Item No 2

PRESENT:
Catherine Benton Board Representative
Cllr James Coleman Chairman & Board Member (Chair)
Anne Hawkins Director MHP
Cllr Christopher Mason Glasgow City Council representative
Colin McCormack Head of MH, South East Glasgow, CHCP
Susanna McCorry-Rice Head of Mental Health Inverclyde CHCP
Cllr Susan McDonald Renfrewshire Council Representative
Cllr Michael O’Donnell East Dunbartonshire Council Representative
Dr Linda Watt Medical Director MHP

SERVICE USER REPRESENTATIVES:
Pru Davies Mental Health Network
Moira Gillespie Mental Health Network

IN ATTENDANCE:
Karen Beattie Management Trainee
Raymond Bell Head of MH East Glasgow CHCP
Catriona Chambers Head of HR, MHP and Non Glasgow CHPs
John Dearden Head of Administration MHP
Heather Glennie Operations Manager, East Dunbartonshire CHP
Peter Kaminski IPC Co-ordinator
Fiona McNeill Head of MH, Renfrewshire CHCP
Calum MacLeod Head of MH, South West CHCP
David McCrae Head of MH, West Glasgow CHCP
Martin Montgomery General Manager, Forensic Services
Ronnie Sharp Patient Service Manager
Donald Thomson Head of Finance, MHP
Clive Travers Head of MH, North Glasgow CHCP

APOLOGIES:
Doug Adams Head of Planning & Performance MHP
Gordon J Anderson MHP Staff Partnership Forum Chair
Mari Brannigan Nurse Director MHP
Councillor Iris Gibson Member SW Glasgow CHCP
David Leese Director Renfrewshire CHP
Sandy Mavor Head of Finance NHS Partnerships
Cllr Joe McIlwhee Inverclyde Council representative
Cllr Jonathan McColl West Dunbartonshire Council representative
1. WELCOME

The Chairman extended a special welcome to Moira Gillespie of the Mental Health Network who was returning to participation in the work of the Committee after a period of illness. Karen Beattie (Management Trainee) was also welcomed to the meeting.

2. MINUTES

The Minutes of the meeting held on 24th September 2009 [MHPC(M)2009/02] were approved as a correct record subject to the addition of Mari Brannigan (Nurse Director) being present.

3. INTEGRATED PATHWAYS IN MENTAL HEALTH

Dr Linda Watt submitted paper 2009/008 which provided a progress report on the development of a generic pathway of care for mental health services, including standards related to 5 diagnoses as directed by Delivering Mental Health:

- Bipolar disorder
- Borderline personality disorder
- Depression
- Dementia
- Schizophrenia.

Peter Kaminski, one of the Integrated Care Pathway (ICP) Co-ordinators gave an overview of the integrated care pathway which was based on standards produced by NHS Quality Improvement Scotland. The standard had been applied in Glasgow since 2007 and was used generically for all in-patient admissions to mental health services forming part of the “document set” within clinical records.

The submitted paper described how the ICP had been developed within Greater Glasgow & Clyde and implemented locally. Following initial implementation, evaluation had identified the need to adjust the pathway. In September 2009, NHS Greater Glasgow & Clyde was successful in its
application for foundation level accreditation by NHS Quality Improvement Scotland. Further work was planned with NHS Quality Improvement Scotland about the next stages of implementation/accreditation.

In describing the pathway Peter talked the Committee through a detailed diagram showing how the elements of the pathway linked together from core assessment through to ultimate discharge.

There had been engagement with service users in the development of the pathway and further work was planned to have a common language underpinning the condition specific elements. Central to the pathway was how the service user was involved in the assessment, planning, delivery of interventions leading to an appropriate outcome. The complex processes of the overall diagram, which Peter spoke to, were described as interlinked layers which could be peeled back to meet individual circumstances.

Arising from the presentation there was a discussion which confirmed that:-

- In terms of improvement in patient care the ICP provided a valuable reference point for staff emphasising how they should approach differing presentations of core clinical areas;
- The ICP was based on a Team approach to care with the Consultant retaining clinical leadership within the Team;
- Service users saw the ICP as empowering providing an understanding of the approaches, networks and interventions that were available to support them;
- The ICP challenged established thinking and ensured that patients were part of the decision making process for their care.

Peter and Linda were thanked for their presentation. The Committee considered that to have the ICP in diagrammatic form with the explanation provided was an excellent means of presentation.

4. MEDICAL STAFFING

Dr Linda Watt presented Paper 2009/009 which gave an overview of some of the challenges facing management of medical staffing within Psychiatry.

Amongst the areas covered were:-

- The new Consultants Contract introduced in 2004 and the requirement under this to undertake Job Planning and Appraisal. Full-time Consultants generally worked 10 sessions (10 Programmed Activities) split between direct clinical care and supporting professional activities (SPA) usually at the ratio of 7.5 : 2.5. The report provided information on the number of approved job plans and completed appraisal over the Years 2008 and 2009.
- The introduction of the new Specialty Grade Contract for non-training grades of doctors in place of the Associate Specialists grade.
- The introduction of the European Working Time Directive with effect
from August 2009 limiting the working week to 48 hours. Whilst medical staff were contracted to a 40-hour week on-call commitments were additional to this. There was an impact on the provision of out of hours’ services within psychiatry of meeting the WTD for Consultant staff whilst also reducing the cost to the service of the junior doctors’ rotas. Details of current rotas and their compliance levels with the WTD were illustrated.

- The costs of ensuring Approved Medical Practitioners remained accredited to exercise functions under the Mental Health (Care and Treatment) (Scotland) Act. There were 316 doctors on the list of Approved Medical Practitioners who required re-accreditation every five years. The training for this was to be outsourced via a national contract to be let by the Scottish Government which was the subject of on-going discussions between the Royal College of Psychiatrists and the Scottish Government. It was anticipated that during 2010/2011 up to 221 Approved Medical practitioners would require re-accredited.

In response to questions from Members Linda advised that:-

- 10 Consultant Psychiatrist posts covered Forensic Services;
- The issue of time it took to see a Consultant was variable and was dependant on a number of factors including whether there was a need/request to see a specific Consultant; the increasing number of part-time Consultants; whether a Consultant was scheduled to be elsewhere e.g. reviewing patients during scheduled hospital time when the patient presented at a Resource Centre.
- She was confident that between Consultant and junior grades there were sufficient psychiatrists available for emergency consultation.

**NOTED**

5. **STAFF GOVERNANCE**

Catriona Chambers (Head of Human Resources Mental Health and Non-City Partnerships) made a presentation to the Committee on MHP compliance with Staff Governance Standards. Catriona explained that it had been hoped to make the presentation jointly with the Staff Side Chair of the MHP Staff Partnership Forum but unfortunately, Gordon Anderson had to attend a Royal College of Nursing meeting that day.

Catriona referred to the Staff Governance Action Plan prepared last year and illustrated how this had been applied to the Clyde Redesign Project in terms of the Staff Governance Standards which required that staff were:-

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<tr>
<th>Well Informed</th>
<th>Appropriately Trained</th>
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<td>There had been extensive communication with staff in a clear and consistent manner appropriate to need supported by staff side colleagues at all stages of the process.</td>
<td>As part of the redesign process, the existing skill base had been reviewed and compared with the requirements of the new model of service and any</td>
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individual gaps in knowledge and training identified. An example of this had been that a number of staff had not undertaken competitive interviews for a considerable time and training in this was arranged.

**Involved in Decisions that Affect them**

All decision-making groups had staff side representation and there was clarity around staff being at risk of displacement and the options available to them.

**Treated Fairly and Consistently**

Redesign principles were agreed in partnership and the process for appointment to posts was based upon a structured and explicit competency based selection criteria.

**Provided with an Improved and Safe Working Environment**

As part of the redeployment principles induction to new work areas was provided along with opportunities for shadowing and “taster” working.

At the start of the process some 590 post had been identified as affected by the redesign process. By December 2009, some 400 had been successfully redeployed with the expectation that this number would significantly reduce further.

This practical application of Staff Governance Principles was seen as just one example of how the MHP was applying the key Staff Governance Policies and Principles in its work. For the future activities would include:-

- Responding to the issues identified from the Board’s Staff Governance Action Plan
- Development of a reiteration of the MHP Action Plan based on the outcome of the Staff Survey
- Progress to achievement of Healthy Working Lives Awards
- Adoption of the Clyde redesign principles across MHP where other service change was planned
- Formation of a Partnership Health and Safety Group
- Reflection on analysis of collected data e.g. incident reports.
- Joint training activity on revised and harmonised Human Resources Policies.

**NOTED**
6. **GLASGOW LEARNING DISABILITY PARTNERSHIP**


Anne explained that the Joint Partnership Board between the Health Board and Glasgow City Council had recently taken this decision in the context of the significant changes in learning disability services since the LD Partnership was formed in 2000 and in the light of development of CHCPs.

The Joint Partnership had been formed to drive forward the joint strategic agenda for learning disability services in line with the then recently published “Same as You” Policy. Key priorities had been closure of Lennox Castle Hospital and the development of community based alternative supports. Management of this closure programme and the development of effective community services necessitated the establishment of integrated structures for the management of health and social care services for people with learning disabilities.

Anne drew attention to the excellent work undertaken by the Learning Disability Partnership over the last 10 years. For the future, it was intended that responsibility for the management of Tier 4 services of the Partnership and the finalising the redesign of these services would pass to the Mental Health Partnership. The Commissioning and Contract Management responsibilities of the Glasgow Learning Disability Partnership would be subsumed within the new Social Work Management Structure within Glasgow City, with budget devolution to CHCPs. CHCPs would continue to manage Joint Learning Disability teams. A detailed implementation plan was in preparation to secure these organisational changes.

For the future, the Mental Health Partnership would need to consider what performance reporting of learning disability services should be put in place from 1st April 2010.

Catherine Benton raised the issue of how the different social work authorities would bring about a consistency of approach for this client group. Anne explained that a Group involving joint representation from health and local authorities had been meeting under her chairmanship – The LD Way Forward Group - for some time initially with a Clyde emphasis but now with Greater Glasgow & Clyde remit. A function of this group was to explore how authorities could deliver consistency of approach. An important part of the Group’s work was the commissioning of a Learning Disability Needs Assessment which was currently in preparation.

Christopher Mason considered that there was a strong case for the Mental Health Partnership to have an overview of all learning disability services, particularly in view of the need to provide a seamless service between health, local authorities and private providers. He also referred to the required linkage with the prison service where learning disability patients were detained and the need to ensure that service user representation on the Committee covered the interests of learning disability clients.
Raymond Bell emphasised that the decision on dissolution had only recently passed its calling date and that the issues raised would need to be considered through the implementation plan.

Anne also acknowledged the comments made and additionally drew attention to a separate Scotland wide decision which was to be progressed that the NHS assume responsibility for healthcare within the prison service. Details of this still needed to be worked up.

A fuller report on these issues would be made to the Committee in due course.

**DECIDED/-**

1. That the excellent work carried out over ten years through the Glasgow Learning Disability Partnership in transforming learning disability services in Greater Glasgow be acknowledged.

2. That the agreement through the Joint Partnership Board to dissolve the Glasgow Learning Disability Partnership by April 2010 be noted

3. That steps to be taken to ensure a smooth transition to new arrangements for the management of learning disability services.

4. That a further report on issues arising be presented to the Committee covering:
   - Performance reporting arrangements
   - Future Management Arrangements
   - The Health Needs Assessment when completed
   - Service user representation covering learning disability clients.

7. **INPATIENT REVIEW**

Calum MacLeod made a presentation to the Committee on a project to review all in-patient beds and services across mental health and related services within Greater Glasgow & Clyde. This review had been commissioned following discussion with CHCP Directors with the objective of:-

- Reviewing the capacity in each hospital and in-patient service
- Develop benchmarks for in-patient bed numbers for Greater Glasgow & Clyde
- Preparing proposals that achieved the agreed benchmark
- Review of the Strategic Commitments in Modernising Mental Health 2000 (Greater Glasgow) and the Clyde Mental Health Strategy (2006)
- Develop proposals which would return financial savings and identify capital requirements
Calum detailed the principles which would underpin the review and gave the Committee a flavour of the work undertaken to date in terms of the 1,400 beds within the system (excluding Forensic Services).

The further engagement to be undertaken would include:-

- Presentation to CHCP Committees
- Engagement with MHP Staff Partnership Forum
- Consultation on future site configurations as appropriate
- Detailed report to the Committee once proposals had been formulated.

NOTED

8. QUARTERLY PERFORMANCE REPORT

Doug Adams presented Paper 2009/011 which was the Quarterly Performance Report incorporating an update of the items within the HEAT Targets and Commitments and the Development and Performance Plan.

Under the Performance Exception reporting the Committee noted two areas of high risk which had been identified.

(a) HEAT Target 1 – Anti Depressant Prescribing -

Reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero by 2009/10, and put in place the required support framework to achieve a 10% reduction in future years.

Colin McCormack, as Lead Officer for this Target, continued to report that this target posed two risks for the Health Board – There was no evidence that we could meet the Target and therefore could not be assured that it would be achieved. Secondly, there was a risk that pursuit of the Target may result in anti-depressants being perceived as being “bad”, which may lead to patients not receiving them when they should.

There are genuine unknowns concerning future anti-depressant prescribing levels, and the approach that the Board had taken was one which minimised patient risk by concentrating on assuring the appropriate use of anti-depressant medication, supported by the provision of “alternatives”, primarily psychological therapies.

This approach had been widely acknowledged within Scotland and between the Board and the Scottish Government DforMH Team, with whom the MHP strategic approach had also been shared.

Work in this area was now being co-ordinated through the activity of the MH Collaborative, and a range of activity was underway as part of a detailed Action Plan, which was based on best knowledge and practice and also addressed the need for national reporting requirements.

Although rates continue to increase, there were significant variations amongst
CH(C)Ps and more so amongst GP practices. Latest projections could suggest that rates were levelling although this was unclear. It remained difficult to take actions that could have an immediate and attributable impact on rates and the strategy was to focus on appropriate prescribing in the longer term. It was noted that there would now not be a national prescribing indicator for this Target and Boards would be required to develop one locally. This would be picked up as part of the work of the MH Collaborative.

(b) Commitment 1 Reduce the number of admissions of children and young people to adult beds by 50% by 2009.

There remained on-going concern about the increase in the number of adolescents admitted to adult wards, The HEAT Target trajectory was to reduce the number of admissions to 30 by December 2009. The actual figures to date were:

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<th>Target Admissions</th>
<th>Actual Admissions</th>
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<tr>
<td>Dec 07</td>
<td>42</td>
<td>36</td>
</tr>
<tr>
<td>Mar 08</td>
<td>40</td>
<td>36</td>
</tr>
<tr>
<td>June08</td>
<td>39</td>
<td>48</td>
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<tr>
<td>Sept 08</td>
<td>37</td>
<td>57</td>
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<td>Dec08</td>
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<td>64</td>
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<td>Mar 09</td>
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<td>69</td>
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<tr>
<td>June 09</td>
<td>33</td>
<td>61</td>
</tr>
<tr>
<td>Sept 09</td>
<td>31</td>
<td>47</td>
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It was noted that the new Adolescent Inpatient Unit opened to the full 24 bed capacity on 31st May 2010. A sum of £500k recurring had been secured from the Specialist Children's Services NDP funding matched by NHSGGC. Investment would be made in increasing RMN nursing and AHP capacity in Clyde to allow the age range to be extended from 16-18. 2nd & 3rd Medical on call availability was to be extended in Clyde and further supported by a dedicated CAMHS RMN nursing response across NHSGGC on a 24/7 basis to young people in psychiatric crisis.

Investment would also be made in developing an Intensive Home Based Treatment Service which would provide an intensive and rapid response to young people who have an acute episode of psychiatric illness. (Greater Glasgow). Dr Watt confirmed her support for this approach. Intensive support within the home environment was a preferred alternative to in-patient admission.

In addition to this, following a number of meetings to discuss this issue, an audit of all 57 admissions to adult beds in 2008 was in progress, with a view to understanding the process issues / service pressures that are associated with the admissions.

This issue would require to be kept under review, but it is encouraging to note that the latest (September 2009) quarterly figures showed a continued reduction in admissions to 47.

**NOTED**
9. MONITORING OF IMPLEMENTATION OF CLYDE MENTAL HEALTH STRATEGY

Anne Hawkins made a brief presentation to the Committee on the Monitoring Framework established for the Vale of Leven Hospital. A Monitoring Group under the Chairmanship of Bill Brackenridge had now been established and it had been agreed that the Minutes of the Group would be formally reported to and be reviewed by the Mental Health Partnership Committee. The first meeting of the Group had been held in private, but future meetings would be open to the public to observe. Keith Redpath would be responsible for reporting on the same basis to West Dunbartonshire CHP.

The slides presented by Anne gave suggestions of the type of information which it was planned to present to the Monitoring Group in terms of Christie Ward and Community Services for adult mental health. Keith would report on a similar basis on elderly mental health services.

The reporting arrangements described would be implemented with effect from the next meeting of the Committee.

10. MINUTES OF GROUPS AND COMMITTEES

The following Minutes were noted:

(a) **Performance Assurance Group** : 29th October 2009 [PAG(M)2009/03]

(b) **MHP Staff Partnership Forum** : 18th September 2009 [SFP(M)2009/03]

(c) **Care Governance Group** : 9th September 2009 [CG(M)2009/03]

11. NEXT MEETING

10.00 am on Thursday, 25th March 2010 in Dalian House, Glasgow.

The meeting ended at 12.05 pm.