

NHSGG&C(M)09/2  
Minutes: 28 - 33

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, 3 March 2009 at 10.30 am**

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**P R E S E N T**

Mr A O Robertson OBE (in the Chair)

Professor D Barlow	Mr D Griffin
Dr C Benton MBE	Mr P Hamilton
Mr G Carson	Mr I Lee
Mr R Cleland	Councillor J McIlwee
Councillor J Coleman	Mr G McLaughlin
Dr D Colville	Mrs J Murray
Mrs A Coulthard	Mrs R K Nijjar
Dr B Cowan	Mr D Sime
Ms R Crocket	Mrs E Smith
Mr P Daniels OBE	Mrs A Stewart MBE
Ms R Dhir MBE	Mr B Williamson
Mr T A Divers OBE	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 Division
Ms I Colvin	..	Director, South-West Glasgow CHCP
Ms C Cowan	..	Director, South-East Glasgow CHCP
Mr M Feinmann	..	Director, East Glasgow CHCP
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Mrs A Hawkins	..	Director, Mental Health Partnership
Mr A MacKenzie	..	Director, North Glasgow CHCP
Mr A McLaws	..	Director of Corporate Communications
Ms K Murray	..	Acting Director, West Glasgow CHCP
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead NHS Director, Glasgow City CHCPs
Bailie J Scanlon	..	Chair, South-East Glasgow CHCP

**ACTION BY**

**28. APOLOGIES**

Apologies for absence were intimated on behalf of Mr J Bannon MBE, Dr L de Caestecker, Councillor J Handibode, Dr M Kapasi MBE, Councillor D MacKay, Councillor I Robertson and Councillor A Stewart.

**29. GLASGOW CITY CHCPs : REPORT ON JOINT DEVELOPMENT WORK**

A report of the Director of Corporate Planning and Policy/Lead NHS Director Glasgow City Community Health Care Partnerships (CHCPs) [Board Paper No 09/17] asked the NHS Board to:

- Note the substantial progress in resolving issues with the City Council in relation to the CHCPs.
- Comment on the draft revised Scheme of Establishment, which was work in progress with the City Council.
- Agree to establish a transition process to move to these new arrangements and develop a final revised Scheme of Establishment for consideration by the NHS Board at its June 2009 meeting.

Ms Renfrew summarised activity that had taken place to progress joint development work in relation to Glasgow City CHCPs since the NHS Board considered a paper at its October 2008 meeting. She reminded the NHS Board that, at that time, three main objectives were set. These were intended to enable the NHS Board to address a number of issues with the state of development of CHCPs. These included the limited levels of delegation and resource devolution, stalled progress in integrating NHS and social work services and potential issues with the governance arrangements.

Following a series of exchanges with the Council Leader and officers, Ms Renfrew was able to report to the December 2008 NHS Board meeting that a meeting between the NHS Board Chair and the Leader of the Council had agreed a clear restatement of the Council's support for the vision established for CHCPs and their commitment to achieve a devolved model. The NHS Board had noted agreement that the Council and the NHS Board Chief Executives would work together to develop and bring forward proposals to achieve this vision and address the issues which had caused problems.

Ms Renfrew re-iterated that the premise underlying the process was the clear commitment from both organisations to continue to have integrated partnerships but recognition of the need to achieve resolution to the issues of concern to both partners. Following a meeting when both organisations outlined their perspective on issues which needed to be addressed, a comprehensive programme of work was established to address and provide solutions to these issues. Ms Renfrew provided a detailed exposition of each part of that work and indicated the progress which had been made as follows:

- Agreement to employment arrangements for Directors, analogous to those for University employees also working in the NHS which gave them status as employees of both organisations.
- The proposal to establish a Joint Partnership Board, populated by CHCP Chairs and NHS Board non executives, to provide a shared governance arrangement for key decisions in relation to policy and resources, to drive the improvements which CHCPs were established to achieve and to ensure consistency across the city, where this was appropriate.
- A changed relationship between CHCP Directors and the Social Work centre with a high level of devolution and delegation overseen by the Partnership Board.
- The re-establishment of an officer "Executive" group to ensure a shared approach to the management and development of CHCPs and underpin the work of the Partnership Board.
- The Council's proposals to revise their budget setting process for the Council element of CHCP resources.

In summarising, Ms Renfrew confirmed that significant progress had been made since the joint process was established by the Council Leader and NHS Board Chair in December 2008. She indicated that the NHS Board could have a confidence that its areas of concern were either addressed or there was a clear route to address them through the transition process. The NHS Board would have a final opportunity to conclude that full resolution had been reached in considering a final revised draft Scheme of Establishment at its June 2009 meeting.

In response to a question from Ms Dhir, Ms Renfrew confirmed that the CHCPs would be allocated funding on an agreed basis for the defined range of functions, by the Council and NHSGGC, through the Joint Partnership Board. Those budget allocations would be based on synchronised planning processes and a transparent approach to addressing identified pressures and issues. The CHCP Committees would set budgets for their activities within the overall allocations. Detailed financial monitoring arrangements would be developed in line with (and building on) existing financial frameworks. They would include regular reporting into the Local Authority and NHS systems. Budgets would be aligned and pooled, therefore, there would be a clear track from expenditure to each allocating body. The CHCP Directors, as with any Glasgow City Council or NHS Director, would be responsible for remaining within the allocated budgets and accounting to the City Council and NHS for financial probity and performance.

Mr Sime welcomed the developments made, in particular, the clear lines of delegation within the governance arrangements, structures and relationships. He remained slightly concerned, however, about the need to revisit the framework for joint accountabilities and line management in integrated partnerships and to the development of a revised framework for HR issues, including handling of performance issues. He hoped this work would be conducted jointly by the NHS Board, the Council, Staff-side Representatives and the Unions particularly as terms and conditions were governed by nationally agreed arrangements and could not, therefore, be fully delegated to CHCP level. He also referred to his role as Employee Director on the NHS Board and suggested that the Joint Partnership Board consider having such an appointment. In responding, Ms Renfrew confirmed that terms and conditions of staff would not be devolved to CHCP level. What was intended was that there be a shift to an integrated HR function for Partnerships with a move to single policies for conduct, capability, bullying and harassment, grievances and absence management. She confirmed that this would be fully discussed with the Area Partnership Forum and the associated trade union/professional organisations as it was taken forward and developed.

Mr McLaughlin welcomed the revised arrangements and hoped this would iron out the practical difficulties and anomalies that had existed regarding the governance of CHCPs. He looked forward to seeing the detail of the proposal and membership of the Joint Partnership Board which he recognised as playing a fundamentally important role.

In this regard, Mr P Hamilton asked about the membership of the Joint Partnership Board. Ms Renfrew confirmed that it would consist of the five CHCP Chairs (one of whom would chair the Board) and five Non Executive Directors of the NHS Board. It had yet to be determined whether the Non Executive NHS Board Directors would be the existing Vice Chairs of the CHCPs – this would be a matter for decision at the June 2009 NHS Board meeting. Ms Renfrew confirmed that CHCP Directors would not be members of the Joint Partnership Board.

Mr P Daniels supported the principle that the five CHCP Vice Chairs assume the role of the five Non Executive Directors of the NHS Board for the purposes of membership to the Joint Partnership Board. He commended both partners for this excellent piece of work and for the efforts that had been made so far to get to this position.

In response to a question, Ms Renfrew confirmed how resources were currently allocated to CHCPs and noted that work was ongoing to establish a more needs-based distribution. She confirmed that this was already carried out in children's services and learning disabilities and it was anticipated that this would be rolled out to other disciplines in terms of allocations of funding.

Ms J Murray wondered whether the concept of the Joint Partnership Board and Executive Group went against the principles of devolution to CHCPs. Ms Renfrew responded by confirming that although CHCP Committees were formal Subcommittees of the NHS Board, that was not the case at the Council. This proposition, therefore, gave clarity regarding political oversight – thereby ensuring greater confidence to not only staff but both partners. It would also ensure greater consistency of approach across the five City CHCPs.

Mrs Smith considered this to be a pragmatic solution and welcomed the approach taken.

Although Mr Cleland was supportive of the work achieved so far, he considered the joint work programme to be of a very conditional nature. Ms Renfrew noted this but explained that substantial progress had been made and work would continue to resolve all outstanding issues before June 2009. Mr Divers agreed that these proposals provided clarity in terms of taking this work forward. He believed the NHS Board had done enough and secured enough confidence with the Council to iron out the outstanding issues and was confident that both the NHS Board and Council could move CHCPs forward in the way that was originally intended.

Dr Benton referred to the benefits of co-location in taking partnership working forward. Ms Renfrew agreed and confirmed that, although not specifically mentioned, it remained an objective for CHCP Directors to take forward in terms of property and staff.

In response to Professor Barlow, Mr Divers summarised the structure that would exist within the revised CHCP hierarchy – this saw the Directors ultimately responsible and accountable. The paper made it clear that they would have increased capacity to make decisions that they could not do at the moment.

In response to a question from Mrs Stewart, Ms Renfrew confirmed that the CHCP planning cycles would remain three yearly.

Ms Dhir, in welcoming the efforts made, emphasised the need to attempt to change the culture that existed so that true partnership working could be progressed. This pointed was acknowledged.

The Glasgow City CHCP Directors were in attendance and recorded their acceptance of the approaches suggested. They agreed this would greatly resolve many existing operational issues in that appropriate authority would be delegated. It gave clarity, assurance regarding overall governance and control both locally within the partnerships and at a political level. All confirmed their confidence in these developments and looked forward to looking strategically at longer term goals and objectives.

Councillor Coleman commended the huge step forward in reaching this stage. He was confident that this work would lay a foundation that would see Glasgow City CHCPs flourish.

**DECIDED:**

- That the substantial progress in resolving issues with the City Council in relation to the CHCPs be noted.

- That establishment of a transition process to move to these new arrangements and develop a final revised Scheme of Establishment for consideration by the NHS Board at its June 2009 meeting be agreed.

**Director of  
Corporate Planning  
and Policy/Lead  
NHS Director  
Glasgow City  
CHCPs**

**30. 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 09/18] asked that the NHS Board approve a named Medical Practitioner 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 one Medical Practitioner listed in 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**

**31. PHARMACY PRACTICES COMMITTEE MINUTES : 4 FEBRUARY 2009**

The Minutes of the Pharmacy Practices Committee meeting held on 4 February 2009 [PPC(M)09/01] were noted.

**NOTED**

**32. WEST OF SCOTLAND RESEARCH ETHICS SERVICE GOVERNANCE  
COMMITTEE MINUTES : 29 JANUARY 2009**

The Minutes of the West of Scotland Research Ethics Service Governance Committee meeting held on 29 January 2009 [WOSRESGC(M)09/1] were noted.

**NOTED**

**33. ANY OTHER BUSINESS**

Mr Robertson recorded that it would be the last NHS Board meeting for three Members – namely, Mrs A Stewart, Dr D Colville and Mr T Divers.

**Dr D Colville**

He commented that Dr Colville had been an NHS Board Member since July 2007 just after he had taken over as Chair of the Area Clinical Forum. He had brought to the NHS Board a GP perspective and had contributed greatly to the work of the Area Clinical Forum, Clinical Governance Committee, Area Medical Committee and Research Ethics Governance Committee. The NHS Board had greatly welcomed his insights not only from a medical perspective but also that of public health. Mr Robertson thanked him for his support throughout his term of office and acknowledged, in particular, his contribution to the development of the Camglen arrangements.

Mrs A Stewart MBE

Mr Robertson advised that Mrs Stewart had played an active role in the local NHS system for the last twenty-five years. Mr Robertson referred to her many roles which had included being the first Convener of the Single Local Health Council for Greater Glasgow, a member of the Southern General NHS Trust, Vice Chair of the South Glasgow University Hospitals NHS Trust and a Non-Executive Director of the NHS Board for the last five years. Through that role, she had been a significant contributor to the Audit Committee, Clinical Governance Committee, Performance Review Group and Research Ethics Governance Committee. He acknowledged her work with "Friends of the Victoria" and commended the work she did in the background. The NHS Board acknowledged her full and frank contributions to many of its discussions and agreed her contribution would be missed hugely.

Mr T A Divers OBE

Mr Robertson commented that Mr Divers had been involved with the NHS since starting in 1975 as a graduate trainee. Throughout almost thirty-four years, he had worked in various roles and various locations most latterly as the NHS Board's Chief Executive since 2001. He had made an outstanding contribution to the work of the NHS Board as well as external committees, advisory groups and forums. Mr Robertson highlighted his key achievements as Chief Executive including progressing the Acute Services Review, Maternity Strategy, Mental Health Strategy, integration of Clyde, and the new builds at Gartnavel Royal Hospital, the West of Scotland Beatson Oncology Centre and the impending two new Ambulatory Care Hospitals. These developments could not have happened without Mr Divers' capacity and leadership. He would be greatly missed as a supreme colleague and friend but left the NHS Board in a state of confidence that it would be able to live up to the high standard set.

Mr Divers thanked Mr Robertson for his kind words. He thanked all NHS Board Members for their personal contribution to the work of the NHS Board as a decision making body. He reminisced on his career and paid tribute to the good relationship built on trust between the Executive and Non Executive Directors. He had found the NHS Board to be a very supportive group of people to work with and wished it well in taking its agenda forward.

The meeting ended at 11.50 am