

NHSGG&C(M)07/2
Minutes: 26 - 48

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the Board Room, Dalian House
350 St Vincent Street, Glasgow, G3 8YZ
on Tuesday, 17 April 2007 at 9.30 am**

P R E S E N T

Professor Sir J Arbuthnott (in the Chair) (to Minute No 43)

Dr C Benton MBE	Mr D Griffin
Mr G Carson	Mr P Hamilton
Mr R Cleland	Councillor J Handibode
Councillor D Collins	Ms G Leslie
Dr B Cowan	Mr G McLaughlin
Ms R Crocket	Mrs J Murray
Mr P Daniels OBE	Mrs R K Nijjar
Ms R Dhir MBE	Ms A Paul
Mr T A Divers OBE	Mr A O Robertson OBE (in the Chair from Minute No 43)
Councillor R Duncan	Mrs E Smith
Councillor T Fyfe	

Councillor T Williams

I N A T T E N D A N C E

Ms H Byrne	..	Director of Acute Services Strategy, Implementation and Planning (to Minute No 40)
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Mental Health Partnership
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy (to Minute No 40)

B Y I N V I T A T I O N

Dr D Colville	..	Vice Chairman, Area Medical Committee
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ACTION BY

26 WELCOME AND APOLOGIES

Apologies for absence were intimated on behalf of Mr J Bannon MBE, Professor D Barlow, Dr L de Caestecker, Councillor J Coleman, Dr M Kapasi MBE, Mr D Sime, Mrs A Stewart MBE and Mr B Williamson.

The Chairman welcomed the two new Non Executive Board Members, namely, Peter Daniels and Catherine Benton to their first meeting. Sir John also recorded that it would be the last NHS Board meeting for Councillor D Collins and Councillor R Duncan. He thanked them both for their commitment and contribution to the work of the NHS Board throughout their period of office. He also expressed his good wishes to the other Councillor Members who were standing for re-election in the forthcoming election.

27 CHIEF EXECUTIVE'S UPDATE

- (i) As part of the preparation and agreement of Local Development Plans for 2007/08, Mr Divers had met with Partnership Management Teams and Committees throughout NHS Greater Glasgow and Clyde. So far, he had met with eleven out of the fourteen Partnerships and commented that the meetings had been valuable in understanding what lay behind their Local Development Plans. Similarly, the Partnerships had welcomed the direct engagement with Mr Divers and he hoped to complete the programme of visits shortly. Sir John commented that he had also attended some of these meetings and had found them very useful in understanding the progress made at Partnership level in determining local priorities.
- (ii) Mr Divers had attended the final presentations of the Scotland Health at Work (SHAW) awards on 23 March 2007. He made presentations to seventy organisations (including public, private and voluntary) and had found it tremendously fulfilling to see how such organisations had embraced the SHAW programme for their staff. It had been heartening to see the diversity of organisations that had worked to meet the demands of the programme.

NOTED**28. MINUTES**

On the motion of Mrs E Smith, seconded by Mr R Cleland, the Minutes of the meeting of the NHS Board held on Tuesday, 20 February 2007 [NHSGG&C(M)07/1] were approved as an accurate record and signed by the Chairman.

29. MATTERS ARISING FROM THE MINUTES

The rolling action list of matters arising was circulated and noted.

NOTED**30. NHS GREATER GLASGOW AND CLYDE HEALTH BOARD DRAFT CORPORATE, LOCAL AND FINANCIAL PLANS 2007/08 TO 2009/10**

A report of the Director of Finance and Director of Corporate Planning and Policy [Board Paper No 07/12] asked the NHS Board to note progress made with the development of Corporate, Local and Financial Plans for the three year period to 2009/10.

Ms Renfrew updated Members on the work in progress with the development of these plans and explained that the planning process for NHS Greater Glasgow and Clyde was triggered by the issuing of planning and priorities guidance to the whole organisation in early November 2006. This guidance provided the financial and planning framework within which each part of the organisation produced a three-year plan. Plans for the period 2007 to 2010 had been finalised and submitted in the last few weeks and the process to consolidate their key elements into the Corporate Plan (with an integral Financial Plan), was now underway.

Ms Renfrew confirmed that the Scottish Executive Health Department had now confirmed approval of the Local Delivery Plan, considered by the NHS Board at its February 2007 meeting.

Mr Griffin explained that the NHS Board was required to update its Financial Plan on an annual basis as part of the process of updating its health plan and developing a Local Delivery Plan.

The Financial Plan sought to balance recurring funding with the current expenditure commitments and non-recurring funding with non-recurring expenditure commitments, thereby enabling the NHS Board to plan financially to deliver its various service commitments within its revenue resource limit as set by the Scottish Executive Health Department.

The NHS Board had yet to finalise its Financial Plan for 2007/08 to 2009/10. Much of the work had been done, however, one key element remained to be completed. This was the process of confirming those new service developments which the NHS Board deemed to be of highest priority and which it proposed to support through the allocation of new funding provisions in each of the years 2007/08 to 2009/10. Each Local Development Plan included a view on priorities for new investment over the planned three-year period. During the next two to three weeks, these submissions would be reviewed and converted into a single list of high priority proposals for new investment which would then be incorporated into the Corporate and Financial Plan. This would enable the NHS Board to submit a final draft Financial Plan to the Scottish Executive Health Department subject to NHS Board approval.

Mr Griffin confirmed that all the main funding and expenditure assumptions had been reviewed in detail and updated as appropriate. As a result, it had been possible to prepare an Outline Financial Plan with the only exclusion being the provision for proposed new service commitments.

Mr Griffin referred to the work carried out in tracing the main movements in funding and expenditure anticipated over the three-year period. This provided a context for the process of deciding new priority service commitments for the three-year period.

For completeness of information, Ms Renfrew confirmed that the individual Local Development Plans that had fed into the Corporate, Local and Financial Plans would be available on the Intranet for NHS Board Members to peruse in more detail.

**Director of
Corporate
Communications**

Councillor Collins confirmed that the East Renfrewshire Community Health and Care Partnership Plan would be considered by its Committee on the following day and wondered if it would be beneficial to look at common themes across the NHS Board's eleven CH(C)Ps. This would be helpful in identifying an overview of key areas and good practice. Ms Renfrew agreed and confirmed that the NHS Board's planning staff met regularly with counterparts in all of the Partnerships with this purpose in mind.

**Director of
Corporate
Planning and
Policy**

Mr McLaughlin commended the work carried out to produce a consistent format across the Partnerships in developing their plans. He looked forward to seeing this develop further. Mr P Hamilton agreed and also recognised the work of the local Public Partnership Forums in driving this work forward.

NOTED

31. NHS GREATER GLASGOW AND CLYDE – ANNUAL REVIEW OF GOVERNANCE ARRANGEMENTS

A report of the Head of Board Administration [Board Paper No 07/13] asked the NHS Board to approve, note and agree the new governance arrangements being put into place.

Mr J Hamilton reminded the NHS Board that in February 2005 it approved the new organisational arrangements to implement the White Paper “Partnership for Care”. Subsequently, two reviews of the governance arrangements for the move to single system working had been carried out and, as a result, the NHS Board approved, in December 2005, a detailed set of new governance arrangements to support the new organisation.

The new arrangements had settled down and were viewed as providing a solid governance framework for the NHS Board to properly discharge its responsibilities and statutory functions.

Mr Hamilton led the NHS Board through the changes and as a result of the annual review asked that the NHS Board agree to receive a follow-up paper on the membership of its Standing Committees and election of a Vice Chair at the June 2007 meeting.

DECIDED:

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| (i) | That the revised Standing Orders for the proceedings and business of the NHS Board and the decisions reserved for the NHS Board (Appendix 1) be approved. | Head of Board
Administration |
| (ii) | That the revised Standing Financial Instructions (Appendix 2) and the Fraud Policy (Appendix 3) be approved. | Director of
Finance |
| (iii) | That the revised Risk Management Strategy (Appendix 4) be approved. | Medical Director |
| (iv) | That the remits of the Audit Committee, Clinical Governance Committee, Staff Governance Committee, Performance Review Group, Research Ethics Governance Committee, Public Involvement Committee, Area Clinical Forum and Pharmacy Practices Committee be approved. | Head of Board
Administration |
| (v) | That the memberships of the Standing and CH(C)P Committees be reconsidered once notification was received of any changes in nominated Members notified by Local Authorities following the local elections and that a paper on revised committee memberships which also took account of the impact of recent changes to the Non-Executive Director cohort would be submitted to the June 2007 NHS Board meeting for approval be noted. | Head of Board
Administration |
| (vi) | That the Standing Orders, remit and membership of the new Mental Health Partnership Committee be approved. | Head of Board
Administration |
| (vii) | That the Chairman would seek nominations from Non-Executive Members for the position of Vice Chair of the NHS Board for a four year term and, thereafter, seek the NHS Board’s approval to the appointment of Vice Chair at the June 2007 meeting be noted. | Head of Board
Administration |

32. ANNUAL REVIEW – PROGRESS AGAINST 2006/07 ACTION LIST

A report of the Director of Corporate Planning and Policy [Board Paper No 07/14] asked the NHS Board to note the current progress on the Ministerial actions arising from the Annual Review.

Ms Renfrew reminded the NHS Board that the Minister had listed, in his letter following the NHS Board’s Annual Review, thirteen actions on which the NHS Board was required to report. The actions ranged from developing the Area Partnership Forum to devising effective interventions on alcohol misuse to shifting the balance of care and confirming the role of CH(C)Ps in reducing emergency hospital re-admission.

By comparison with the update provided at the December 2006 NHS Board, nine actions were now complete while the remaining four were on schedule. The principal completions since December had concerned reporting compliance with Quality Improvement Scotland (QIS) infection control standards, confirming interventions to reduce hospital emergency admissions, updating on shifting the balance of care and providing results on child dental prevention.

Ms Renfrew summarised current progress against all of the actions and explained that for many of these, specific monitoring and reporting mechanisms already existed with the Scottish Executive Health Department.

Mr Robertson was encouraged that so much progress had been made and Ms Renfrew explained that a number of the actions involved major programmes of work thereby although some aspects may have been completed, other elements were progressing on schedule.

NOTED

33. ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000 – PART 4, MANAGEMENT OF RESIDENTS’ FUNDS SUPERVISORY BODY/AUTHORISED ESTABLISHMENTS POLICY AND OPERATIONAL PROCEDURES

A report of the Director of the Mental Health Partnership [Board Paper No 07/15] sought authority from the NHS Board to implement the policy and operational procedures for Supervisory Body and Authorised Establishments; Adults with Incapacity (Scotland) Act 2000 – Part 4, Management of Residents’ Funds.

Mrs Hawkins explained that the Adults with Incapacity (Scotland) Act 2000 set out the framework for regulating the intervention in the affairs of an adult who had, or who may have, impaired capacity in a wide range of property, financial and welfare matters. Part 4 of the Act set out interventions for management of residents’ funds and established that NHS Boards were required to act as a supervisory body for NHS hospitals. The Regulations that governed these activities were set out in the Codes of Practice for Supervisory Bodies.

NHS Greater Glasgow and Clyde was a supervisory body for all establishments which met the criteria as a NHS hospital within the NHS Board’s area of operation. Each NHS hospital would be recognised as an authorised establishment and, following inspection of financial and clinical processes, would be issued with a note of authority confirming the named authorised manager, who would have overall accountability and responsibility for the management of residents’ funds in that establishment. Such notes of authority were issued by NHS Greater Glasgow and Clyde and required to be re-issued annually on the anniversary of the first issue.

Mrs Hawkins led the NHS Board through the role of the supervisory body which was responsible for monitoring and reviewing the manner in which the management of a patient’s affairs was being conducted by managers of an authorised health service hospital. She outlined the key membership of the supervisory body and explained that it was intended that the Director of the Mental Health Partnership have delegated authority to act as lead executive for the supervisory body to approve and issue notes of authority to the authorised establishments identified as being NHS hospitals in the meaning of the Act.

DECIDED:

That implementation of the policy and operational procedures for Supervisory Body and Authorised Establishments; Adults with Incapacity (Scotland) Act 2000 – Part 4, Management of Residents’ Funds, be approved.

**Director of Mental
Health
Partnership**

34. DEVELOPING A DESIGN ACTION PLAN WITHIN NHS GREATER GLASGOW AND CLYDE : PROCESS OUTLINE

A report of the Director of Acute Services Strategy, Implementation and Planning [Board Paper No 07/16] asked the NHS Board to note the proposed arrangements to address the requirement set out in NHS HDL 58 (October 2006) “A Policy on Design Quality for NHS Scotland” to develop a design action plan.

Ms Byrne explained that NHS HDL 58 required NHS Boards to identify named design champions and to produce a design action plan. For NHS Greater Glasgow and Clyde, Ms Byrne and Mr T Curran, Head of Capital, Planning and Procurement would fulfil this role. The design action plan was required to reflect the NHS Board’s commitment to achieving design quality and to set out the measures that the NHS Board would take to deliver its aspirations in delivering design quality. An NHS GGC design champion network, with representation across all organisational entities, had been established to co-ordinate development of the design action plan. The design champion network would formally report to the Acute Services Review Board.

Ms Byrne led the NHS Board through the draft proposal to develop the design action plan which was informed by a number of key drivers and needed to recognise and take cognisance of the strategic and operational environment particular to NHS GGC. The plan would build the NHS Board’s capacity to achieve good design across all of its core functions.

In response to a question from Sir John, Ms Byrne confirmed that the design action work involved working closely with local Planning Authorities to take account of the important role that facilities played in shaping communities. Similarly, she described the relationship with Architecture and Design Scotland who had a role in the assessment and approval of plans and also as enablers. She was confident that, so far, a positive approach was being taken to implementing the requirements within NHS HDL 58.

NOTED

35. MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003 – LIST OF SECTION 22 APPROVED MEDICAL PRACTITIONERS

A report of the Director of Public Health [Board Paper No 07/17] asked that the NHS Board approve the list of Medical Practitioners employed by the NHS Board to be authorised for the purpose of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

DECIDED:

That the nine Medical Practitioners listed on the NHS Board Paper for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 be approved.

**Director of Public
Health**

36. FINANCIAL MONITORING REPORT TO 31 JANUARY 2007

A report of the Director of Finance [Board Paper No 07/18] asked the NHS Board to note the Financial Monitoring Report for the ten-month period to 31 January 2007.

Mr Griffin noted that the outturn for the ten-month period to 31 January 2007 showed the level of overall expenditure running within available funding. This confirmed that the NHS Board continued to manage its expenditure levels in line with budget.

The year-end forecast position was currently expected to be a surplus of £26m. This would arise as a result of the impact of property disposals that were expected to be concluded by the end of the financial year. It had been agreed with the Scottish Executive Health Department that this “one off” benefit could be carried forward into 2007/08 and deployed on a non-recurring basis to support the achievement of national waiting time targets by the required date of 31 December 2007.

He summarised expenditure activities as follows:

- Acute Services – expenditure on acute services had continued broadly in line with budget throughout the year with a small underspend of £1.6m reported for the year to date. All operational directorates were operating to within £1m of budgeted expenditure level. The main cost pressures continued to be expenditure on instruments and surgical sundries which was showing an overspend of £1.5m at this stage of the year. This was linked with additional activity to achieve waiting times targets.
- NHS Partnerships – expenditure in NHS Partnerships was within budget for the year to date, with overall expenditure some £4.1m less than budget. This could largely be attributed to timing factors, combined with the impact of price changes to a range of generic drugs, reducing prescribing expenditure below budget. This became particularly apparent in January, resulting in a significant underspend. A forecast underspend of around £4.8m was now projected for primary care prescribing costs in 2006/07 and this would be taken into account in setting baseline budgets for 2007/08.
- Clyde – the financial outturn for the Clyde area of the NHS Board’s activities had remained closely in line with expectations, with overall expenditure within £0.7m of budget. This meant that the Clyde area continued to operate at an expenditure level some £28m to £30m in excess of available recurrent funds. Discussions with Scottish Executive Health Department colleagues had concluded arrangements for addressing the previously reported residual funding gap of £7.4m in 2006/07. As a result, it was now expected that Clyde would record an in year break-even position for 2006/07. Work was ongoing to complete a full three-year cost savings plan, aimed at addressing the full targeted amount of £30m. This would be completed during 2007/08 as the various strands of work aimed at establishing future clinical service strategies reached their conclusion.

In response to a question from Mr Cleland, Mr Griffin confirmed that the NHS Board’s financial plan for 2007/08 included a savings level of £11m for Clyde, of which £8m was recurrent savings. Furthermore, following discussions with the SEHD, this was considered to be reasonable. Over and above this, discussions continued with the SEHD colleagues to identify how to bridge the remaining gap of £19m in Clyde in 2007/08.

In response to a question from Mr P Daniels, Mr Griffin confirmed that capital allocations totalling £166.2m had been approved for expenditure on schemes during 2006/07. It was anticipated that there would be slippage of £25m and, therefore, the expected expenditure on capital schemes was £141.2m for 2006/07. This resulted in a forecast capital underspend of £26.4m.

NOTED

37. WAITING TIMES

A report of the Chief Operating Officer – Acute Services [Board Paper No 07/19] asked the NHS Board to note the progress made in meeting national waiting time targets.

Mr Calderwood reported the following:

- The total number of inpatients and day cases waiting with availability status codes (ASC) reduced by 708 (6%) between January and February 2007.
- The number of outpatients waiting over 18 weeks reduced by 485 (12%) between January and February 2007.

Mr Calderwood explained that the new national standard meant that no patient would wait more than 18 weeks from a decision to undertake treatment to the start of that treatment – this was now a guarantee from January 2007. As with previous national standards, the NHS Board would not formally report on sustaining the 18 week guarantee for inpatients and day cases. The existing monitoring arrangements would closely scrutinise performance in this area on an ongoing basis. Where there had been any breaches of maintaining the 18 week back stop guarantee, however, those breaches would be highlighted in the ongoing report. He confirmed that there were no breaches in January or February.

In response to a question regarding the future eradication of ASCs, Mr Calderwood explained that an investment plan for the eradication of ASC coded patients by December 2007 had been completed. One of those challenges would be in the implementation of guidance which required a joint agreement between primary and secondary care on how medically unfit patients should be treated. He confirmed that responsibility would be shared with GPs and Secondary Care to understand patients' conditions.

NOTED

38. QUARTERLY REPORT ON COMPLAINTS : 1 OCTOBER – 31 DECEMBER 2006

A report of the Head of Board Administration, Chief Operating Officer (Acute) and Lead Director CHCP (Glasgow) [Board Paper No 07/20] asked the NHS Board to note the quarterly report on NHS complaints in NHS Greater Glasgow and Clyde for the period 1 October to 31 December 2006.

Mr Hamilton led the NHS Board through the report which provided a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for this period.

He reported that six Ombudsman reports had been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases. Any recommendations made by the Ombudsman in relation to these cases would be considered by the Clinical Governance Committee who audited the implementation of the Ombudsman's recommendations on behalf of the NHS Board.

He explained that the Independent Advice Support Service (IASS) had now been introduced with the fourteen Citizens Advice Bureaux across NHS GGC gearing themselves up to promoting the full range of advice and support. The new service would be publicised more pro-actively as the staff of the Citizens Advice Bureaux completed their induction and training sessions. Such publicity would include an article in the April edition of Health News.

NOTED

39. FREEDOM OF INFORMATION MONITORING REPORT FOR THE PERIOD 1 JANUARY 2006 TO 31 MARCH 2007

A report of the Head of Board Administration [Board Paper No 07/21] asked the NHS Board to note the Monitoring Report on the operation of the Freedom of Information (Scotland) Act 2002 in NHS Greater Glasgow and Clyde for the period 1 January 2006 to 31 March 2007.

Mr Hamilton explained that FOI requests within NHS GGC were managed in a number of ways depending on the source of the request or the information being requested. All requests from a media source were managed through the Communications Department; requests for Board-wide information were managed through the FOI Officer based within the Board HQ; requests within the Acute Services Division were managed centrally by a FOI Officer and requests for CH(C)P/Mental Health Partnership were handled through normal management structures.

88% of Freedom of Information requests were responded to within the target of 20 working days. Of the requests completed outside the required timescale, just over 50% of these were only one day late. Mr Hamilton explained that it was often the case that the target of 20 working days was missed due to the need to collect a range of detailed information across various parts of the organisation and the need to liaise with third parties when releasing contractual documentation.

The figures showed that the overall number of FOI requests received by NHS GGC had remained fairly constant, with a total of 204 requests received during 2005 compared to 206 requests received during the calendar year of 2006. The integration of Clyde from 1 April 2006 had not shown a significant increase in the number of requests received. This was due to the fact that the vast majority of FOI requests received in the former Argyll and Clyde would also have been sent to all Scottish NHS Boards and, therefore, also received by NHS Greater Glasgow.

In the reporting period, the Scottish Information Commissioner issued three decisions covering a total of four cases referred to him in relation to requests handled by NHS GGC. In all three cases, the Commissioner upheld the position of NHS GGC. Currently, two cases still awaited a decision by the Commissioner.

In response to a question, Mr Hamilton advised that the costs of implementing the FOI legislation were not captured. Councillor Williams considered that there had been an associated cost to every public body and it would be helpful if this was collated centrally to attempt to find out a total cost to organisations of implementing the Act.

In response to a question from Mr McLaughlin, Mr Hamilton confirmed that NHS GGC staff provided more and more information for inclusion on to the Publication Scheme which was on the NHS Board's website. This, alongside staff training, impacted on a cultural change on sharing information. He would capture the sources of information available to members of the public on the work of NHS Greater Glasgow and Clyde and share this with Members.

**Head of Board
Administration**

NOTED

40. PHARMACY PRACTICES COMMITTEE MINUTES : 6 FEBRUARY 2007, 2 MARCH 2007 AND 6 MARCH 2007

The Minutes of the Pharmacy Practices Committee meetings held on 6 February 2007, 2 March 2007 and 6 March 2007 [PPC(M)2007/02, PPC(M)2007/03 PPC(M)2007/04] were noted.

NOTED

41. CLINICAL GOVERNANCE COMMITTEE MINUTES : 20 FEBRUARY 2007

The Minutes of the Clinical Governance Committee meeting held on 20 February 2007 [CGC(M)07/1] were noted.

NOTED

42. SOUTH LANARKSHIRE COMMUNITY HEALTH PARTNERSHIP OPERATING MANAGEMENT (PERFORMANCE MANAGEMENT) COMMITTEE MINUTES : 22 JANUARY 2007

The Minutes of the South Lanarkshire Community Health Partnership Operating Management (Performance Management) Committee meeting held on 22 January 2007 [Board Paper No 07/22] were noted.

NOTED

43. WEST GLASGOW COMMUNITY HEALTH CARE PARTNERSHIP COMMITTEE MINUTES : 12 DECEMBER 2006

The Minutes of the West Glasgow Community Health and Care Partnership meeting held on 12 December 2006 [GCHCPC(WEST)(M)06/06] were noted.

NOTED

44. WEST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP MINUTES : 24 JANUARY 2007

The Minutes of the West Dunbartonshire Community Health Partnership Committee meeting held on 24 January 2007 [WDCHP(M)07/01] were noted.

Ms Dhir wondered how else the NHS Board could consider the work of the CH(C)Ps rather than by simply noting their Minutes. Mr Divers referred to two seminar sessions where this had been raised and agreed that the NHS Board needed to tease out how better it could reflect the work of the CH(C)Ps. He confirmed that a future seminar would look at various options.

NOTED

45. EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP MINUTES :14 FEBRUARY 2007

The Minutes of the East Renfrewshire Community Health and Care Partnership Committee meeting held on 14 February 2007 [ERCHCP(M)07/01] were noted.

NOTED

46. NORTH GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP MINUTES : 29 JANUARY 2007 AND 26 FEBRUARY 2007

The Minutes of the North Glasgow Community Health and Care Partnership Committee meetings held on 29 January 2007 and 26 February 2007 [GCHCPC(N)(M)07/01 and GCHCPC(N)(M)07/02] were noted.

NOTED

47. SOUTH WEST COMMUNITY HEALTH AND CARE PARTNERSHIP MINUTES : 12 DECEMBER 2006 AND 13 FEBRUARY 2007

The Minutes of the South West Community Health and Care Partnership Committee meetings held on 12 December 2006 and 13 February 2007 [Board Paper No 07/23] were noted.

NOTED

48. EAST GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP MINUTES : 29 JANUARY 2007

The Minutes of the East Glasgow Community Health and Care Partnership Committee meeting held on 29 January 2007 [EGCHCP(M)07/01] were noted.

NOTED

The meeting ended at 11.25 am