO THE COMMITTEE

Anne Hawkins suggested that as part of the Committee's meetings there should be opportunity for various clinical services to highlight their services. She suggested that this could usefully be based on a short presentation followed by general discussion.

The Chairman suggested that this was an excellent idea and proposed that a programme of presentations be arranged commencing from the August meeting to be held every other meeting.

AGREED

That a proposed Programme of Clinical presentations and discussions be developed.

Dr L Watt

10. FUTURE MEETINGS

The following were noted as future scheduled dates for MHP Committee meetings commencing at 10.00 am :-

All

Thursday, 29th May 2008 at Eastwood House, Eastwood

Thursday 28th August 2008 in Committee Room 8, City Chambers, Glasgow

Thursday, 27th November 2008 at the Campanile Hotel, Finnieston, Glasgow

The meeting ended at 12.05 pm