

NHSGG&C(M)07/5  
Minutes: 97 - 127

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, 23 October 2007 at 9.30 am**

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**P R E S E N T**

Professor Sir J Arbuthnott (in the Chair)

Mr J Bannon MBE	Mr P Hamilton
Dr C Benton MBE	Dr M Kapasi MBE
Mr G Carson	Councillor D MacKay
Dr L de Caestecker	Councillor J McIlwee
Mr R Cleland	Mr G McLaughlin
Councillor J Coleman	Ms A Paul
Dr D Colville	Mr A O Robertson OBE
Dr B Cowan	Mr D Sime
Mr P Daniels OBE	Mrs E Smith
Mr T A Divers OBE	Mrs A Stewart MBE
Mr D Griffin	Mr B Williamson

Councillor D Yates

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

Ms H Byrne	..	Director of Acute Services Strategy, Implementation and Planning
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division
Ms S Gordon	..	Secretariat Manager
Ms L Kelly	..	Head of Policy
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy

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

Mrs G Leslie	..	Chair, Area Optometric Committee
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**ACTION BY**

**97. APOLOGIES**

Apologies for absence were intimated on behalf of Professor D Barlow, Ms R Crocket, Ms R Dhir MBE, Councillor J Handibode, Mrs J Murray, Mrs R K Nijjar, Councillor I Robertson and Councillor A Stewart.

**98. CHAIRMAN'S REPORT**

- (i) Sir John referred to the Board's Annual Review meeting which had taken place with the Cabinet Secretary on 10 October 2007.

Mr Divers reported that the Cabinet Secretary and her senior officers had had three meetings in the morning session; firstly with the Board's Area Clinical Forum, secondly with the Area Partnership Forum and thirdly with a Patients Group, facilitated by the Scottish Health Council. Following that, the Cabinet Secretary visited the Keep Well Project at Springburn Health Centre where she met with staff and patients.

Sir John reported that the afternoon session was the formal Annual Review meeting and was attended by around 300 people. Sir John had introduced the session by presenting the Board's self-assessment on progress made to transform health and health services in ways that would bring many benefits to local citizens. Key areas were probed by the Cabinet Secretary encouraging interesting debate. The Cabinet Secretary had concluded by saying that it was her intention to engage further with the audience in future years striking a balance between engaging with those in attendance as well as probing Board senior officers. This approach was welcomed by Sir John.

- (ii) Sir John had attended a meeting with the Scottish Further and Higher Education Funding Council on 22 October 2007 to discuss the consequences of the restructuring of NHSGGC's workforce. The Board employed around 44,000 staff and it was important to engage with local colleges and universities to ensure, as much as possible, that their structures and courses were consistent with the demands of the wider NHS and, in particular, Board functions. A joint funding and employability agenda would be compiled to ensure future partnership working linking further educational establishments with local communities and employers.

**NOTED**

**99. MINUTES**

On the motion of Dr C Benton, seconded by Councillor J McIlwee, the Minutes of the meeting of the NHS Board held on Tuesday, 21 August 2007 [NHSGG&C(M)07/4] were approved as an accurate record and signed by the Chairman.

**100. MATTERS ARISING FROM THE MINUTES**

The Rolling Action List of matters arising was circulated and noted.

**NOTED**

**101. DESIGN ACTION PLAN**

A report of the Director of Acute Services Strategy, Implementation and Planning [Board Paper No 07/41] asked the NHS Board to approve the draft Design Action Plan and agree to its submission to the Scottish Government Health Directorate.

Ms Byrne explained that the draft Design Action Plan had been compiled in accordance with the NHS Circular, NHS HDL 58 (October 2006) : A Policy on Design Quality for NHS Scotland. It was required to reflect the NHS Board's commitment to achieving design quality and set out the measures that the NHS Board would take to deliver its aspirations. An NHSGGC Design Champion Network (with representation from across all organisational entities) had been established to co-ordinate the development of the Design Action Plan.

Ms Byrne summarised the activity undertaken by this Network to produce the draft Design Action Plan which included a wide stakeholder event facilitated by Architecture and Design Scotland.

In terms of next steps, Ms Byrne confirmed that the NHS Board's Capital Planning Group would formally receive the draft Design Action Plan in November and thereafter take a lead role in its implementation. Implementation of the Action Plan would be tested in relation to Barrhead Health Centre and Parkhead Hospital developments over the next few months. The Design Champion Network would oversee the production of supplementary guidance to support the implementation of the Design Action Plan through the capital planning process. The Network would also review the implementation testing of the Plan undertaken in the Barrhead and Parkhead developments and would oversee necessary amendments to the Design Action Plan.

Mr P Hamilton asked how success of the Barrhead and Parkhead developments would be measured. Ms Byrne referred to the Action Plan objectives in Section 7 of the Plan and confirmed that measurement would take place in terms of whether the Plan's vision, principles and scope had been met. Mr Robertson commented that aesthetics and any knock-on effect in relation to quality of patient care were difficult to measure and distinguish but welcomed the guidance that would be developed. Ms Byrne confirmed that measuring patient impact was important and this would be worked through at a later date.

Mrs Stewart referred to the Plan's three appendices and asked that these be linked to the evaluation of the Barrhead and Parkhead developments so that achievements and the process steps could easily be identified for each one.

**Director of Acute Services Strategy, Implementation and Planning**

**DECIDED:**

- That the draft Design Action Plan be approved
- That the draft Design Action Plan be submitted to the Scottish Government Health Department be agreed.

**Director of Acute Services Strategy, Implementation and Planning**  
**Director of Acute Services Strategy, Implementation and Planning**

**102. REPORT OF THE DIRECTOR OF PUBLIC HEALTH : A CALL TO DEBATE : A CALL TO ACTION – A REPORT ON THE HEALTH OF THE POPULATION OF NHS GREATER GLASGOW & CLYDE 2007-2008**

A report of the Director of Public Health [Board Paper No 07/42] asked the NHS Board to receive the draft report on the health of the population of NHSGGC 2007 to 2008. Dr de Caestecker asked that the NHS Board note the key messages from the report and its proposed actions and support its implementation – the official launch of the report would take place on 31 October 2007.

Dr de Caestecker presented the key messages from the report which had been generated by data in "Let Glasgow Flourish". She summarised these as follows:

- There were key lessons to be learned from what was getting better – including smoking, coronary heart disease, employability and health protection.
- Health inequalities were increasing – inequalities had a differential and compounding effect on health including the effect of gender, sexual orientation, race and faith and learning disability.

- Our least healthy communities were unlike our healthy communities in every way – there must be a focus on interventions while people were young and resources needed to be moved to early years, including early education, child care and support for vulnerable families and young people.
- Significant changes were taking place in our population – planning processes must recognise the importance of links between structures, environments and well-being in order to address the changing needs of current and future populations.
- The obesity epidemic must be taken seriously – this should include implementing the Infant Feeding Strategy and removing unhealthy snack provision in public buildings including hospitals and leisure centres.
- Alcohol was an increasing problem – alcohol was a major preventative cause of ill-health and premature death within NHSGGC and cirrhosis mortality rates were worsening at a faster rate than the rest of Scotland, UK or Western Europe.
- Sustainability should become a more explicit consideration for the NHS. Plans would be developed for recycling, green travel and energy efficiency as well as sustainable solutions incorporated into new build facilities.

Dr de Caestecker explained that the report was primarily aimed at community planning partners as a mechanism through which services could be planned and improved. Local Authority partners, in particular, had a key role to play in the design of the environment, access to opportunities for physical activity, availability of healthy food and drink and economic growth. All public organisations had an important role as exemplar employers in responding to the health of employees and their families and responding to the challenges of inequality, sustainability and climate change. In addition, many of the NHS Board's significant health challenges would require action by the Scottish Government, including those relating to income and to the price and availability of healthy and unhealthy food and drink. NHSGGC, with its partners, would continue to work with the Scottish Government to influence future policy on these issues.

Dr de Caestecker's intention was that the report be used as a subject of debate on public health issues and that community planning partnerships use the priorities for action to inform the joint planning that was being undertaken to improve the health of the population with a continued focus in addressing inequalities.

Mr Williamson agreed that legislation was required to action many of these health challenges and welcomed Dr de Caestecker's confirmation that the NHS Board would work with the Scottish Government to progress this jointly to tackle these hard issues locally.

Councillor MacKay advised that Dr de Caestecker had discussed these issues with Renfrewshire CHP where her report had been well received. He supported the recommendations within the plan and asked that as well as providing free or subsidised school meals (an action point on page 55 of the plan) this include the promotion of such school meals.

Mr Robertson wondered how the various initiatives would be prioritised and evaluated. Dr de Caestecker confirmed that projects such as the school meals and Keep Well would be evaluated prior to any decision being made on their roll-out. Furthermore, a focussed action plan would be compiled within each of the CH(C)P areas to ensure that local communities had an input into the prioritisation of the initiatives within their own locality. It was Dr de Caestecker's intention to meet with each of the CH(C)Ps to assist with this process.

**Director of Public Health**

In response to a question from Mr Sime, Dr de Caestecker advised that the NHS Board's contractual arrangements with vending machine providers on hospital sites were being considered.

**DECIDED:**

- That the draft report of the Director of Public Health on the Health of the Population of NHSGGC 2007-08 be received. **Director of Public Health**
- That the key messages of the report and proposed actions and implementation be supported. **Director of Public Health**
- That the official launch of the report to take place on 31 October 2007 be noted. **Director of Public Health**

**103. WINTER PLAN 2007/08**

A report of the Director of Acute Services Strategy Implementation and Planning, [Board Paper No 07/43] asked the NHS Board to accept the update on the approach to Winter Planning for 2007/08 and agree that the plan be signed off by the Chief Executive.

Ms Byrne explained the background to the formation of the winter plan and referred, in particular, to the Winter Planning Group that met monthly and comprised all partner agencies involved in winter planning. Ms Byrne confirmed that a number of principles underpinned this year's plan particularly in learning lessons from previous years, the better use of historical data and being ready and proactive earlier. A self-assessment was carried out in accordance with the criteria set by the Scottish Government Health Directorate and submitted to them on 28 September 2007. Feedback was awaited.

Mr Calderwood referred to pressures identified in previous years within A & E Departments and outlined work ongoing to improve bed management, the creation of discharge lounges as well as looking at input from pharmacy, portering and the Scottish Ambulance service to help speed up the discharge process.

Dr Colville referred to the input general practices had in assisting with winter planning particularly in helping to reduce appointment times and aid patient access to primary care services. GEMS was working closely with NHS24 as well as local practices in this regard and GP practices had already given their commitment to help support NHS24 particularly throughout the Christmas and New Year period. Dr Colville reassured the NHS Board that at practice level contingency plans were in place in the event of a flu pandemic. Mr Divers commended work taking place between NHS24 and senior management teams at the NHS Board whereby engagement was well embedded.

In response to a question from Dr Kapasi, Mr Divers confirmed that alternatives would be provided to A & E attendance/admission in the form of same day/next day clinics and hot lines to Consultants or GPs to facilitate admission avoidance.

**DECIDED:**

- That the update on the approach to winter planning 2007/08 be accepted. **Director of Acute Services Strategy, Implementation and Planning**

**ACTION BY  
Director of Acute  
Services Strategy,  
Implementation  
and Planning**

- That the winter plan be signed off by the Chief Executive be agreed.

**104. GLASGOW CITY JOINT ALCOHOL POLICY STATEMENT**

A report of the Director of Corporate Planning and Policy and Chair, Alcohol Action Team [Board Paper No 07/44] asked the NHS Board to endorse the Joint Alcohol Policy Statement and the development of its approach with other Local Authority partners.

Ms Renfrew explained the background to the formation of the policy statement which committed partners to a challenging range of actions to tackle the problem of alcohol; in the way services were delivered; as an employer; working with suppliers and partners and in wider public policy.

Ms Renfrew explained that the policy highlighted the problems currently facing Glasgow City in relation to the consumption of alcohol across the population, attempted to tackle these problems with the commitment of partnership working to make a difference and provided a longer term strategy with shared clarity of purpose. There were five key priorities:

- (i) Reduce alcohol related deaths and hospital admissions through the continuous improvement of alcohol services.
- (ii) Reduce alcohol consumption levels in the whole population and in specific target groups who binged or drank harmfully.
- (iii) Reduce alcohol related crime, violence and disorder.
- (iv) Reduce harm to children affected by alcohol problems in the family.
- (v) Promote responsible alcohol consumption among employees and raise awareness of alcohol related harm in the NHS Board's role as an employer, as a partner with a wide range of organisations and as procurer of services.

Councillor Coleman welcomed the policy which aimed to tackle alcohol problems across the City and reverse current trends. The policy sought to strengthen collective effort and take fresh steps to reverse the social and health related problems the population experienced as a result of alcohol. It was paramount to come up with new solutions and change Glasgow's drinking culture.

In response to a question from Mr Cleland, Councillor Coleman and Ms Renfrew explained the role and function of Licensing Boards and outlined how it may be possible for Local Authorities and the NHS to influence their decision making processes in the future. At the moment, Licensing Boards had a policy document out for consultation and the NHS Board would duly respond to this.

Many points were raised in relation to the availability of alcohol, its price and the effect it had on individuals as well as wider families. Given this, Mrs Smith suggested engaging the media as a partner too.

**Director of  
Corporate  
Communications**

**DECIDED:**

- That the Joint Alcohol Policy Statement and the development of the approach with other Local Authority partners be endorsed.

**Director of  
Corporate  
Communications/  
Chair, Alcohol  
Action Team**

**105. BETTER HEALTH BETTER CARE DISCUSSION DOCUMENT**

A report of the Director of Corporate Planning and Policy [Board Paper No 07/45] asked the NHS Board to note the process for developing NHSGGC's response to the consultation "Better Health Better Care Discussion Document" and discuss the key messages which would form the basis of NHSGGC's response.

Ms Kelly set out the broad commitments and principles for debate and discussion within the consultation document which had been launched by the Scottish Government in August 2007. The deadline for responses was 12 November 2007 – thereafter it was being published as a new action plan for health and wellbeing in mid December 2007. She explained that the document committed to maintaining the principles of the Kerr Report "Building a Health Service Fit for the Future", while ensuring that new challenges and changes were reflected incorporating specific SNP manifesto and policy commitments. Ms Kelly outlined the seven topics covered in the discussion document as follows:

- Patients' experience of care
- Best value
- Taking responsibility
- Tackling health inequalities
- Anticipatory care and long term conditions
- Best possible start
- Continuous improvement

Mr Divers confirmed that the NHS Board would focus its response on these topics and a series of key messages had emerged from discussions so far which would form the basis of NHSGGC's response. In summary these were:

- Priorities and resources
- Planning and performance framework
- Wider public sector
- Presumption against centralisation
- Evidence base
- Information technology
- Workforce
- Waiting times
- Primary care
- Mental health
- Determinants of health
- Substance misuse
- Long-term conditions
- Sustainability
- Our approach to children
- Inequalities and health improvement

In addition to these issues, the NHS Board would highlight prison health where there was no mention of the potentially very significant current feasibility study into the NHS taking responsibility for prison health. There was also no discussion of organisational structures such as ongoing commitment to CH(C)Ps.

Dr Colville sought the inclusion of optometry and what it could offer and contribute to the wellbeing of the nation. Ms Kelly agreed to highlight the importance of the primary care contribution across all four Family Health Service Contractors.

**Director of  
Corporate  
Planning and  
Policy**

**ACTION BY**  
**Director of**  
**Corporate**  
**Planning and**  
**Policy**

Similarly, it was agreed that emphasis be drawn to the demographics of the population within NHSGGC particularly in relation to high numbers of asylum seekers and refugees.

Sir John suggested that this document be discussed also at Local Authority level via the CH(C)Ps and that responses be submitted from their viewpoints.

In response to a question from Mr Daniels, Mr Divers anticipated that a separate consultation exercise would be conducted for the role and remit of Independent Scrutiny Panels. As yet, this had still to be released by the Scottish Government Health Department.

**DECIDED:**

- That the process for developing NHSGGC’s response to the consultation be noted.
- That the key messages which would form the basis of NHSGGC’s response be agreed.

**Director of**  
**Corporate**  
**Planning and**  
**Policy**  
**Director of**  
**Corporate**  
**Planning and**  
**Policy**

**106. 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 07/46] 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 eight 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**

**107. WAITING TIMES AND ACCESS TARGETS**

A report of the Chief Operating Officer (Acute Services Division) [Board Paper No 07/47] asked the NHS Board to note progress against the national targets as at the end of August 2007.

Mr Calderwood led the NHS Board through progress across the single system towards achieving waiting time and other access targets set by the Scottish Government Health Directorate – commonly known as HEAT Targets.

He reported that the Acute Division had met the maximum waiting time of 18 weeks for all patients on the true waiting list in December 2006. Furthermore, it had maintained this position since December 2006 and would continue to achieve the 18 week maximum wait in the next period.

Mr Calderwood reported that by December 2007, availability status codes (ASCs) required to be eradicated with the implementation of the “New Ways” Guidance within that timescale. Use of certain codes would cease at an earlier date starting from September 2007.

Mr Calderwood referred to the 13% increase on outpatients waiting over 18 weeks between July and August 2007. A detailed review of each specialty had been undertaken to ensure that robust plans were in place to deliver the target of a maximum waiting time of 18 weeks for all new outpatients to be achieved by December 2007.

Mr Divers alluded to the 96% of Accident and Emergency patients currently being treated and discharged, admitted or transferred within four hours of arrival at the department. The December 2007 target for this was 98% and in response to a question, he confirmed that extra resources were being considered to meet this target; over and above this, the NHS Board had invested £35m to the improvement and sustaining of waiting times targets over the last four years. Work was ongoing to develop new manpower and working practices and to find other solutions to meeting waiting times targets.

**NOTED**

**108. QUARTERLY REPORT ON COMPLAINTS : 1 APRIL TO 30 JUNE 2007**

A report of the Head of Board Administration, Chief Operating Officer (Acute) and Lead Director CHCP (Glasgow) [Board Paper No 07/48] asked the NHS Board to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 April to 30 June 2007.

Mr Calderwood highlighted the following from the report:

- 396 complaints had been received in the quarter (350 Acute and 46 Partnerships/Board). 16 reports had been laid by the Ombudsman before the Scottish Parliament concerning NHSGGC cases (14 Acute and 2 Family Health Service Practitioner).
- The Ombudsman reported that a recurring theme coming out of health complaints investigated was communication in the broadest sense – this was consistent with complaints received at NHSGGC where both in the Partnerships and Acute Services, communication (written and oral) was the category attracting most complaints.
- The Ombudsman had arranged to come through and talk with the Chief Executive, Chief Operating Officer (Acute) and Head of Board Administration on 30 October 2007 about some of the issues raised and policy issues which had arisen in NHSGGC cases.

Mrs Stewart asked that future reports show figures from the previous quarter so that a comparison could be shown. She also enquired if letters of commendation/plaudits could be captured in the quarterly complaints report.

**Head of Board  
Administration**

**NOTED**

**109. FINANCIAL MONITORING REPORT TO 31 JULY 2007**

A report of the Director of Finance [Board Paper No 07/49] asked the NHS Board to note the Financial Monitoring Report for the four month period to 31 July 2007.

Mr Griffin explained that at 31 July 2007, NHSGGC reported a break-even position against a year to date budget of £816.8m. This confirmed that the NHS Board continued to manage its expenditure levels in line with budget.

The year end outturn was forecast to be a breakeven position against the overall revenue budget. In 2006/07, the NHS Board reported a revenue surplus of £27.3m which arose as a result of the impact of property disposals that were conducted during 2006/07. It was agreed with the SEHD that this “one off” benefit could be carried forward into 2007/08 and deployed on a non-recurring basis in the main to support the achievement of national waiting times targets by the required date of 31 December 2007.

Expenditure on Acute Services continued to run broadly in line with budget during the year to date with a breakeven position reported for the first 4 months. Expenditure on NHS partnerships was also very close to budget for the year to date, with an overall breakeven position reported. Given, however, that expenditure in Renfrewshire and Inverclyde CHPs exceeded budgeted levels due to additional expenditure on general medical services and an increased volume of prescribing activity, a review was being undertaken in view of the significant contribution which prescribing savings were expected to make to the achievement of the recurrent cost savings target for Clyde. Given that total expenditure for the Clyde area was running £0.6m above budget for the year to date, this could be attributed to these areas of expenditure pressure. The NHS Board continued to work on the development of a three year cost savings plan for addressing the recurring deficit within the Clyde area of its management responsibilities.

**NOTED**

**110. PHARMACY PRACTICES COMMITTEE MEETING MINUTES : 8 AUGUST 2007, 22 AUGUST 2007, 18 SEPTEMBER 2007 AND 27 SEPTEMBER 2007**

The Minutes of the Pharmacy Practices Committee meetings held on 8 August 2007 [PPC(M)2007/11], 22 August 2007 [PPC(M)2007/12], 18 September 2007 [PPC(M)2007/13] and 27 September 2007 [PPC(M)2007/14] were noted.

**NOTED**

**111. CLINICAL GOVERNANCE COMMITTEE MEETING MINUTES : 21 AUGUST 2007**

The Minutes of the Clinical Governance Committee meeting held on 21 August 2007 [CGC(M)07/4] were noted.

**NOTED**

**112. AREA CLINICAL FORUM MEETING MINUTES : 9 AUGUST 2007 AND 20 SEPTEMBER 2007**

The Minutes of the Area Clinical Forum meetings held on 9 August 2007 [ACF(M)07/4] and 20 September 2007 [ACF(M)07/5] were noted.

**NOTED**

**113. AUDIT COMMITTEE MEETING MINUTES : 11 SEPTEMBER 2007**

The Minutes of the Audit Committee meeting held on 11 September 2007 [A(M)07/05] were noted.

**NOTED**

**114. STAFF GOVERNANCE COMMITTEE MEETING MINUTES : 7 AUGUST 2007**

The Minutes of the Staff Governance Committee meeting held on 7 August 2007 [SGC(M)07/2] were noted.

**NOTED**

**115. PERFORMANCE REVIEW GROUP MEETING MINUTES : 18 SEPTEMBER 2007**

The Minutes of the Performance Review Group meeting held on 18 September 2007 PRG(M)07/5] were noted.

**NOTED**

**116. GLASGOW CENTRE FOR POPULATION HEALTH MANAGEMENT BOARD MEETING MINUTES : 13 SEPTEMBER 2007**

The Minutes of the Glasgow Centre for Population Health Management Board meeting held on 13 September 2007 [GCPHMB(M)07/13] were noted.

**NOTED**

**117. INVOLVING PEOPLE COMMITTEE MEETING MINUTES : 11 SEPTEMBER 2007**

The Minutes of the Involving People Committee meeting held on 11 September 2007 [Board Paper No 07/50] were noted.

**NOTED**

**118. WEST GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP COMMITTEE MEETING MINUTES : 19 JUNE 2007 AND 14 AUGUST 2007**

The Minutes of the West Glasgow Community Health and Care Partnership meetings held on 19 June 2007 [GCHCPC(WEST)(M)02/07] and 14 August 2007 [GCHCPC(WEST)(M)03/07] were noted.

**NOTED**

**119. EAST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP COMMITTEE MEETING MINUTES : 29 JUNE 2007 AND 31 AUGUST 2007**

The Minutes of the East Dunbartonshire Community Health Partnership Committee meetings held on 29 June 2007 [EDCHP(M)07/03] and 31 August 2007 [EDCHP(M)07/04] were noted.

**NOTED**

**120. SOUTH EAST GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP COMMITTEE MEETING MINUTES : 4 APRIL 2007 AND 12 SEPTEMBER 2007**

The Minutes of the South East Glasgow Community Health and Care Partnership Committee meetings held on 4 April 2007 and 12 September 2007 [Board Paper No 07/51] were noted.

**NOTED**

**121. NORTH GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP COMMITTEE MEETING MINUTES : 26 MARCH 2007 AND 28 AUGUST 2007**

The Minutes of the North Glasgow Community Health and Care Partnership Committee meetings held on 26 March 2007 [GCHCPC(N)(M)07/03] and 28 August 2007 [GCHCPC(N)(M)07/04 ] were noted.

**NOTED**

**122. EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP COMMITTEE MEETING MINUTES : 22 AUGUST 2007**

The Minutes of the East Renfrewshire Community Health and Care Partnership Committee meeting held on 22 August 2007 [ERCHCP(M)07/3] were noted.

**NOTED**

**123. SOUTH WEST GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP COMMITTEE MEETING MINUTES : 26 JUNE 2007**

The Minutes of the South West Glasgow Community Health and Care Partnership Committee meeting held on 26 June 2007 [Board Paper No 07/52] were noted.

**NOTED**

**124. EAST GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP COMMITTEE MEETING MINUTES : 30 JULY 2007**

The Minutes of the East Glasgow Community Health and Care Partnership Committee meeting held on 30 July 2007 [EGCHCP(M)07/04] were noted.

**NOTED**

**125. RENFREWSHIRE COMMUNITY HEALTH PARTNERSHIP MEETING  
MINUTES : 17 AUGUST 2007**

The Minutes of the Renfrewshire Community Health Partnership Committee meeting held on 17 August 2007 [RCHP(M)07/05] were noted.

**NOTED**

**126. INVERCLYDE COMMUNITY HEALTH PARTNERSHIP COMMITTEE  
MEETING MINUTES : 27 JUNE 2007**

The Minutes of the Inverclyde Community Health Partnership Committee meeting held on 27 June 2007 [ICHP(M)07/01] were noted.

**127. ANY OTHER BUSINESS**

Retiral of the Chairman, Professor Sir John Arbuthnott

Mr Robertson reported that this would be Sir John's last formal NHS Board meeting prior to his retirement. He summarised the many achievements made by Sir John since taking over as Chairman in NHSGGC. His contribution had been vast and his achievements significant. Mr Robertson wished, on behalf of all NHS Board Members, Sir John a long and happy retirement.

**NOTED**

The meeting ended at 1.10 pm