

SOCIAL CARE SERVICES COMMITTEE'S MINUTES.

Glasgow, 5th September 2003.

Joint Community Care Committee.

- Present:** John McKenzie (Chair), Mr David Comley, Michael Kernaghan, Dr Christopher Mason, Alan Stewart and Robert Winter (Glasgow City Council); Robert Calderwood, Tom Divers, Andrew Robertson and Ian Reid (Greater Glasgow NHS Board).
- Apologies:** Professor Sir John Arbuthnott, Dr John Nugent and Sally Kuenssberg (Greater Glasgow NHS Board).
- Attending:** A Garbutt (Clerk); R Murray, Depute Director of Social Work Services; C Renfrew, Director of Planning and Community Care, Greater Glasgow NHS Board; and C Boyd (for the Director of Financial Services).

Minutes approved.

1 The minutes of the Joint Community Care Committee of 28th February 2003 were submitted and approved.

Autistic Spectrum Disorders Taskforce – Recommendations approved.

2 There was submitted a report by the Depute Director of Social Work Services and the Director of Planning and Community Care, Greater Glasgow NHS Board on the findings and recommendations of the Autistic Spectrum Disorders (ASD) Taskforce, advising that

- (1) the ASD Taskforce had been established by the Joint Community Care Committee with a general remit to develop plans for adults with ASD and their families;
- (2) membership of the taskforce had been designed to bring together the skills and experience of key officers, professionals, voluntary sector representatives and carers;
- (3) although the initial focus of the taskforce had been with adults with ASD it quickly became apparent that the needs of children and young people should be incorporated into the remit with the chosen approach being one that could consider the needs of people throughout childhood, adolescence and adulthood;
- (4) the importance and urgency of the work had been reinforced by guidance received from the Scottish Executive in March 2003 which had instructed all local authorities to conduct an audit of services by the end of April and to have plans in place for people with ASD and their families by June 2004;
- (5) confirming the key findings of the ASD Taskforce which were
 - (a) to develop a range of family supports;
 - (b) to establish clearer systems for detection and diagnosis;

- (c) to improve the process of assessment and care management;
 - (d) to ensure the availability of clear and comprehensive information;
 - (e) to consolidate and extend the educational opportunities;
 - (f) to ensure that all appropriate staff received ASD training;
 - (g) to support people with ASD into employment;
 - (h) to consolidate and extend social supports;
 - (i) to create a range of accommodation options;
 - (j) to work with carers and people with ASD as partners; and
 - (k) to develop a range of specialist and generic services; and
- (6) detailing as a result of the key findings the 9 service development proposals which should be implemented.

After consideration, the committee

- (i) acknowledge the challenges experienced by people with ASD and their carers and accepted the need to develop a fuller and more cohesive service response; and
- (ii) accepted, in principle, the recommendations of the ASD Taskforce and requested a further report on proposals for implementation.

Joint Community Care Users/Carers Conference – Progress noted.

3 There was submitted a report by the Depute Director of Social Work Services and the Director of Planning and Community Care, Greater Glasgow NHS Board, on the background to the Joint Community Care Committee (JCCC) Users/Carers Conference and progress in organising the conference

- (1) advising that the JCCC had agreed that it wanted to pursue an inclusive approach to the involvement of users and carers and the voluntary and private sector providers in the work of the committee by means of an annual conference to initiate dialogue with users, carers and other organisations which would then influence the shape of the JCCC's workplan for 2003/04;
- (2) confirming that the purpose of the conference would be to discuss and agree how the JCCC could set up an ongoing dialogue and relationship with users and carers of community care services, ensuring that users and carers influenced the planning and development of services; and
- (3) confirming that the date of this conference had now been agreed as being 2nd October 2003, with a venue to be confirmed.

After consideration, the committee

- (a) noted the report;

- (b) approved the programme for the conference as then detailed; and
- (c) requested that a report from the conference be presented to committee in December 2003.

Joint Community Care Committee – Revised workplan 2003/04 approved.

4 There was submitted a report by the Depute Director of Social Work Services and the Director of Planning and Community Care, Greater Glasgow NHS Board on a revised workplan for the Joint Community Care Committee (JCCC) for 2003/04, advising that

- (1) it was now proposed that the committee should meet on an 8-weekly cycle and it was therefore necessary to adjust the workplan accordingly in order to consider the priority care groups within the Joint Community Care Plan (JCCP), allowing enough flexibility to enable members to consider other topics of interest and maintain the commitment to hold members' seminars; and
- (2) Appendix 1 of the report set out a revised workplan for 2003/04 which scheduled coverage of the main themes contained within the JCCP between now and April 2004 but retained adequate scope to bring additional items before the JCCC as necessary.

After consideration, the committee

- (a) noted the contents of the report; and
- (b) approved the revised workplan for 2003/04.

Members' Seminar on Community Care and Equality – Report back noted.

5 There was submitted a report by the Depute Director of Social Work Services and the Director of Planning and Community Care, Greater Glasgow NHS Board on the outcome of the members' seminar on Community Care and Equality which had been held on 26th March 2003, advising that

- (1) the third in a series of members' seminars had been held on 26th March 2003 covering community care and equality;
- (2) the seminar had focused on race equality under the heading of "Diversity in Glasgow" and members had been briefed on population changes in the City in recent years including the asylum dispersal programme, the policy and legislative framework, the Council and NHS Board's Race Equality Schemes and the key challenges for service planning and delivery, progress to date and future action;
- (3) there had been wide-ranging discussion by members on a number of issues as detailed in the report; and
- (4) the Steering Group would re-convene to consider the issues raised and prepare an action plan for discussion by the JCCC.

After consideration, the committee

- (a) noted the contents of the report; and

- (b) requested the Steering Group to re-convene and prepare a brief action plan.

Community Health Partnerships – Action for development noted.

6 There was submitted a report by the Depute Director of Social Work Services and the Director of Planning and Community Care, Greater Glasgow NHS Board on Glasgow's approach to the development of Community Health Partnerships (CHPs), advising that

- (1) one of the most fundamental proposals within the recent Heath White Paper was the evolution from Local Health Care Co-operatives to CHPs with a enhanced role in service planning and delivery;
- (2) CHPs would
 - (a) ensure patients and the broad range of healthcare professionals were fully involved in service delivery, design and decisions;
 - (b) establish a substantive partnership with local authority services;
 - (c) have a greater responsibility and influence in NHS resource deployment;
 - (d) play a central role in service re-design;
 - (e) act as a focus for integrating primary care, local authority and specialist health services; and
 - (f) play a pivotal role in delivering health improvement;
- (3) a further requirement was that NHS Boards must also work with local authorities to review how service planning delivery could be better designed to meet community needs and a particular challenge would be in designing CHPs tailored to meet local requirements while also ensuring a degree of uniformity across the CHP structures;
- (4) the aim was to conclude proposals on the key principles to establish CHPs by December 2003 to include the following:-
 - (a) boundaries for CHPs;
 - (b) what services, budgets and staff were to be directly managed by CHPs;
 - (c) a scheme of delegation to CHPs and partners within these organisations;
 - (d) how accountability of CHPs would be organised;
 - (e) how key CHP interfaces would be managed;
 - (f) how CHPs would influence strategic planning and resource allocation; and
 - (g) how CHPs would relate to other NHS and local authority operational structures; and
- (5) these principles should be agreed with each local authority prior to consideration by the NHS Board for full and inclusive consultation enabling a final decision to be taken in April 2004, although it was believed that the potentially profound changes would

require a further 12 month development period leading to full implementation in April 2005.

After consideration, the committee

- (i) noted the contents of the report; and
- (ii) agreed
 - (A) to consider its views on the development of CHPs in Glasgow; and
 - (B) that further discussion with those involved in the development of area committees and community planning should be included in the process.

Social Care Services Committee – Mental Health Integration noted.

7 There was submitted and noted a report by the Director of Social Work Services on the range of considerations being given to date on integrating services in line with Scottish Executive guidance which had been submitted to the Social Care Services Committee on 26th August 2003 (Print 3, page 503).