West Glasgow Community Health Care Partnership Committee

Minutes of the Meeting held at 1.30 p.m. on Tuesday, 20 February 2006 in the Councillors’ Corridor, City Chambers, George Square, Glasgow

PRESENT

Councillor Aileen Colleran (Chair)
Lorna Barr, Professional Executive Group
Councillor Irene Graham
Jessica Murray (Vice Chair)
Terry Findlay, CHCP Director
Councillor Dr Malcolm Green

IN ATTENDANCE

Jim Crichton, Head of Mental Health
Pam Fenton, Head of Health and Community Care
Matt Forde, Head of Children’s Services
Willie Kelly, Head of Addiction Services
Chris Melling, Acting Head of Learning Disability
Jeanne Middleton, Head of Finance
Justine Murray, Head of Human Resources
Dr John Nugent, Clinical Director
Ray de Souza, Head of Planning and Health Improvement
Valerie Smith, Business Support Manager
Amanda Taylor, Acting Head of Learning Disability
Karen Whyte (Minutes)

1. APOLOGIES

Apologies were received from Barbara Elliott, Professional Executive Group; Marie Garrity, Staff Partnership Forum; Paul Higgins, Professional Executive Group; Baillie Dr Christopher Mason; Baillie Gordon Matheson; Tam Munro, Public Partnership Forum; Dougie Taylor, Public Partnership Forum

2. MINUTE OF LAST MEETING ON TUESDAY, 12 DECEMBER 2006

The minutes of the last meeting held on Tuesday, 12 December 2006 [Paper No. 07/01] were agreed as accurate.
3. MATTERS ARISING

a) Learning Disability Respite Services

Chris Melling acknowledged that the Director had replied and that there has been some increase in services and that it is a priority for service development. A review of all service provision and liaising with providers would take place. It was noted that the Respite Service at Kelso had closed last week. Terry Findlay highlighted that the Respite Centre proposal in Drumchapel is being taken forward as a part of the Council’s capital programme.

DECIDED

The respite proposal will be monitored and returned to Committee for further discussion.

b) Children’s Services Performance

There was discussion of the performance measures and outcomes for Children’s Services. Matt Forde advised the Committee that an action plan was currently being prepared to address all areas of performance in Children’s Services. It would identify the pressures and resource requirements as well as redesign and process changes.

Service improvements and targets will be highlighted in the CHCP Plan. It was agreed that this is an important area that will be monitored closely.

4. REPORTS FROM SUB-COMMITTEES

a) Professional Executive Group (PEG) – Update

A report was submitted by the Clinical Director [Paper No. 07/02]. The PEG held a Development Session on 31 January 2007. The PEG would review progress over the last year and it was hoped that the membership and the Co-Chair of the PEG would be finalised at the next meeting in March.

NOTED

Care/Clinical Governance Group (CCCG) – Update

John Nugent gave a brief update on progress of this Group. A useful session on Pan-Glasgow Clinical Governance had taken place on 18 January 2007, and the outcome of this session would be considered by the local CCCG. A Clinical/Care Governance Co-ordinator had been appointed on a 1 day-per-week basis. John will report progress to the next meeting of the Committee.

NOTED
Prescribing Group

John Nugent advised that a copy of the West Glasgow CHCP Prescribing Report had been issued to all individual Practices and their Prescribing Support Pharmacists. It was highlighted that anti-depression, methadone and the reduction of inappropriate prescribing would be key aspects of the work over the next 3 years.

NOTED

b) Public Partnership Forum

Ray de Souza gave a verbal account of progress. He advised members that progress to establish the PPF and an Executive was around 3-4 months behind schedule, although work was being progressed as quickly as possible to establish the membership by end of March 2007. The Committee was keen to ensure a move from interim to permanent membership on the CHCP Committee. A public event in Partick recently had been extremely successful and people from the local community had expressed an interest in the PPF. A further event would be held in Woodside next month and a good turnout was expected. Ray advised the Committee that it might be necessary to deviate slightly from the PPF Guidelines previously agreed by CHCPs. It was agreed that the guidelines should be applied with maximum flexibility in view of the challenges of setting up a forum of this nature.

In the meantime, a partnership agreement for the PPF has been prepared. The CHCP is also awaiting notification of progress in relation to the formation of the Voluntary Sector Network.

Cllr Colleran noted that it was important to ensure there is a geographic involvement in the PPF and it is good that interest is there from the public/local people. She enquired about joint working with the CPP. Ray said the CHCP was linked into the Community Engagement Co-ordinating Groups.

Dr Green suggested that while it was encouraging to have the attendance of the public at the recent meting in Partick, the greater emphasis should be on involving service users who were not knowledgeable about services.

NOTED
c) **Staff Partnership Forum (SPF)**

Justine Murray and Marie Garrity had submitted [Paper No. 07/03] which had detailed background on the Staff Partnership Forum. The SPF had met twice and the note of this meeting was on the West Glasgow CHCP website. Standing items at these meetings are:

- Health Visiting Review;
- Agenda for Change; and
- Knowledge and Skills Framework.

The opportunity will be taken at SPF meetings to inform Staff Partnership Representatives of the structure, organisation and planned development of services within the CHCP. At the last meeting, the Head of Health and Community Care briefed the Forum on the development in that service area. It was noted that Staff Engagement Forums were taking place in March 2007.

Terry advised the Committee that Marie is now the Chair of the Unison Health Branch for Glasgow which is the largest branch in the UK and formally congratulated her on this achievement. It was noted that this would impact on the time she can contribute to the CHCP.

Terry highlighted the Health Visiting Review at 2.1 of the paper. There was currently a grievance situation within the Health Visiting Review and was in the process of review. How to take forward this grievance was currently in discussion and will be brought back at the next Committee meeting.

**NOTED**

**d) Employability**

Ray de Souza gave a verbal account of progress to implement the agreed framework. He indicated that the final outcome of the City’s bid should be known in the next few weeks and hopefully would be successful. There are impressed by the framework. There are a number of developments taking place and it has been agreed to have a part-time Employability Sessional Worker post for the Chinese community in view of the reported difficulties of Chinese young people in accessing the job market.

**NOTED**

5. **HUMAN RESOURCES/LEARNING AND ORGANISATIONAL DEVELOPMENT**

Justine Murray and Valerie Smith talked to [Paper No. 07/04], a progress report in relation to the standing items for human resources, learning and organisational development was produced highlighting the staffing establishments for the CHCP.
Progress has been made in identifying staff numbers for the CHCP and Hosted Services.

The combined Health and Social Work figures indicate total staff numbers of 1159.17 wte including Hosted Services.

The turnover rate for Social Work Staff for January 2007 was 0.24%. The Committee was asked to note that the vacancy management system continues to be operated within the Council and vacant posts will be advertised and filled in exceptional circumstances only. Current workforce information for Health Staff suggests a turnover rate of 0.13% for January 2007.

Current workforce information on absence of health employees for West Glasgow CHCP is 6.8%. This information was obtained from the quarterly performance report – Partnerships (Glasgow) published in November 2006.

The Learning & Education Adviser for the CHCP has identified three priorities:

- Undertaking a needs analysis to help plan learning for 2007/8;
- The CHCP Plan identifying priority areas for CHCP Staff; and
- Staff involvement and learning events planned for March 2007.

A summary of organisational development activity delivered and planned is:

- Committee Development Session;
- Development Session for PEG Members;
- Roll out of the new on line Performance Management System;
- Draft Organisational Development Plan; and
- Development Session with Health Improvement Team.

Cllr Colleran highlighted the importance of organisational development and that it was becoming more of a focus in the Council. Justine noted that a new Head of OD for the Glasgow City CHCPs has recently been appointed and it would provide opportunities for collaboration between NHS and Council OD Services.

It was agreed that an update on the progress of establishing the Learning, Education and Development Group should be brought to the next Committee.

The workforce pay and benefits review process in respect of reviews and appeals is underway with priority being given to Staff who are in a detriment position and other Staff will be prioritised for their review to be considered thereafter. Staff who have not yet been advised of the outcome of the pay and benefits review will know by the end of March 2007.

Over the last 2 months a further 173 Staff within the West CHCP and Hosted Services have been assimilated into Agenda for Change. Staff numbers assimilated now total 492. The Project Team aims to have the remaining Staff assimilated by the end of March 2007. Justine would provide the Committee with a full update at the next meeting.
A review process has now been agreed and outlines the key stages. From next month, staff who have requested a review will be written to, explaining the process and timescales for review. The figures for this process were not available but Justine would provide the Committee with a full update when available.

Mainstreaming Agenda for Change

A paper proposing how to take this forward has been drafted and is out for comment. The paper proposes establishing a small job evaluation unit to manage the review process, complete outstanding evaluations and matchings and to provide and on-going Evaluation Service for new jobs, and an Advisory Service on job descriptions and grading.

Knowledge & Skills Framework (KSF) and Personal Development Plan (PDP) Implementation

For NHS employed Staff, the West CHCP will be responsible for ensuring implementation of the above. In doing this the following is required:

- Identify a “Lead” for KSF;
- Identify progress in developing KSF outlines;
- Identify to Managers, names of Staff who are now due PDPs; and
- Ensure Staff and Managers are appropriately trained.

It was noted that it would be beneficial for a co-ordinated approach between Social Work and NHS Staff on the need for PDPs.

6. FINANCIAL REPORT

A report was submitted by the Head of Finance [Paper No. 07/05]. The Partnership revenue position at the end of December 2006 is a net overspend of £71,800. This is a movement of £207,400 against the previous period overspend of £279,200. The Partnership NHS budget is reporting a net underspend of £339,100. This represents a favourable movement of £101,500 on the prior periods underspend of £237,600 reported. The Partnership Social Work budget is reporting an overspend of £410,900 (2.13%) for the period ending 3 January 2007, this represents a favourable movement of £105,900 on the prior months overspend of £516,800 reported.

Jeanne Middleton highlighted that the Health revenue position would be sustained throughout the remained of the financial year.

Health significant issues were noted as:

- **Learning Disabilities**

  The net overspend is £37,800. The Glasgow Learning Disabilities Partnership has agreed in part the budget and expenditure realignment exercise, with further adjustments due in the next reporting period.
- **Prescribing**

The net underspend is £190,500. The underspend reported for GP prescribing drugs is based on the ISD figures reported to 31 October 2006. It should be noted that this could change significantly as the generic drug tariff price adjustments are reported over the coming months. However, it should be noted current indications project a break even position.

Terry Findlay highlighted that the majority of the underspend is not available to the CHCP due to the risk sharing arrangements with other CHCPs. Cllr Colleran added that this was an important issue and that a session to discuss the prescribing budget in more detail would be beneficial to the Committee.

Social Work significant issues were noted as:

The following variances are a product of progress of the budget and expenditure realignment exercise. The following identifies the most significant issues, a number of which require further discussion with the Social Work Department to establish whether these are considered as part of an overall departmental position or the responsibility of the CHCP.

- **Addictions**

The net overspend is £105,300. This overspend is reported mainly within employee costs (£88,300) and is currently under review. This is a result of the budget distribution process to CHCPs and we have requested a realignment to reflect actual staff currently employed.

- **Learning Disabilities**

The net overspend is £17,900. This overspend is mainly due to employee costs within the main Day Services (£62,700) and cost of providing Staff support to the central Learning Disability Partnership (£12,000). The overspend on employee costs requires to be investigated by the CHCP in conjunction with Glasgow Learning Disability Partnership.

This overspend is partially compensated by underspends reported within the Respite budget (£70,200) but this masks a serious problem. It is expected that Respite Service budget will not be offset against the pay pressures in the future, and as a result of this, Respite Services may not be delivered at the same level.

The decisions about the Respite budget, although reported at CHCP level, are made by the Glasgow Learning Disabilities Partnership. There are continuing discussions about the nature of the devolution of this budget.

**JM/TF**
- **Health & Community Care**

  The net overspend is £199,600. This is the same as what had been last reported. The above overspends have been partially offset by underspends of £91,100 within the GGiles joint store budget.

- **Capital**

  It was also reported that there were no significant issues to report to the Committee with any of the live schemes. At this stage all schemes are on progressing in line with dates for completion and within budget.

**NOTED**

7. **PERFORMANCE MANAGEMENT AND REPORTING FRAMEWORK**

Ray de Souza introduced this report [Paper No. 07/06]. The development of performance is still very much “work in progress”. The Appendix with the paper has been prepared in a relatively straightforward colour coded way. There has been some limited improvement in Children’s Services, but Oral Health and Breast Feeding were highlighted as hotspots.

Ray drew the Committee’s attention to sections 3.1 (Highlights) and 3.2 (Hotspots) of the report. There are currently many indicators to deliver on and the CHCP needs to consider which ones are key to identifying overall performance. Cllr Colleran noted that a tremendous amount of work had been put into this report and she had found the structure and reporting format very helpful.

Jessica Murray noted the lack of information in some areas of the report and asked why this information was not available. Terry Findlay advised that we are dependent upon our parent structures to provide this data.

A discussion about budget setting and outcomes took place.

**NOTED**
8. **CHCP DRAFT PLAN**

The Head of Planning and Health Improvement introduced this report [Paper No. 07/07]. The Plan was to address corporate priorities and what our local priorities are, and where a priority to set targets for ourselves. Ray de Souza highlighted the proposed content for the Plan (Appendix 2 of the report). The Plan which has been produced this year, sets out the agenda for the next three years.

Using yoga (as an alternative therapy not traditionally offered by the NHS) as an example, Cllr Graham asked how ideas for health improvement could be taken forward? Ray welcomed any ideas from the Committee Members and would take these forward. Cllr Colleran said that Committee Members could raise any issue directly with the Director or herself in the first instance to take issues forward, as the Committee should be a proactive body.

**DECIDED**

This CHCP Plan and priorities would be discussed further at the next Development Day.

9. **CAPTIAL AND ACCOMMODATION PLAN**

The Director introduced this report [Paper No. 07/08]. Terry Findlay highlighted that this plan was still not complete and it was hoped to be competed by the end of the week. It has moved on from the 1st version produced and there is a wish to develop a range of services and locations which make all services available. Terry noted that he is keen to make sure that all accommodation is up to scratch and that it meets with Health and Safety recommendations. There has been a significant development within the Drumchapel Hub which is to be situated adjoining the current Shopping Centre. A 2nd Hub is proposed at Church Street in Partick and it is hoped that a property already there could be utilised. Terry asked the Committee if they would give him approval to proceed to consultation on the plan and commence work on the 2nd Hub at Church Street. Cllr Colleran was delighted to advise that the Committee agreed this.

**DECIDED**

The Committee agreed the approval for the consultation and establish a Group to develop the proposal for a 2nd Hub at Church Street, Partick.

10. **MANAGEMENT OF MEDICATION**

A report was submitted by the Head of Health and Community Care [Paper No. 07/09]. The purpose of the report is to advise the Committee of progress in implementing the Development Plan objective— to improve the quality of care for older people and people with physical disabilities by establishing the Management of Medication Pilot on behalf of all Glasgow CHP/CHCPs. The aim of the Pilot is to enable the Direct and Care Service to provide safe and effective medication management and administration within the Intensive Home Care Service.
A Multidisciplinary Advisory Group will be established to take forward the work of the Pilot and review and implement the management of Medication Protocol. Representation will be from a wide range of Practice and Professional Staff with the appropriate skills, knowledge and experience to develop the framework of operation for the scheme.

It was noted that the Pilot would be rolled out as soon as the vacancy had been filled. Terry Findlay noted that this is the kind of service that as a CHCP we are here to provide as it brings together the work of different professions who can therefore make different contributions in a service when they all work to the same end.

**NOTED**

11. INTEGRATED TRANSPORT PILOT

The Director gave a brief update on this issue. It was noted that City Council, the Ambulance Services, the NHS and Strathclyde Transport would all be involved in discussions on how best to take this forward and were due to meet in a couple of weeks. The issue was mainly around non-urgent transport and in particular the move to a single system of scheduling and booking to become more effective for people, especially people who required door to door transport. It was highlighted that commitment from the organisations in taking this forward was crucial. Both Terry and Cllr Colleran advised that this was a significant pilot and is high on the agenda and they agreed to keep the Committee updated on progress made.

**DECIDED**

Future updates on the Integrated Transport Pilot to the Committee were agreed.

12. DATE AND TIME OF NEXT MEETING

The next meeting was agreed for Tuesday, 17 April 2007 at 1.30 p.m. at the City Chambers.

Meeting finished/concluded at 4.00 p.m.
West Glasgow Community Health Care Partnership Committee

Minutes of the Meeting held at 1.30 p.m. on Tuesday, 17 April 2007 in the Councillors’ Corridor, City Chambers, George Square, Glasgow

PRESENT

Councillor Aileen Colleran (Chair)
Terry Findlay, CHCP Director
Baillie Gordon Matheson (part of meeting)
Marie Garrity, Staff Partnership Forum
Dougie Taylor, Public Partnership Forum

IN ATTENDANCE

Pam Fenton, Head of Health and Community Care, West CHCP
Matt Forde, Head of Children’s Services, West CHCP
Willie Kelly, Head of Addiction Services, West CHCP
Chris Melling, Head of Learning Disability, West CHCP
Justine Murray, Head of Human Resources, West CHCP
Dr John Nugent, Clinical Director, West CHCP
Ray de Souza, Head of Planning and Health Improvement, West CHCP
Valerie Smith, Business Support Manager, West CHCP
Karen Whyte, West CHCP (Minutes)

1. APOLOGIES

Apologies were received from Lorna Barr, Professional Executive Group; Jim Crichton, Head of Mental Health; West CHCP; Barbara Elliott, Professional Executive Group; Councillor Irene Graham; Councillor Dr Malcolm Green; Paul Higgins, Professional Executive Group; Baillie Dr Christopher Mason; Jeanne Middleton, Head of Finance, West CHCP; Tam Munro, Public Partnership Forum; Jessica Murray (Vice Chair) and Amanda Taylor, Acting Head of Learning Disability, West CHCP.

2. MINUTE OF LAST MEETING ON TUESDAY, 20 FEBRUARY 2007

The minutes of the last meeting held on Tuesday, 20 February 2007 [Paper No. 07/10] were agreed as accurate.
3. REPORTS FROM SUB-COMMITTEES

a) Professional Executive Group (PEG) – Update

A report was submitted by the Clinical Director [Paper No. 07/11] to outline the activity undertaken by PEG Members as they develop in their CHCP committee role. The Clinical Director described actions from the Development Session and the priorities to date. He also advised that finalisation of the Membership for the PEG would be completed by 19 June 2007 for Optometry and also the Co-Chair. The permanent representatives to the CHCP Committee will be finalised by the June meeting. In respect of Clinical Governance the detail of the report was outlined to Members. Finally, the Prescribing Lead continues to support Practices in their efforts to provide safe and effective prescribing.

NOTED

b) Public Partnership Forum (PPF)

The Head of Planning and Health Improvement gave a verbal report on progress. A recent public meeting in Woodside – the first meeting of the Forum – attracted more than 50 people – service users and ordinary members of the public. Generally the number of people interested in the PPF and having their details recorded on the PPF database is steadily increasing. At the Woodside meeting, twenty six people were elected to the PPF Steering Group. Service users have shown a keen interest in being involved in the Steering Group and the PPF generally.

It was noted that appropriate training and development programmes and publicity are being developed for the PPF, to be implemented mid-summer.

It was intended that the PPF Executive would elect two Representatives to the CHCP Committee by end of June; to serve for a two year period. In this context Cllr Colleran and the Head of Planning thanked D Taylor and T Munro for their valuable contributions to the development of the CHCP over the last year.

D Taylor complemented the Head of Planning and Health Improvement on the excellent job that had been undertaken in engaging with the public in this forum. Cllr Colleran agreed with D Taylor and also agreed with the Head of Planning and Health Improvement to thank the Steering Group for their efforts.

NOTED
c) **Staff Partnership Forum (SPF)**

The Head of Human Resources and the Joint Chair of the Staff Partnership Forum had submitted a report [Paper No. 07/12]. The Head of Human Resources outlined the content of the paper and gave feedback on the Staff Involvement and Learning Events. A special meeting of the Staff Partnership Forum is being held to discuss the CHCP Development Plan.

**NOTED**

d) **Employability**

The Head of Planning and Health Improvement gave a verbal report on progress over the last three months. The agreed framework for employability in West Glasgow has begun to be implemented with the Strategic and Operational Groups meeting soon to identify the strategic priorities for the next three years. The Practitioner Forum is due to be developed in June.

There has been a re-focussing of Equal Access resulting in closer working with CHCP’s at a City-wide and a local level. The Equal Access Manager in West will join the CHCP Extended Management Group.

The CHCP continues to work at strategic city/board level as part of the Employability Policy and Implementation Group (PIG) and the Health and Employability Strategic Group.

The various initiatives within the CHCP previously agreed by the Committee, namely the Employability Referral Team, Chinese Employability Project and Workplace Initiative, are being developed in partnership with Opportunities and Equal Access.

D Taylor congratulated the work undertaken in respect of employability. West Glasgow CHCP is leading the way in this area of work and Cllr Colleran endorsed these comments. The CHCP Director commented that he had attended a meeting with the Pathways to Work Co-ordinator that highlighted the rate of return to work after completion of the programme. **RdS**

**NOTED**
4. **HUMAN RESOURCES/LEARNING AND ORGANISATIONAL DEVELOPMENT**

The Head of Human Resources and the Business Support Manager had submitted a report [Paper No. 07/13]. The Business Support Manager gave an update on Establishment; Turnover and Attendance figures and progress on the Workforce Pay and Benefits Review. The Head of Human Resources gave an update on Agenda for Change; CHCP Learning Plan; KSF and PDP Implementation and reported on the Organisational Development Plan and the Learning Education Development Group meeting that had taken place.

**NOTED**

5. **FINANCIAL REPORT**

A report was submitted by the Head of Finance [Paper No. 07/14]. The Director of the CHCP gave an update this paper.

The Director highlighted the significant change in the variance summary. This was explained by the movement in prescribing, Hosted Services and a late reallocation of expenditure in Mental Health. Due to risk sharing arrangements and time lapse in receiving data, the prescribing under expenditure is not available to the CHCP. However, we should benefit in future years. Similarly, both Primary Care and Sexual Health Services are hosted Services these saving are not available to the West CHCP.

The Director commented on the capital programme position stating that it was on track. Discussions are currently taking place with the Council about tenure of the site adjoining the Health Centre at Drumchapel.

**NOTED**

6. **PERFORMANCE MANAGEMENT REPORT 2006/7: QUARTER 3**

The Head of Planning and Health Improvement submitted a report [07/15]. The paper reflects work in progress and the improvements on collecting data. Considerable progress has been made especially at 2.1. The “hotspots” are receiving attention with particular emphasis being placed on improving Children’s Services; Health Equality and Dental disease. For the next Committee meeting 10 key indicators could be reported on specifically and the Head of Planning and Health Improvement asked for feedback on which 10 these should be.

**DECIDED**

The Committee were requested to provide suggestions on the 10 key indicators to the Head of Planning and Health Improvement  

**ALL**

**ACTION BY**

TF
7. **STAFF INVOLVEMENT & LEARNING EVENTS MARCH 2007 – FEEDBACK**

The Head of Human Resources and the Head of Planning and Health Improvement submitted a report [Paper No. 07/16]. The Head of Human Resources reported on the feedback to the events on 8 and 14 March 2007 in which 150 staff attended. The main areas highlighted by staff were:

- Communication
- Resources; and
- Practice Issues.

The Head of Human Resources outlined what the CHCP planned to do to address these areas.

Cllr Colleran raised the issue of learning and development needs for Social Work Staff especially those Staff who are currently going through the Workforce Pay and Benefits Review and acknowledged the importance of section 4.1 of the paper.

D Taylor stated that a considerable amount of training is the same for both Social Work and NHS Staff. It could be beneficial to set up a Working Group to look at this area of training to see what is needed especially within partnerships. D Taylor and the Head of Human Resources agreed to take this forward.

**DECIDED**

D Taylor and the Head of Human Resources to discuss setting up a working Group to take forward training needs for Staff.

8. **WEST GLAGOW CHCP PLAN 2007/10**

The Head of Planning and Health Improvement introduced this report [Paper No. 07/17]. The 3 year draft plan has been issued for consultation. The timescales for this are outlined within the report. Feedback had been received from the NHS Chief Executive, Tom Divers and a meeting had been arranged with the Director of Social Work for later in the week. Finally, the plan will be produced in its final version by the end of May 2007.

**DECIDED**

Committee Members to comment on the Draft Plan and the final version issued at the end of May.
9. **INTERNAL AUDIT OF CHCP GOVERNANCE ARRANGEMENTS**

The Director introduced this report [Paper No. 07/18] and stated that there were 3 main issues to focus upon:

- Achieving permanent appointment to the Committee from the various Sub-Groups;
- Risk management strategy; and
- Performance monitoring data.

An Action Plan will be developed.

**NOTED**

10. **FUTURE COMMITTEE MEETING DATES 2007**

The Director submitted [Paper No. 07/19] which stated the dates of future meetings.

Tuesday, 19 June 2007  
Tuesday, 14 August 2007  
Tuesday, 16 October 2007  
Tuesday, 18 December 2007

Cllr Colleran intimated that until the GCC nominations to the Committee were finalised in May it would not be possible to confirm the dates until then.

**Meeting concluded at 3.00 p.m.**