

Committee Arrangements

INTRODUCTION

1. At its meeting on 25th January 2006, the NHS Board approved the appointment of Chairs of the Operating Management Committees, as follows: -
 - North Community Health Partnership Operating Management Committee – John Anning
 - South Community Health Partnership Operating Management Committee – Neena Mahal
 - Acute Division Operating Management Committee – Terry Currie
2. The NHS Board asked to receive a further paper, setting out the revised committee arrangements for the NHS Board. The priority, in this exercise, has been to finalise the Non-Executive Director membership of the Operating Management Committees, in order that the committees could become established during March 2006, in preparation for operating formally from 1st April 2006.

OPERATING MANAGEMENT COMMITTEES

3. The Non-Executive Director membership of the Operating Management Committees, set out in the CHP Scheme of Establishment, and confirmed in the Committee Arrangements paper to the NHS Board in October 2005, is as follows: -

North CHP Operating Management Committee

- Non Executive Director (Chair)
- Non Executive Director (NHS Lanarkshire)
- Non Executive Director (NHS Greater Glasgow)

South CHP Operating Management Committee

- Non Executive Director (Chair)
- Non Executive Director (NHS Lanarkshire)
- Non Executive Director (NHS Greater Glasgow)

Acute Division Operating Management Committee

- Non Executive Director (Chair)
- Non Executive Director (NHS Lanarkshire) *
- Non Executive Director (NHS Lanarkshire) *

* The second and third Non Executive Director members of the Acute Division Operating Management Committee, will be the second Non Executive Director (NHS Lanarkshire) members of the North and South CHP Operating Management Committees.

4. Based on expressions of interest from Non Executive Directors, **the NHS Board is asked to approve the following Non Executive Director appointments** as the second members of the North and South CHP Operating Management Committees and, consequently, the second and third Non Executive Director members of the Acute Division Operating Management Committee.
 - David Clark - North CHP and Acute Division Operating Management Committees
 - Margaret Nelson - South CHP and Acute Division Operating Management Committees
5. Confirmation is awaited from NHS Greater Glasgow of the following Non Executive Director appointments (one each), to the North and South CHP Operating Management Committees.

The NHS Board is asked to note these appointments.

6. **The NHS Board is also asked to remit to the Operating Management Committee Chairs, and their respective Directors,** the responsibility for identifying the remaining Committee members, such that the Committees will be in a position to begin to operate, formally, from 1st April 2006. Already, a Joint Organisational Development event for the North and South CHP Operating Management Committees, is scheduled for 20th March 2006.
7. The CHP Scheme of Establishment refers to 'CHP Committee', whereas the intention, as already referred to in this paper, is to use the title 'Operating Management Committee', given that this already applies to the current, single, Acute and Primary Care Operating Management Committee. **The NHS Board is asked to approve this title.**
8. The CHP Scheme of Establishment indicates that the Committees will meet monthly, whereas the Committee Arrangements paper to the NHS Board in October 2005, suggested that a programme of bi-monthly meetings would be appropriate, having regard to the potential demands on Non Executive Directors' time.

The NHS Board is asked to remit to the OMC Chairs and their respective Directors, the responsibility for agreeing a programme of committee meetings that will ensure the efficient and effective discharge of the Committees' business, including reporting to the NHS Board.

AUDIT COMMITTEE

9. The current membership of the Audit Committee is, as follows: -

Bill Sutherland (Chair)
David Clark
Margaret Nelson
Terry Currie
Hugh Sweeney

10. David Clark and Margaret Nelson have indicated that, preferentially, they would welcome the opportunity to demit membership of the Audit Committee, when taking on the responsibility of membership of the Community Health Partnership and Acute Division Operating Management Committees. This would leave two vacancies on the Audit Committee, which it is proposed to fill by the following means.
11. John Anning served as a member on the Performance Review Committee and the Strategic Development and Re-Design Committee, which the Board agreed in October 2005 should cease. John has confirmed his willingness to serve as a member of the Audit Committee. There is, currently, a national advert for Non Executive Directors of NHS Boards, including to fill the one Non Executive Director vacancy on the Lanarkshire NHS Board. It is the intention to use this opportunity, to address what the External Auditors regard as a deficit in the Audit Committee membership viz: a Non Executive Director member with a recognised professional Accountancy or Audit qualification, or current or recent experience working in either capacity. Assuming a successful outcome to the recruitment campaign, it is proposed that the new Non Executive Director be appointed to serve as a member of the Audit Committee. **The NHS Board is asked to endorse this approach.**

REMUNERATION COMMITTEE

12. The membership of the Remuneration Committee is currently as follows:

NHS Board Chair
Non-Executive Director x 2

13. These positions were filled by Lex Gold; Ken Corsar; Margaret Nelson. The retiral of Lex Gold and the appointment of Ken Corsar as NHS Board Chair, present an opportunity to review the Committee Membership, to reflect the new organisational arrangements from 1 April 2006.
14. It is proposed that the Remuneration Committee, with its substantial focus on the performance of the Executive cohort, individually and corporately, as well as their terms and conditions, be reconfigured to comprise the NHS Board Chair and the Chairs of the Operating Management Committees. Thus, the Committee membership would be:

Ken Corsar (Chair)
John Anning

Neena Mahal
Terry Currie

15. **The NHS Board is asked to approve the membership of the Remuneration Committee, to apply with effect from the meeting of the Committee scheduled for 6 March 2006.**

OTHER NHS BOARD COMMITTEE MEMBERSHIPS

16. All other Non Executive Directors are content to maintain their portfolios of NHS Board Committee commitments. This, and the operation of the new Committee Arrangements, particularly the three Operating Management Committees, will, as highlighted to the NHS Board in October 2005, be the subject of close monitoring during the first 6 months of operation, with particular regard to the manageability of the workload on Non Executive Directors.

LOCAL HEALTH CARE CO-OPERATIVE PROFESSIONAL COMMITTEE

17. The cessation of Local Healthcare Co-operatives (of which there are 8 in Lanarkshire), and the implementation of the new organisational arrangements from 1st April 2006, will mark the cessation of the LHCC Professional Committee, which has operated since the inception of Local Healthcare Co-operatives, as one of the Boards Professional Advisory Committees.

It will also mark the formal end to the term of office of the LHCC Professional Committee Chair (Dr Majumdar), as a Non Executive Director on the NHS Board. This raises an issue around whether there is any requirement to put in place an alternative arrangement, beyond 31st March 2006, which recognises the introduction of Community Health Partnerships. The issues which bear on this matter are set out for the Board's consideration in the attached paper (Annex 1).

18. All of the new operating arrangements for the NHS Board and its Committees will be enshrined in revised Standing Orders and Committee Administrative Arrangements, which will be brought to a future meeting of the NHS Board.

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Local Healthcare Co-operative Committee

1. The requirement on NHS Boards to establish a Local Healthcare Co-operative (LHCC) Professional Committee was included in 'Rebuilding Our National Health Service' – A Change Programme for Implementing 'Our National Health' – A Plan for Action, A Plan for Change (May 2001). This emphasised that NHS Boards should both: draw on the full range of professional skills and expertise in their area for advice on clinical matters; and ensure that efficient and effective systems are in place which promote the active involvement of all clinicians from across their local NHS system in the decision-making process.

2. The LHCC Professional Committee was established as an independent Committee that would both strengthen the influence of Primary Care across the whole healthcare system, and provide an improved focus for the development of integrated working across Health and Social Care. Specifically, the Committee's remit includes:
 - Active involvement in the service design, redesign and development agenda for the local healthcare system;
 - Sharing in the task of advising the Lanarkshire NHS Board on proposals and programmes which will improve the integration of services both within local healthcare systems and across Health and Social Care;
 - Contributing to the Lanarkshire NHS Board's development of the Local Health Plan and its strategic objectives;
 - Advising the Lanarkshire NHS Board on service improvement through the development of multi-disciplinary working;
 - Advising the Lanarkshire NHS Board on service developments within Primary Care and their workforce implications, and on achieving the right skill mix within the NHS Board area.

The Committee is multi-professional, and comprises 17 members, as follows:

Local Healthcare Co-operative Chairs	(General Medical Practitioners) x 8
Local Healthcare Co-operative General Managers	2 (one North, one South)
Community Nursing	2 (one North, one South)
Professions Allied to Medicine	1
Mental Health Clinician	1
Community Dental Service	1
Community Pharmacy	1
Child Health Clinician	1

4. The Committee is Chaired by one of the 8 General Medical Practitioner Members, and the Chairman sits as a Non-Executive Director on the NHS Board.
5. The Committee nominates 2 members (the Chairman and one other member), to serve on the Lanarkshire Area Clinical Forum, which also includes the Chairman and one other member from each of the other Professional Advisory Committees, viz: Area Medical Committee; Area Dental Committee; Area Pharmaceutical Committee; Area Optometric Committee; Area Nursing and Midwifery Committee; Area Allied Health Professions Committee.
6. The LHCC Committee's role will cease formally at 31 March 2006, from which point Local Health Care Co-operatives will no longer be a feature of the organisational arrangements within the NHS in Scotland.
7. This raises issues which the NHS Board is asked to consider. These are, as follows:
 - The need for the Local Health Care Co-operative Professional Committee to be replaced by a Community Health Partnerships Professional Committee.
 - The need for General Medical Practitioner representation on or at NHS Board level.
 - The need for General Medical Practitioner representation on the Area Clinical Forum.
8. There are a number of factors which bear on these issues, and these are set out in the remainder of this paper.
9. General Medical Practitioner participation in Local Health Care Co-operatives was voluntary, and whilst substantial numbers of GPs in Lanarkshire joined together in LHCCs, coverage was not universal. The same principle applied to other independent contractor professions. Consequently, the Local Health Care Co-operatives, whilst implementing a number of key initiatives and developments, could not be regarded as driving forward a fully integrated agenda, operating in a setting which was, predominantly, General Medical Practitioner focussed.
10. Community Health Partnerships, on the other hand, are statutory, being established under the National Health Service Reform (Scotland) Act 2004 and the Community Health Partnerships (Scotland) Regulations 2004, as key building blocks in the modernisation of the NHS and joint services, with a vital role in partnership, integration and service redesign. They provide a focus for integration between Primary Care and specialist services, and with Social Care, and ensure that local population health improvement is placed at the heart of service planning and delivery.
11. This integration is reflected in the requirement on Health Boards to ensure that, so far as practicable, at least one person from each of the following is appointed as a member of the Community Health Partnership Committee.

- A General Medical Practitioner
 - A General Manager who will be an Officer of the Health Board
 - A Nurse
 - A Medical Practitioner who does not provide Primary medical services
 - A Councillor or Officer of the Local Authority
 - A representative of staff (nominated by the Area Partnership Forum)
 - A member of the Public Partnership Forum
 - A Community Pharmacist
 - An Allied Health Professional
 - A Dentist
 - An Optometrist
 - A member of the voluntary sector carrying out services similar or related to the Health Board
12. Within Community Health Partnerships, there will be 10 CHP Localities in Lanarkshire, 6 in the North CHP and 4 in the South CHP. The core Locality Management Team will comprise:
- A Clinical Director (Lead General Medical Practitioner)
 - A Locality General Manager
 - A Service Development Manager (long-term conditions)
 - A Service Development Manager (Public Health)
 - An Operational Support Manager
13. This core team will be supplemented by specialist managers for hosted services and service planning responsibilities that may be led by the Locality. The Lead General Medical Practitioners and the Locality General Managers will serve on the extended CHP Management Team – this will meet monthly, replicating highly successful arrangements within LHCCs that provide clinical and managerial staff with a Forum to discuss and agree collective responses to strategic and tactical issues.
14. From the foregoing, it will be seen that within the integrated arrangements that will operate in Community Health Partnerships, there is substantial Primary Care independent contractor, and particularly General Medical Practitioner, input and influence, at Locality Management Team, CHP Management Team and at CHP Committee level. Given that Community Health Partnership Committees are Committees of the NHS Board, there will, thereby, be a direct mechanism through which the product of the consideration of strategic issues within Community Health Partnerships and their Localities, can have a direct influence on the consideration of strategy at NHS Board level. It is suggested, therefore, that there is not a requirement to establish a CHP Professional Committee. It is worth noting that there is no mention in the National Guidance on Community Health Partnerships of a requirement to establish a replacement CHP Professional Committee. It is understood that no other NHS Board area is intending to establish a CHP Professional Committee, although NHS Greater Glasgow has still to take a view on this issue.

15. On the question of Primary Care or General Medical Practitioner representation on or at NHS Board level, it is worth reflecting on the current position and the position that will apply from April 2006. Presently, Primary Care is represented directly at the NHS Board by the Chief Executive of the Primary Care Operating Division and by the Chair of the Local Health Care Co-operative Professional Committee. With Community Health Partnerships in place from April 2006, Primary Care will, in effect, have 6 representatives serving as full members of the NHS Board, viz: the Chairs, second Non Executive Director Members and the Directors of each of the North and South Community Health Partnerships. Given this level of direct Primary Care representation at NHS Board level, the Board is asked to consider whether there is a requirement for this to be supplemented by General Medical Practitioner or, indeed, other Independent Contractor representation on or at the NHS Board.
16. The expiry of the LHCC Professional Committee at 31 March 2006 will reduce, from 14 – 12, the membership of the Area Clinical Forum – the 2 members demitting office are General Medical Practitioners. There is currently one vacancy on the Area Clinical Forum, to be filled by a Doctor (Acute or GP), from the Area Medical Committee. Of the remaining 11 ACF Members, 10 represent Primary Care, being either Independent Contractors (General Medical Practitioner; General Dental Practitioner; Community Pharmacist; 2 Optometrists), or directly employed staff (2 Senior Nurses; Head of Podiatry; Physiotherapy Adviser; Community Dental Officer).
17. There is, therefore, significant Primary Care, including Independent Contractor, representation on the Area Clinical Forum – this includes the General Medical Practitioner Chairman of the Area Medical Committee, which itself has a GP Sub Committee of 18 members drawn from across NHS Lanarkshire.
18. The NHS Board is asked to consider whether there is a requirement to supplement the remaining membership of the Area Clinical Forum, beyond the expiry of the LHCC Professional Committee input, to enhance the level of General Medical Practitioner representation.

NJA/OD
21 February 2006

