

## GREATER GLASGOW NHS BOARD

Minutes of the meeting of the  
East Dunbartonshire Community Health Partnership Committee Meeting  
Held at 10a.m., 24 April 2006  
Corporate Meeting Room, Headquarters, Stobhill Hospital  
Balgrayhill Road, Glasgow, G31 3AU

### PRESENT

Gerry McLaughlin (Chair)

David Leese	Interim CHP Director
Clr Robert Duncan	NHS Board Non Executive Representative
Dr Ian Gordon	PEG Representative (GP)
Dr David Gerber	PEG Representative (Psychiatrist)
Derek Barron	PEG Representative (Lead Nurse)
Gillian Notman	Interim PEG Representative (AHP)
Ross McCulloch	Interim PEG & Staff Partnership Representative
Bernard Mills	Public Participation Forum Representative

### IN ATTENDANCE

Karen Gillespie

Minute Taker

### ACTION BY

#### 1. APOLOGIES

Apologies were intimated on behalf of Jenny Proctor, Public Participation Forum Representative

#### 2. MINUTES OF PREVIOUS MEETING

As this was the first formal meeting of the Committee no previous minutes were available.

Introductions were made for all members of the Committee. The Chairman, Gerry McLaughlin (GMc) welcomed members to the first meeting of the Committee. He noted that Community Health Partnership's (CHP's) have responsibility for all local NHS services, and are accountable for governance directly to the NHS Board. He noted this was not just another management restructure, rather it is a positive move to allow practitioners and managers to focus on delivering improvements in the health of our local population.

#### 3. DIRECTORS UPDATE

David Leese (DL) informed the meeting that he will continue as Interim Director of the CHP until summer 2006. It is envisaged that Karen Murray (KM) will take on the Director role from then. DL and KM will be meeting on a regular basis during the transition period. DL will be moving to Renfrewshire CHP.

It was noted that the accommodation for the CHP HQ will be ready from June 2006. Interim moves may be made prior to that date.

DL informed the meeting that although the CHP Management Team is formed there are a number of vacancies: - Head of Primary Care and Community Services (Sylvia Morrison will be moving to Renfrewshire CHP), Planning & Performance Manager and the Administration Manager post, which is hoped, will be recruited to in the course of the next 2/3 months.

DL requested that Committee members inform Karen Gillespie of their designated address for committee papers to be sent to. These will be circulated one week in advance of each Committee meeting.

**Committee Members**

DL also confirmed that the CHP Committee will meet on a two monthly basis. Details of meetings dates and venues were enclosed with papers.

**Committee Members**

#### 4. **NEW BUSINESS**

##### 4.1 **ED CHP: Scheme of Establishment & Committee Arrangements- Paper 06/01**

DL provided an overview of the CHP Scheme of Establishment and encouraged members to read and share this document with staff. An electronic copy can be accessed via the Greater Glasgow & Clyde web site (Board Papers, July 2005).

DL confirmed that future CHP Committee meetings will be held in public. Details of Committee, of Committee meetings, venue and venues will be published. A Paper will probably be considered by the NHS Greater Glasgow & Clyde Board at their meeting in June to agree to meetings being held in public.

**DL**

The proposals for the management of committee business were noted and agreed.

**DL/GMcL**

Seminar dates have been set for Committee members, on alternate months to Committee Meetings. Committee members agreed that seminars should be established and would provide an opportunity for committee development. First seminar date of Friday 26 May 2006 will focus on Organisational Development.

GMC asked DL to expand on point 3.1 of Scheme of Establishment. DL confirmed that Directors of all CH(C)P's are currently working with the Centre for Population Health to develop a better understanding of health inequalities by CH(C)P area and to develop plans for reducing health inequalities. It was agreed that updates would be provided to future Committee meetings.

DL informed that the CHP Professional Executive Group (PEG) is now established and further progress is being made to establish professional forum for GP's, AHP's, Nursing and Mental Health staff.

Section 5.3 of the SoE was highlighted in relation to prescribing. DL noted that in year one of the CHP prescribing budget arrangements will remain unchanged. It was ?..... noted that the SoE promoter? , that the CHP will take responsibility eventually for prescribing, diagnostic and laboratory service budgets.

6.0 DL noted the critical importance that the CHP has effective and joint working arrangements in place with East Dunbartonshire Council to ensure we have care packages in place for those being discharged from hospital and for a range of other joint services.

7.0/7.2 Ian Gordon (IG) has been appointed as Clinical Director working three sessions with the PEG. IG has now taken on Chair of the PEG.

11.2 The sessions currently not being covered by Clinical Director will be advertised and it is hoped that they will be split to cover Clinical Governance and Clinical Prescribing responsibilities.

14 HR, IT and Estate support have still to be confirmed.

2.9 Ross McCulloch (RMc) asked from which baseline we will be using to show improvements in services. DL informed that we will look at baselines used by services and develop from these. Derek Barron (DB) noted that as part of current information requirements we complete Joint Performance Information Assessment Framework (JPIAF) document and have in place Local Improvement Targets (LIT's).

DL

GMc asked DL if he intended to circulate performance reports at Committee meetings. DL informed that he does intend to do this but agreement has to be reached on what reports are applicable.

**ACTION : the Committee agreed the CHP Scheme of Establishment and Committee Arrangements**

4.2 **ED CHP: Standing Orders for the Proceedings and Business of CHP Committee - Paper 06/02**

DL gave overview of the Standing Order Paper which was endorsed by the Board in December 2005. This paper details functions and membership of the Committee. DL informed that at present no Vice Chair has been appointed and this will be discussed prior to next Committee meeting. DL highlighted that at least four members of the Committee must be present for a meeting to take place.

RMc asked where he could obtain Code of Conduct for Members of Devolved Bodies as stated in paper. DL informed that once Secretariat function has been set up members will be issued with appropriate Codes of Conduct.

Administration  
Manager

**OUTCOME : noted and accepted by Committee Members**

4.3 **ED CHP: Professional Executive Group - Paper 06/03**

DL gave background to the PEG and provided an overview of the paper. The group is in the process of having membership finalised by end of May. IG has taken on the role of Chairman. Membership of the PEG will be confirmed to the Committee at a future meeting. DL informed that as we are a health only CHP we have the capacity to have five GP representatives sitting on PEG.

**Outcome : noted and accepted by Committee Members**

4.4 **ED CHP: Establishing a Public Participation Forum (PPF) Verbal Report by David Leese**

DL outlined the Scheme of Establishment requirement for the CHP to establish a PPF. Members of the CHP Management Team have now held two meetings with a range of voluntary sector, carer and service user representation.

It has been agreed that the CHP will establish an interim PPF (for year one of the CHP). This will provide an opportunity to explore how the CHP can build sustainable arrangements for public participation. The PPF representatives have been confirmed for Committee membership – Bernard Mills and Jenny Proctor.

4.5 **ED CHP: Establishing a Staff Partnership Forum**  
**Verbal Report by David Leese**

DL updated on progress with the development of the CHP Staff Partnership Forum. There are three nominated representatives on the Forum. RMs will represent the forum at the PEG and the Committee on an interim basis. Although a meeting has not yet been agreed member know who and how to contact. It is important to note that our commitment to work in partnership. It was noted the NHS GGC Staff Partnership forum has not been finalised.

It was confirmed that the NHS Greater Glasgow and Clyde Director of Human Resources is overseeing a process to confirm membership/representatives on CH(C)P Staff Partnership forum. Once finalised the CHP's SPF will be formed. In the interim the Committee and PEG have staff representatives.

4.6 **Greater Glasgow & Clyde NHS Planning & Performance Guidance 2006/2007 - Paper 06/04**

The guidance is circulated for interest and information. DL informed that the CHP plan is currently being developed and it is hoped will be processed for the June 2006 meeting. DL gave brief on key points from paper and what the challenges are going to be for both the NHS as a whole and the CHP. The main challenges for the CHP for the first year will be to collate what we already have in place and use as a baseline for coming years.

**Committee  
Members**

The paper will be discussed further at seminar at end of May when how we develop CHP managers will be looked at.

Bob Duncan (BD) pointed out that this is a Greater Glasgow & Clyde Health Board and that cognisance should be taken to ensure all the CHP(C)P's needs are met and responsibility extends beyond Glasgow City. DL stated that the Chairman of each CH(C)P has responsibility at Board level to ensure that this happens.

RMc requested that a glossary be devised for documents such as this. DL stated that papers are written in such a way that abbreviations would be expanded the first time and used thereafter.

David (DG) raised point in this paper it states that mental health will be responsible for the reduction in teenage pregnancies – DL will clarify this for next meeting

**DL**

**OUTCOME : Paper to be read by members and any questions directed to David Leese or Heads of Service.**

MEETING CLOSED AT 12 midday

**GREATER GLASGOW NHS BOARD**

Minutes of the meeting of the  
East Dunbartonshire Community Health Partnership Committee Meeting  
Held at 9.30 am., 30 June 2006  
Corporate Meeting Room, Headquarters, Stobhill Hospital  
Balgrayhill Road, Glasgow, G31 3UR

**PRESENT**

Gerry McLaughlin (Chair)

Karen Murray	CHP Director
Cllr Robert Duncan	NHS Board Non Executive Representative
Dr Ian Gordon	PEG Representative (GP)
Dr David Gerber	PEG Representative (Psychiatrist)
Gillian Notman	Interim PEG Representative (AHP)
Jenny Proctor	Public Participation Forum Representative
Bernard Mills	Public Participation Forum Representative

**IN ATTENDANCE**

Karen Gillespie  
Fiona Houston  
Lynda Hamilton

Minute Taker  
Senior CHP & Partnership Accountant  
Head of Planning & Health Improvement

		ACTION
1.	<b>APOLOGIES</b>  Apologies were intimated on behalf of Derek Barron, Ross McCulloch, James Hobson, Sylvia Morrison, John Bannon.	
2.	<b>CHAIRMANS OPENING STATEMENT</b>  Gerry McLaughlin (GMc) welcomed both Karen Murray (KM) and Fiona Houston (FH) to the meeting; round table introductions were made for the benefit of those attending their first meeting.	

3.	<p><b>MINUTES OF PREVIOUS MEETING</b></p> <p>The minutes of the previous meeting were agreed with one exception:-</p> <p>Bernard Mills (BM) had asked for clarification on paragraph 3 of the Health Improvement Section in the Scheme of Establishment - "It is proposed that the CHP will contract and commission with the voluntary sector providers and other groups and agencies for health improvement activity". BM enquired why this point or the answer from David Leese (DL) had not been minuted, he also indicated that he had not felt that the reply from DL was adequate. It was agreed that this would be noted as an amendment. It was also noted that following the CHP meeting BM has received by email further information from LH on behalf of DL and that if BM required further clarification or additional information KM would be happy for BM to meet to discuss this.</p> <p>It was also requested that papers circulated for committee meeting business should be linked to the agenda via paper numbers and should have page numbers for ease of reference.</p>	KG
4.	<p><b>ED CHP COMMITTEE: CODE OF CONDUCT</b></p> <p>Code was circulated to committee members with register of Interests form, which should be completed by all members of the Committee. Gillian Notman (GN) asked if she should complete as an interim member of the Committee – GN was informed that as full voting member she should complete this form. Bob Duncan (BD) &amp; GMC have already completed these forms at Board level and therefore do not require to submit at CHP level.</p> <p>GMc requested that if members were unsure about what to include on their Register of Interest Form that clarification should be sought from GMc/Karen Gillespie (KG).</p> <p><b>Outcome: Any interest should be declared which may impact on Committee business. It was noted that completed Register of Interest Forms should be returned to KG by 14<sup>th</sup> July 2006.</b></p>	Committee Members
5.	<p><b>ED CHP COMMITTEE : VICE CHAIR</b></p> <p>Following discussions between DL and GMc, Ian Gordon (IG) has been appointed as Vice Chair of the CHP Committee. It was noted that this position carries no remuneration. John Bannon (JB) had spoken to GMC to express his concern there had not been an open formal process for appointment of the Vice Chair. GMc has informed JB, outwith the committee meeting, that Standing Orders did not stipulate the detail of the process and</p>	

	that DL and GMc had agreed the appointment of IG as a practical step to ensure that in the unlikely event of the CHP Chair being unavailable that a Vice Chair was available to Chair the meeting.	
6.	<p><b>ED CHP DEVELOPMENT PLAN - PAPER : 06/05</b></p> <p>LH informed the Committee that this is the first plan for the CHP and the content followed the development process as set out by the Board. It was not the intention that this first Plan would cover all services. Plan was discussed with Board's Director of Corporate Planning and Policy and it was agreed that various other issues have to be included in this Draft Plan. An action plan is also to be devised for the document. Timescales did not allow for detailed consultation on the draft, however most CHP Committee members had been given some opportunity to review the draft and offer comments.</p> <p>LH to contact Sue Plummer to clarify situation on Pathways to Work.</p> <p>Plan has been circulated to the Management Team, CHP Committee for comments to LH as soon as possible (for completion by 14/07/06). Plan to be completed by end of July 2006.</p> <p>The development of the Planning guidance for the next 3 years will begin at the end of 2006.</p> <p><b>Outcome:</b> Noted and accepted by Committee Members</p>	LH
7.	<p><b>COMMUNITY PLANNING – PAPER 06/06</b></p> <p>LH gave an overview of the background to the plan and how this will change with the introduction of the CHP. Previously on the ED Community Planning Board health was represented by Board members KM will now represent health for Greater Glasgow and Clyde Board as the CHP Director. The importance of the Joint Planning process with both Health and East Dunbartonshire Council was agreed. Next draft of Plan to be submitted by August. East Dunbartonshire Council will launch Community Plan at event in October 2006.</p> <p>It was agreed that optimum use of PPF and existing Council systems which are in place should be used, to ensure wider involvement and public engagement with the Plan. JP raised issue of Citizen's Panel being used to gain feedback via questionnaire and it has been agreed that both Health and Council should have input to questionnaire. JP informed that ED (CVS) Voluntary Services have ability to circulate e-bulletin information to those who would find it of particular interest.</p>	

	<p>Gilbert Grieve has access to contact list which is not just carers but also other organisations and can therefore ensure wider circulation.</p> <p><b>Outcome:</b> Noted and agreed by Committee Members</p>	
8.	<p><b>Planning and Performance Guidance Update – Paper 06/07</b></p> <p>LH gave background to this draft paper which shows a range of performance measures which are required by the Board and for local delivery plans. It was agreed that as both LH and James Hobson (JH) have previous experience in this field they will work together on a format for reporting to Committee on the performance measures relevant to the Committee.</p> <p>KM indicated that the performance framework was still being finalised but when complete will require CHP's to provide the required performance data to the Board on time and in a prescribed format. KM also anticipated that the CHP Committee will expect regular performance reports which identified any areas where we identify adverse trends and details of actions taken to improve these areas. GMC encouraged people to give thought to what we want out of these reports. KM recommended that it will be necessary to ensure that frontline staff are aware of why they are being asked to collate information and that they also receive feedback once reports are available.</p> <p>Heads of Planning meet with Board Planning Officer to agree on consistency measures. KM would also like to see performance monitoring for the CHP from a patient perspective. KM informed that comments should be directed to LH who will feedback to Planning at Board on behalf of Committee.</p> <p>2.6 BD asked for clarification on this point - does this depend on post code areas? KM informed that this does but the 95% is an average of ED CHP area. From Clinical Governance perspective it would be good to have report practice by practice showing who is meeting targets and what can be learned in those areas where targets are not being achieved.</p> <p>4.7 JP asked for clarification on the term “communities” does this mean through voluntary services. LH informed that this was community in the wider sense.</p> <p><b>Outcome:</b> Noted and accepted by Committee members</p>	LH & JH



9.	<p><b>East Dunbartonshire Children’s Services – Paper 06/08</b></p> <p>LH gave a brief overview of joint plan with East Dunbartonshire Council &amp; Health -which was circulated for information only.</p> <p>IG pointed out that the information in document does not include Twecher but does include Anniesland. He requested timescale for a true ED CHP Plan. LH informed this will be produced 3 yearly. LH will feedback on boundary adjustments.</p> <p><b>Outcome:</b> Noted and accepted by the Committee Members</p>	LH
10.	<p><b>East Dunbartonshire - Letter Of Assurance – Paper 06/09</b></p> <p>LH advised the Committee that due to the high profile of Child Protection, each Local Authority, Health Board and Police Force had to produce Letter of Assurance with regards to Child Protection and drug abuse.</p> <p>IG informed the Committee that this had been discussed at PEG as there have been suggestions made which could impact on Methadone prescribing. IG gave background to prescribing guidelines and how this will be followed up by Malcolm Campbell through Clinical Governance.</p> <p>BD raised his concern that this does not include Alcohol – only focused on Drug Abuse.</p> <p>GMc asked as a Committee that we should revisit this issue to establish if we are meeting targets. KM suggested a presentation from Marie Vallente, Head of Child Protection Development at a future committee seminar.</p> <p><b>Outcome</b> - Child Protection Seminar for CHP Committee to be arranged. Training also to be arranged for all Health professionals and Social Work Staff at a possible Protected Learning Event.</p>	LH
11.	<p><b>Scottish Executive Health Department (SEHD)</b></p> <p>KM gave update on behalf of Sylvia Morrison. Each month a range of documents for information, consultation or specific management action are circulated from SEHD. The CHP management team require to ensure an effective local process for action, distribution and monitoring of action points and outcomes. The CHP Administration Manager will of behalf of the CHP Director and management team have responsibility for establishing a local process. Regular reports will be made available to the CHP Committee.</p> <p><b>Outcome</b> – Noted and accepted by Committee Members</p>	KG

12.	<p><b>Communication Group</b></p> <p>Members of the CHP Management Team have formed a Communications Group to focus on developing a communications plan which addresses some early priorities to support CHP Development e.g. corporate styles and logo, publication of newsletter etc</p> <p>The group will also be responsible for ensuring that the right information reaches the target audience and in the format most appropriate. It was agreed that extending group membership would assist this – KG to speak to Ross McCulloch with regards to representative from Staff Partnership Forum and LH to approach Public Partnership Forum for same.</p> <p><b>Outcome</b> – Noted</p>	<p>KG LH</p>
13.	<p><b>Finance Report – Paper 06/10</b></p> <p>FH gave report on behalf James Houston (JH). FH and JH will develop a more pictorial style for future reports.</p> <p>FH highlighted some issues:-</p> <ul style="list-style-type: none"> <li>• Children’s Services budget is not accurate as some funding still to be incorporated from Board</li> <li>• Devised Standing Financial Instructions require to be finalised once GGHB and Clyde has been incorporated, revised authorised signatory lists and limits will be established. Currently previous Standing financial Instructions for GGHB are being used to maintain internal controls.</li> <li>• Report is based on how budget was established for CHP. Currently no month 2 reports are available to show current financial position. KM stated FHS and Prescribing must be monitored closely. Reports for months 1, 2, and 3 available for next meeting. Other section includes: Accommodation, A&amp;C Staff, Joint Working Budgets, and Local Initiative Funds.</li> </ul> <p>KM informed that some funding is available for small capital projects e.g. Podiatry and East Dunbartonshire has applied to use some of this available funding.</p> <p>JP asked about contracts with Voluntary Services. KM advised that her understanding was that existing arrangements for the commission of Voluntary Services via NHS GG&amp;C would continue until there has been further discussion on the practicality of devolving contracts to CHP’s and CH(C) P’s and</p>	<p>FH &amp; JH</p>

	<p>ensuring mechanisms are in place to support the devolution of contracts to CHP's, if this is the outcome of the discussions. JP was specifically referring to ED group (contact point). LH is unsure as to what funding is available to them – previously £10k funded by LHCC on non-recurring budgets for at least 3 years. GMc suggested we note the point and leave as is for foreseeable future. To be discussed/progressed by JP, LH and FH</p> <p>JP requested clarification on how Voluntary Representatives claim expenses etc for attending meetings, committees etc. Claim forms have not been established. GMc requested early resolution so no member of voluntary sector is out of pocket. LH indicated that she was already investigating how this could be progressed as swiftly as possible.</p> <p><b>Outcome:</b> Committee Members noted indicative budget for 2006/2007.</p>	<p>JP, LH &amp; FH</p> <p>LH &amp; KG</p>
14.	<p><b>Public Partnership Forum</b></p> <p>First event on 14 March to which all voluntary services throughout East Dunbartonshire were invited. The PPF has just had it third meeting and members have requested some development work to establish group. Next meeting 14<sup>th</sup> August 2006 focussing on organisational development. JP and BM will attend CHP Committees as representatives of the PPF.</p> <p>It is hoped to build databases to cover all relevant parties and their particular interest. Event to be arranged early next year to invite all members (approximately 100). LH stated that there is a substantial amount of work to be undertake by the forum. BM stated he is appreciative of the support and that everyone involved is keen to make success of the PPF. JP stated previously Patient Forums had no “teeth” and this will change with PPF. JP stated that as this is a learning opportunity for those involved and this could cause difficulty in initial stages with the representatives having to change on yearly basis and not having great understanding/knowledge base. It was agreed that as this is stipulated in the CHP Standing Orders we have no choice in making these changes, but plans could be put in place to assist with the transition.</p> <p>GMc asked how we ensure that we have input to Board PPF events and how we can influence this agenda - LH informed we have representative from Board PPF on local PPF.</p> <p><b>Outcome:</b> Noted and accepted by Committee Members</p>	<p>LH</p>

15.	<p><b>Staff Partnership Forum</b></p> <p>CHP is currently working within interim SPF rep on committee. A draft framework was devised to support the CHP's in establishing their SPF. It is proposed that once the local reps have been identified by the Senior Officers of the Trade Unions, East Dunbartonshire can progress with establishing the local SPF. KG to check who will chair this group as other SPF's have a joint chair with nominated Staff Organisational Representative.</p> <p><b>Outcome;</b> Noted and accepted by Committee Members</p>	KG
16.	<p><b>Minutes – For Information</b></p> <p>Professional Executive Group – 31/05/06</p> <p><b>Outcome:</b> Noted by Committee Members</p>	
17.	<p><b>AOCB</b></p> <p><b>The Social Enterprise for Scotland Consultation.</b></p> <p>CVS have asked the Committee to look at document prior to next meeting as they would like to discuss issues arising from document. KM and LH to collate collective response on behalf of CHP.</p> <p><b>Head of Primary Care and Community Services</b></p> <p>Kate Benson was appointed as successor to the above post which will be vacated by Sylvia Morrison on 5 July 2006; Kate will take up her new post officially on 6 July 2006 but will be on leave until 17 July 2006.</p> <p><b>Joint Planning Forum</b></p> <p>Meeting took place yesterday prior to Council going into recess. It was agreed that this was a most productive meeting with Senior Officers of Council, Councillors, GMc, KM &amp; LH all present. LH and David Anderson will work on structure and standing orders prior to the next meeting taking place which will be on 13 September 2006.</p>	KM & LH

MEETING CLOSED AT 11.30AM

**DATE & TIME OF NEXT MEETING**

Seminar - 28 July 2006 at 9am Corporate Meeting Room, Stobhill Hospital

Meeting - 25 August 2006 at 9.30am Corporate Meeting Room, Stobhill Hospital