

GREATER GLASGOW AND CLYDE NHS BOARD
EAST RENFREWSHIRE COUNCIL

Paper No – 06/43

**Minute of meeting of the
East Renfrewshire Community Health and Care Partnership Committee
held at 10.00am on 19 April 2006 in
the Council Chamber, Council Headquarters,
Eastwood Park, Giffnock**

PRESENT

Councillor Daniel Collins (in the Chair)

Mr Gordon Anderson	Mr George Hunter
Mrs Safaa Baxter	Doctor Jim MacRitchie
Mr Stephen Devine	Mr Ian Millar
Councillor James Fletcher	Doctor Alan Mitchell
Councillor Roy Garscadden	Councillor George Napier
Councillor Barbara Grant	Doctor Leslie Quin
Mr Peter Hamilton	

IN ATTENDANCE

Craig Bell	Principal Officer (Strategy and Finance)
Eamonn Daly	... Principal Committee Services Officer
Tim Eltringham	... Head of Health and Community Care
Julie Murray	... Head of Planning and Health Improvement

ALSO IN ATTENDANCE

Anne-Marie Kennedy (Active Ageing Group) and Tila Morris (Voluntary Action).

ACTION BY

1. INTRODUCTION AND WELCOME

Councillor Collins welcomed those present to the inaugural meeting of the East Renfrewshire Community Health and Care Partnership Committee.

2. EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP – MINUTE OF SHADOW MEETING

There was submitted and noted the Minute of the Shadow meeting of the East Renfrewshire Community Health and Care Partnership Committee (CHCPC) held on 9 February 2006.

3. EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP – STANDING ORDERS

There was submitted report by the Director of Central Services, East Renfrewshire Council, a copy of which had been issued previously to each Member, relative to the Standing Orders for the proceedings and business of the Community Health and Care Partnership (CHCP).

The report explained that in accordance with Paragraph 8 of The Community Health Partnerships (Scotland) Regulations 2004, Health Boards were required to make Standing Orders to regulate the proceedings and business of CHCPs and that following discussions between officers of the Board and the Council, draft Standing Orders had been prepared and approved by the Board on 21 February to take effect from 1 April. However, to reflect the partnership arrangement between the Board and the Council, the Council's endorsement of the Standing Orders was also required. This had been given at the meeting of the Council on 8 March 2006. A copy of the Standing Orders accompanied the report.

The Committee noted the report and the Standing Orders.

4. CHCPC MEMBERSHIP

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each Member, providing details of progress that had been made in identifying members of the Committee in accordance with the membership set out in the Scheme of Establishment.

The report set out details of the various membership categories and explained that since these had been agreed, three changes to the membership had been made. These were the appointment of a second Board member to reflect the increased size of the Board following the dissolution of NHS Argyll and Clyde and the establishment of NHS Greater Glasgow and Clyde; the appointment of an additional Elected Member from the Council bring the number of Elected Members up to 5; and that one of the Professional Executive Group (PEG) members would be the Council's Chief Social Work Officer.

The report gave details of all the appointments that had been made to date and explained the work being undertaken to appoint the two representatives from the Public Partnership Forum (PPF). In particular the report explained that as it would take some time for the PPF to formally select its representatives on the Committee Ms Kennedy and Ms Morris were acting as interim PPF representatives for this meeting only.

The Head of Planning and Health Improvement was heard in amplification of the report, referring in particular to the co-chair arrangement for the Staff Partnership Forum which had led to both co-chairs being appointed as members of the Committee with this arrangement to be reviewed in 2007.

Having also heard Mr Hamilton explain that it was anticipated the second Board member would be appointed in time for the June meeting of the

CHCPC, the Committee noted the report.

5. CONSOLIDATED CHCP REVENUE BUDGET 2006/07

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each Member, presenting details of the consolidated CHCP revenue budget that had been identified for 2006/07. An amended version of the budget details that had been circulated previously was tabled.

The report referred to the work of the Finance Sub-Group over the preceding 12 months to ensure that proper governance and financial management arrangements would be in place by 1 April, in particular the need to ensure that designated Social Work and Health budgets were identified for alignment to form the 2006/07 revenue budget.

The report explained that a total of £76.7 million had been identified for the delivery of joint CHCP services, and provided information on how this figure had been reached. It was explained that the total budget had been analysed on a client group basis to reflect the total resources available across the Partnership for each client group, it being highlighted that those budgets providing services across a number of services had been reflected in the client group they predominantly served.

In addition, the report explained that work to establish disaggregated localised health budgets for those parts of both NHS Greater Glasgow and what was formerly NHS Argyll and Clyde which will form part of the CHCP was almost complete. However further work was required to disaggregate resource for those services traditionally managed on a greater than East Renfrewshire-wide basis. Furthermore, the report explained that there would be some services which would, either due to it not being possible for them to be disaggregated, or for economic reasons, not be managed locally. In such cases, a notional budget would be established, against which service usage could be benchmarked.

Finally, the report explained that regular financial monitoring reports would be submitted to the CHCPC, and that although there may be some initial anomalies due to the 3 different financial management systems in place, these would be addressed over time.

The Head of Health and Community Care, and Principal Officer (Strategy and Finance), were then heard in further explanation of the report. In particular it was reported that there were a number of areas in the Health budgets where elements were still being clarified. Reference was also made to the reductions in the level of Supporting People grant funding, it being highlighted that for 2007/08 the level of grant would be £500,000 less than that available in the current year.

Full discussion then took place. In response to Councillor Grant, the Director reported that it was anticipated that the outstanding matters should be resolved and budgets confirmed around June or July.

Commenting on budgets for primary care contracts, Dr Mitchell questioned to what extent the budgets were cash limited. He highlighted

that meeting targets was a significant part of the current contract arrangements and that cash limited budgets did not appear to have the flexibility to deal with this approach.

Having heard the Head of Health and Community Care explain that whilst the prescribing budget was cash limited the position relating to other budgets was unclear but that GPs would be entitled to additional payment if targets were exceeded, Councillor Garscadden emphasised the need for there to be clarity over how contracts would be managed. In reply, the Director explained that contracts already in place would continue to be monitored centrally by the Board's Contract Compliance Team with compliance reports coming before the CHCPC, although any financial liabilities associated with contract issues would still be a centralised matter. Appeals relative to contract issues would also continue to be dealt with centrally. The Director also indicated in response to a suggestion from Councillor Garscadden that it would be helpful to have details of all contracts for services being provided within the CHCP area and any associated targets, that the Contract Compliance Team could be invited to a future meeting.

Ms Morris commented on references to grant funding for services and questioned if any assessment of the contribution made by the voluntary sector had been included. In reply, the Head of Planning and Health Improvement explained that the report was principally a statement of current arrangements, but that any future strategies would take account of voluntary sector participation.

Commenting on the financial monitoring arrangements, Mr Hamilton questioned whether the different IT systems in place would cause problems. In reply, the Head of Health and Community Care explained that officers from Health and the Council would work together to agree a format for financial information and that no problems were anticipated.

Councillor Collins having suggested it was likely that various matters would emerge as procedures were developed, the Committee noted the report.

6. INDICATIVE HEALTH BUDGETS FOR CHCP – POSITION STATEMENT

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each Member, providing the Committee with details of the work that had been carried out in relation to Health budgets being devolved to the CHCP.

Referring to the previous paper (Item 5 above refers), the report explained that whilst social care resources had been easily identified, the process to identify Health resources had been more complex, and that although for the majority of services budgets had been established, a number of areas, details of which were given, were still outstanding.

The report explained that one of the main issues surrounding resource transfer related to the matter of ensuring that East Renfrewshire CHCP was being allocated a fair share of available resources and highlighted

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that in a number of cases a weighted capitation formula based on 1997 population figures had been used to determine the level of resources made available. As these population figures were now out of date, with East Renfrewshire's population increasing against a declining population in Glasgow, the formula should be reapplied using current data.

Commenting on the report, the Director emphasised the need to be sure that the CHCP was receiving the level of resources to which it was entitled and the exercise being carried out had already identified areas where discrepancies in what had been allocated against what should have been allocated had been identified. He explained that whilst it would be possible for correct resource levels to be established for all CHCPs, the more difficult part of the exercise would be the actual transfer of the resources between CHCPs, the entire exercise being complicated by the fact that a similar exercise would be required for those services provided by the former NHS Argyll and Clyde. In response to Councillor Grant, the Director explained that whilst there were no timescales for the reallocation of resources, the exercise to identify and agree the resources that should be reallocated would be completed within 6 months.

Dr Quin having referred to the difficulties associated with the transfer of resources should no additional funding be made available, the Director explained that the problems facing the CHCPs were similar to those that had faced the Council at the time Strathclyde Regional Council had been disbanded. At that time, Social Work resources were disaggregated amongst the new authorities, and in many cases the sums allocated had been insufficient to deliver an adequate level of service. However, the Council had over time allocated resources to develop the services required in the area. He explained that whilst the resources to be transferred had yet to be ascertained, it was likely that although there would be areas where the CHCP was entitled to a greater level of resources than had been allocated, there may be other areas where funding had been over-allocated and a reduction would be required.

Responding to questions from Mr Hamilton, the Head of Health and Community Care explained that since 1991 population levels in Glasgow had fallen by between 8-9%, whilst there had been an increase of 4% in East Renfrewshire. Furthermore, the Director confirmed that deprivation levels were a factor in determining the weightings used for the allocation of resources. However, the weightings were not being challenged at this stage, only the population figures used to determine the levels of resources to be made available.

Councillor Fletcher welcomed the examination of the basis on which resources had been allocated, and sought assurances that the CHCP had received those levels of funding to which it was entitled, based on the current information available. In reply the Director explained that meetings between staff from the Council and the NHS Greater Glasgow and Clyde Board to determine resource allocation had been ongoing for 12 months and confirmed that he was satisfied that there was transparency in the process to identify available resources. However it was explained that further clarification was required regarding some areas of resource transfer from the former NHS Argyll and Clyde, but it was anticipated that this would be achieved soon.

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Councillor Garscadden having emphasised the importance of resolving questions relating to service access, equity of resource transfer and use of deprivation levels in determining resources, and the need for discussions regarding the manner in which services were to be provided based on the level of resources available, the Committee:-

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| (a) | noted the report; | | |
| (b) | endorsed proposals that in the first instance the question of notional budget allocations in relation to hosted services be raised by the Director with his counterparts on the other CHCPs; and | Director
CHCP | of |
| (c) | agreed that the Director and the Finance Sub-Group seek a reapplication of the agreed allocation distribution formulae in those cases where they are based on current demography, to take account of increased population levels in East Renfrewshire. | Director
CHCP | of |

7. **CHCP MANAGEMENT COST SHARING**

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each Member, providing details of the arrangements for the sharing of senior management costs between the Council and NHS Greater Glasgow and Clyde from April 2006.

The report explained that one of the main aims underpinning the establishment of the CHCP was integration across service areas, the first stage of this being the establishment of a number of senior level single management posts, a proposed model for joint financing having been agreed. Details of the new posts that had been established and the means by which they would be funded were given.

The Director having referred the Scottish Executive Efficient Government agenda and the expectations of both the Council and the Board that efficiencies could be achieved by adopting the new management arrangements, Mr Hamilton sought information relating to the posts of Prescribing Lead and Clinical Governance Lead. In reply, it was explained that these were 1 session per week posts and would support both Dr Mitchell and Dr Quin.

The Committee noted the cost sharing arrangements for the CHCP senior management team.

8. **INTEGRATING FINANCE, PLANNING, PERFORMANCE AND CAPITAL PLANNING CYCLES**

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each Member, seeking approval for a proposed cycle and detailed schedule to support an integrated approach to finance, planning performance and capital planning for the CHCP.

ACTION BY

Reference having been made to the discussions that had already taken place at the Finance Sub-Group about the need to develop an integrated approach to budgetary and planning cycles to ensure that the CHCP engaged effectively in the priority-setting and decision-making cycles of partners, the report outlined the reasons why this was proving difficult. In particular, the report explained that the first year of the CHCP was a transition period in which the most appropriate methods of engaging with partners in their planning cycles would require further development. Furthermore, the report explained that timing issues had limited the CHCPs involvement in the development of NHS Local Delivery Plans and the Council's Policy and Financial Plan, in addition to which the NHS Local Delivery Plan process was in transition with new guidance to be issued in autumn 2006.

The report provided details of the key elements required for integration across budgetary and planning cycles, and explained that the focus was on the development of the CHCP Plan as the foundation of the strategic and financial planning process, with an initial high-level statement of CHCP objectives considered to be a suitable vehicle for taking this forward. The report further proposed that strategic and financial planning should be on a three-year basis but would be subject to annual review, quarterly monitoring and longer-term planning where appropriate. A rolling three-year capital plan, updated and formally approved annually, was also proposed.

Making reference to property arrangements, the report proposed a review of all owned and leased clinical and office premises culminating in the production of a Premises Plan. This Plan, to be approved by the CHCPC, would identify the need for new/upgraded accommodation and detail the planned disposal/vacation of premises no longer required over the period of the Plan.

The report also recommended the establishment of a Joint Advisory Group (JAG), the proposed membership of which was listed, which would be responsible for maintaining a joint property database, reviewing capital plans and business case submissions, and providing advice on taking forward proposals within both the Council's and the Board's capital planning processes.

A schedule providing details of a possible timetable and phasing for budgetary and service planning processes over a single year accompanied the report, it being explained that this had been based on the Council's planning timetables and linked with the emerging Local Delivery Plan schedule. In addition, details of proposed arrangements for performance monitoring were outlined.

The Head of Planning and Health Improvement was heard in amplification of a number of the issues raised in the report. In particular she highlighted the challenges facing the CHCP in breaking into the established planning cycles of partner agencies. Although the Plan for the current year was scheduled to be ready by May, future Plans would be produced by the end of March to allow them to be fed into the planning processes of the partner agencies.

Having heard the Head of Planning and Health Improvement explain that

ACTION BY

officers would develop performance monitoring reports for consideration by the Committee on performance management, Councillor Collins, whilst acknowledging the need for performance monitoring, suggested that careful consideration should be given to the development of appropriate performance monitoring procedures.

Mr Hamilton advised the Committee that the Board had agreed at a meeting the previous day that its Capital Planning Group would meet on a quarterly basis and questioned how the proposals as set out in the report would tie in with these arrangements. In reply, the Head of Planning and Health Improvement reminded the Committee that there would be a Board representative on the JAG and that appropriate arrangements would be made to ensure the CHCP capital planning arrangements meshed with those of the Board.

The Director having reminded the Committee that there was capital funding available in the current year, reference being made in particular to funding of £200,000 for the development of a medical facility at the Broomburn shops in Newton Mearns, also explained that although the Board's Capital Plan ran over the same cycle as that of the Council, there was still some uncertainty over when the single integrated Greater Glasgow and Clyde Plan would be available.

Commenting on the capital allocation available to the CHCP Councillor Garscadden referred to the revenue implications associated with capital projects which had to be taken into account when priorities were being decided. In addition, referring to arrangements for performance monitoring, whilst acknowledging that the initial year of the CHCP may differ from subsequent years, Councillor Garscadden emphasised the need for there still to be clear targets for performance measures in the current year and that in his view it was important that a paper setting out proposed performance measures and details of how they were to be monitored should be brought before the Committee in early course, suggesting that 6 Committee meetings a year may not be adequate for the purposes of performance monitoring and that monthly meetings may be more appropriate. Councillor Garscadden also suggested that for those projects being taken forward, it was important for delivery timescales to be set to reduce the need for constant project updates.

Responding to Councillor Garscadden's comments, the Director outlined the workload implications for officers of monthly meetings, suggesting that in his view bi-monthly meetings with information seminars being held in between meetings was the most appropriate way to proceed.

Councillor Collins having suggested that performance monitoring and associated issues could be discussed at the forthcoming seminar, the Committee:-

- (a) approved the proposed approach to integrating finance, planning performance and capital planning as set out in the report;
- Head of Planning and Health Improvement

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| (b) | approved the establishment of a Joint Advisory Group of senior officers to support the capital planning process; and | Head of Planning and Health Improvement |
| (c) | instructed officers to work toward the delivery of an integrated approach over the course of 2006. | Head of Planning and Health Improvement |

9 **BARRHEAD HEALTH AND SOCIAL CARE RESOURCE CENTRE – INITIAL AGREEMENT**

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each Member, outlining progress to date in the development of proposals for a new Health and Social Care Resource Centre in Barrhead, and seeking approval for the first stage of the capital planning process for the project.

The Head of Health and Community Care reminded the Committee that work on the replacement of the existing Health Centre in Barrhead had been ongoing for some 5 years with the Council having expressed early interest in working in partnership with the Board to provide a combined health and social care facility, with the current estimated cost of the new facility being £14 million. Examples of the types of services that the new centre would contain were given in the report. One of the major stumbling blocks had been the identification of a suitable site. However the study commissioned by the Council into the regeneration of Barrhead as a whole had identified the site of the current Carlibar Primary School as a suitable location.

Referring to the capital planning process for the project as set out in the report, he explained that this had been clouded by the dissolution of NHS Argyll and Clyde and the need for capital planning arrangements to be established for the entire extended NHS Greater Glasgow and Clyde area, and reported that the Board's Policy and Resources Sub-Group had asked for a capital plan position statement in respect of those capital projects from the former NHS Argyll and Clyde area now under the new Board's control. This statement, which was to focus on the affordability of the schemes, was to be submitted to a meeting on 8 May. He explained that all of the projects in the previous NHS Argyll and Clyde Plan were significant in financial terms with one of the concerns relative to the new Health Centre being that as the project had never reached Outline Business Case, it had not been prominent in the Plan.

Having acknowledged the need for a new Health Centre in Barrhead, Councillor Grant expressed disappointment that whilst the estimated cost of the project was known, details of how the project was to be funded were not given in the report. In reply, the Director explained that funding sources would form part of the Outline Business Case that had yet to be prepared.

An indicative timescale of 6-9 months for the preparation of the Outline Business Case to be prepared having been given, the Director, in response to a suggestion by Councillor Grant that a 2009/2010 start date

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for the project was optimistic, explained the importance of adhering to the timetable as any delay could lead to a subsequent delay in the Council's own proposals for the redevelopment of Barrhead. Although there were certain procedures that must be followed, this did not prevent other aspects of the project from being progressed to ensure the project dates were met.

Dr Quin and Mr Hamilton both having emphasised the need for the new Centre to be as large as possible to accommodate future service developments, and Mr Anderson offer staff-side support for the new Centre, Councillor Garscadden suggested that the proposed specification for the project needed to be made widely available, and that as part of the development of the Outline Business Case the specification had to be drawn up based on available funding. In this respect, discussions needed to take place with clinicians and GPs. Furthermore, he expressed concern that other projects in the former NHS Argyll and Clyde area may be viewed as higher priorities than the Centre, and it was essential for the Outline Business Case to be completed as soon as possible.

Dr MacRitchie explained that it had become clear during the consultation exercise on proposals for the new Centre that whilst a peripheral site would have allowed the Centre further potential for future development, the public in Barrhead wanted the new facility in the town centre.

The Committee:-

- (a) noted the report; and
 - (b) approved the Initial Agreement with the expectation that it would be forwarded to the Board for further scrutiny and approval.
- Head of Health
and Community
Care

Urgent Item of Business

In accordance with Standing Order 8.7, the Chair being of the opinion that the following item of business was urgent in view of the need to advise the Committee of the steps being taken to deal with water ingress at the Barrhead Health Centre, authorised its consideration.

10. BARRHEAD HEALTH CENTRE MAINTENANCE

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which was tabled, providing an update on the progress to date in efforts being made to secure roof repairs to the existing Barrhead Health Centre to ensure it remained operational until the replacement facility was in place.

The report explained that a number of audits had been carried out over the preceding 12 months from which a number of action points had arisen. Whilst it had been possible to address a number of the points raised, including pavement improvements outside the building and upgrading of disabled parking, critical maintenance issues with the roof had been identified. Three options for the repair of the roof had been identified,

ranging from £14,000 for patching, an option not favoured, to £250,000 for a full repair. A bid for capital funding for the repairs was being prepared and would be submitted as part of the current bidding round.

Dr MacRitchie having explained that due to water ingress a number of rooms in the Centre were unable to be used, the Director emphasised the need for it to be made clear to the residents of Barrhead that any repairs carried out were not as an alternative to the new Centre.

Commenting on the repair options, Dr Mitchell sought clarification on whether the timing for the delivery of the new Centre would influence the option chosen. In reply, the Director explained that he understood it to be the case that whichever repair option was selected it would only last for the remaining life of the building, and that it was not the case that if the most expensive option was selected this would be a waste of resources.

The Committee noted the approach being taken to resolve the roof problems at Barrhead Health Centre.

11. INSPECTION OF CHCP SOCIAL WORK SERVICES

There was submitted report by the Chief Social Work Officer, a copy of which had been issued previously to each Member, providing details of the planned inspection of the CHCP's Social Work Services by the Social Work Inspection Agency (SWIA).

Having explained that the SWIA was a newly established agency set up to inspect all social work services across Scotland, the Chief Social Work Officer gave full details of the inspection process. In addition, the Head of Planning and Health Improvement reported that the SWIA inspectors were making a pre-inspection presentation to Councillors following the meeting of the Cabinet on 4 May, to which CHCPC members would be invited.

The Committee noted the report.

12. CHCP PLAN 2006/07

There was submitted report by the Director of the Community Health and Care Partnership, a copy of which had been issued previously to each Member, advising the Committee of the timescales for and progress in the production of a CHCP Plan for the current year.

The report explained that the Plan would take into account Guidance issued recently by the Board to CHCPs, the Acute Division, and the Mental Health Partnership, such Guidance setting out the balance to be struck between local flexibility and priority setting and a Board-wide framework and direction. The report further explained that the Plan would also be required to reflect local priorities identified through the Council's Policy and Financial Plan.

Referring to the report, the Head of Planning and Health Improvement acknowledged that due to the short timescales involved in the production of the Plan for the current year, the planning process would not be as

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integrated as in future years, and that the timing of future Plans would be altered to tie in with both the Board's Local Delivery Plan and the Council's Policy and Financial Plan. Similarly, consultation on the Plan would be limited in the current year, part of the reason being that a number of the groups referred to in the planning structure that accompanied the report had yet to be established. In addition, the Head of Planning and Health Improvement explained that as Plans were to be finalised by the end of May, and the next meeting of the Committee was not until June, a workshop would be arranged in mid-May to allow members of the CHCPC to comment on the draft Plan.

The Committee noted:-

- (a) the process and timescale for the production of the 2006/07 CHCP Plan; and
- (b) that a workshop would be held to allow CHCPC members to comment on the draft Plan

Head of
Planning and
Health
Improvement

13. **COMMUNICATIONS**

The Chief Social Work Officer reported to the Committee on the development of the CHCP website. She explained that the main areas of the site had been established. The site, which would now be populated with the intention of it going live in 2 weeks would contain a lot of useful information both for staff and members of the public.

It having been confirmed in response to Mr Anderson that it would be possible to develop a section for staff providing details of changes to working practices, the Chief Social Work Officer, responding to a question from Councillor Collins on the availability of information in a non-electronic format, explained that a lot of information, such as the Children's Services Plan, could still be provided in paper form.

The Committee noted the developments in the production of the CHCP website.

14. **COMMUNITY HEALTH AND CARE PARTNERSHIP COMMITTEE – PROPOSED MEETING DATES**

There was submitted report by the Director of Central Services, a copy of which had been issued previously to each Member, providing details of proposed meeting dates of the CHCPC for the period June 2006 to April 2007.

The report explained the implications for the Committee of the local government elections on 3 May 2007 in view of which it had been considered prudent not to arrange any meetings beyond April 2007 at this stage.

ACTION BY

Having heard Councillor Collins refer to the suggestion made earlier to have seminars for CHCPC members in the months between meetings of the Committee, and Ms Kennedy suggest that it would be useful to send details of the dates of meetings to the Public Partnership Forum, the Committee:-

- (a) approved the proposed meeting dates as listed in the report;
- (b) instructed the Director of the Community Health and Care Partnership to investigate appropriate dates for seminars; and
Director of CHCP of
- (c) agreed that details of the dates of Committee meetings be forwarded to the Public Partnership Forum.
Head of Planning and Health Improvement